



## Application for Free Library Service — Individual

All applications for service must be submitted with a certifying signature from a competent authority. Applications may be submitted in person or by mail, email, or fax.

1841 Capital Blvd., Raleigh, NC 27635 | Email: patronprocessing@dncr.nc.gov

Toll Free: 1-888-388-2460 | Local Phone: 984-236-1100 | Fax: 984-236-1199

Patron records are **confidential** for use by library personnel only. GS 125-18, GS 125-19.

### Applicant Information (please print or type)

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Primary Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Alternate Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

### Alternate contact if you cannot be reached for an extended period:

Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

**Veterans:** Persons who are blind or have a print disability who have been honorably discharged from the United States military receive preference in the lending of books, recordings, playback equipment, musical scores, instructional texts, and specialized materials (Public Law 89-522).

Check here if you were honorably discharged from the United States military.

### Indicate the primary disability preventing you from reading printed material:

Blindness  Physical Disability  Deaf/Blindness

Visual Impairment  Reading Disability

### If you also have a hearing impairment, please indicate the degree of hearing loss:

Moderate – some difficulty hearing and understanding speech

Profound – cannot hear or understand speech

**NOTE:** Personal information is confidential except for those portions defined by law as public information. To learn what information provided on this application form may be released to other individuals, institutions, or agencies, please consult the agency to which you are submitting this application.

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## Eligibility of Blind and Other Print-Disabled Persons for Loan of Library Materials

The following people are eligible for service: residents of the United States, including territories, insular possessions, and the District of Columbia, and American citizens living abroad, provided they meet one of the following criteria:

1. An individual who is blind or has a visual impairment that makes them unable to comfortably read print books.
2. An individual who has a perceptual or reading disability.
3. An individual who has a physical disability that makes it hard to hold or manipulate a book or to focus or move the eyes as needed to read a print book.

See <https://www.loc.gov/nls/how-to-enroll/apply-for-nls-services/> for full eligibility details.

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### Certifying Authority

Eligibility must be certified by one of the following: doctor of medicine, doctor of osteopathy, ophthalmologist, optometrist, psychologist, registered nurse, therapist, or professional staff of hospitals, institutions, and public or private welfare agencies (such as an educator, social worker, case worker, counselor, rehabilitation teacher, certified reading specialist, school psychologist, superintendent, or librarian).

#### To be completed by Certifying Authority

Name \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

I certify that this applicant is eligible for NLS services.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*A typed or handwritten signature is acceptable after certifying data is completed.*

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### How did you learn about the NLS free library service?

Veterans Affairs/Defense Health Agency

TV Ad

Other Health Care Professional

Radio Ad

Vocational Rehabilitation Center

Other Ad (specify below)

Social Worker

\_\_\_\_\_  
 Internet/Social Media (specify below)

Public Library

Event/Expo

\_\_\_\_\_  
 Other (specify below)

Friend/Family

Consumer/Support Group

School/Educational Institution

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## Library Materials

Select the format of library materials you'd like to receive. Check all that apply.

### Digital talking books and magazines

- I would like to receive digital books on cartridge for use in a talking book player.
- I would like to download books on my personal mobile device using the free BARD (Braille and Audio Reading Download) Mobile app.  
BARD requires an email address for registration. BARD provides access to thousands of audio and braille books, magazines, and music scores available from NLS. The service is compatible with Windows, Mac, iOS, and Android.

### Hard copy braille books and magazines

### Large print books

**Notes:** All physical items ship free via USPS home delivery. If you opt to receive digital books on cartridge, the library will provide a talking book player free of charge.

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## Reading Preferences and Interests

- Adult Titles       Young Adult Titles       Children's Titles (Grade: \_\_\_\_ )
- I ONLY want the specific book titles that I request. Do NOT select books for me.**  
Note: With this option, you will not receive any books until you contact the library with specific book requests.
- I wish to have books selected for me in addition to my own requests.**  
Note: With this option, we will select books for you, but you may also contact the library with specific book requests.

**If you want books selected for you, the library needs information about your reading interests. Check all that apply.**

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Fiction          | <input type="checkbox"/> Cooking/Homemaking   | <input type="checkbox"/> Mysteries             | <input type="checkbox"/> Science Fiction   |
| <input type="checkbox"/> Non-fiction      | <input type="checkbox"/> Current Events       | <input type="checkbox"/> Nature                | <input type="checkbox"/> Short Stories     |
| <input type="checkbox"/> Adventure        | <input type="checkbox"/> Disabilities         | <input type="checkbox"/> North Carolina        | <input type="checkbox"/> Southern Fiction  |
| <input type="checkbox"/> Aging/Retirement | <input type="checkbox"/> Family Stories       | <input type="checkbox"/> Occult/Horror         | <input type="checkbox"/> Sports            |
| <input type="checkbox"/> Animal Stories   | <input type="checkbox"/> Fantasy              | <input type="checkbox"/> Poetry                | <input type="checkbox"/> Spy Stories       |
| <input type="checkbox"/> The Arts         | <input type="checkbox"/> Folklore/Fairy Tales | <input type="checkbox"/> Politics/Government   | <input type="checkbox"/> Suspense/Thriller |
| <input type="checkbox"/> Bestsellers      | <input type="checkbox"/> Health/Medicine      | <input type="checkbox"/> Psychology            | <input type="checkbox"/> Travel            |
| <input type="checkbox"/> Biography        | <input type="checkbox"/> Historical Fiction   | <input type="checkbox"/> Religion (Scholarly)  | <input type="checkbox"/> True Crime        |
| <input type="checkbox"/> Black Literature | <input type="checkbox"/> History – U.S.       | <input type="checkbox"/> Religious Inspiration | <input type="checkbox"/> War               |
| <input type="checkbox"/> Business         | <input type="checkbox"/> History – World      | <input type="checkbox"/> Romance               | <input type="checkbox"/> Westerns          |
| <input type="checkbox"/> Classics         | <input type="checkbox"/> Humor                | <input type="checkbox"/> Science               |  |

**I do NOT wish to receive books that contain:**

- Strong language       Violence       Explicit descriptions of sex

**Please note:** Some commercially produced books may include strong language, violence, or descriptions of sex without our knowledge.

**Please indicate additional titles, authors, genres, or topics of interest:**

**Language Preferences**

I wish to receive books in English.

I wish to receive books in other languages, including: \_\_\_\_\_

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**Parental Acknowledgment (if applicant is under age 18)**

As the parent/guardian of the applicant, I acknowledge that my child will receive services and equipment and that my child will have access to the entire NLS catalog of reading material. All materials and equipment (including digital talking book cartridges, hard copy braille, players, and accessories) must be returned when no longer needed.

Name (Last)\_\_\_\_\_ (First)\_\_\_\_\_ (Middle)\_\_\_\_\_

Relationship to Patron\_\_\_\_\_ Email\_\_\_\_\_

Parent/Guardian Signature\_\_\_\_\_

This application can be downloaded online at  
<https://statelibrary.ncdcr.gov/blind-print-disabled/apply-services>

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