

Eligibility of Blind and Other Physically Handicapped Persons for Loan of Library Materials

- A. The following persons are eligible for loan service:
1. Blind persons whose visual acuity, as determined by competent authority, is 20/200 or less in the better eye with correcting lenses, or whose widest diameter of visual field subtends an angular distance no greater than 20 degrees.
 2. Other physically handicapped persons as follows:
 - (a) Persons whose visual disability, with correction and regardless of optical measurement, is certified by competent authority as preventing the reading of standard printed material.
 - (b) Persons certified by competent authority as unable to read or unable to use standard printed material as a result of physical limitations.
 - (c) Persons certified by competent authority as having a reading disability resulting from organic dysfunction and of sufficient severity to prevent their reading printed material in a normal manner.
- B. In cases of blindness, visual disability, or physical limitations, “competent authority” is defined to include doctors of medicine; doctors of osteopathy; ophthalmologists; optometrists; registered nurses; therapists; professional staff of hospitals, institutions, and public or welfare agencies (e.g., social workers, case workers, counselors, rehabilitation teachers, and superintendents). In the absence of any of these, certification may be made by professional librarians or any person whose competence under specific circumstances is acceptable to the Library of Congress. Certifying authorities must not be relatives of the applicant, even if otherwise qualified. Institutional applications must be signed by the director or designee of the institution.
- C. In the case of reading disability from organic dysfunction, competent authority is defined as doctors of medicine who may consult with colleagues in associated disciplines.
- D. Qualified readers must be residents of the United States, including the several states, territories, insular possessions, and the District of Columbia, or American citizens domiciled abroad.

Lending of Materials and Classes of Borrowers

- A. **Veterans**—In the lending of books, recordings, reproducers, musical scores, instructional texts, and other specialized materials, preference shall be given at all times to the needs of blind and other physically handicapped persons who have been honorably discharged from the armed forces of the United States.
- B. **Institutions**—The reading materials and sound reproducers for the use of blind and physically handicapped persons may be loaned to individuals who qualify, to institutions such as nursing homes and hospitals, and to schools for the blind or physically handicapped for the use of such persons only. The reading materials and sound reproducers may also be used in public or private schools where handicapped students are enrolled; however, the students in public or private schools must be certified as eligible on an individual basis and must be the direct and only recipient of the materials and equipment.

Application for Free Library Service--Institutions

All applications for service must be submitted with an original certifying signature from a competent authority. Applications may be submitted by mail, by email, or on the internet at <https://library.nc.gov/blind-print-disabled>.

Department of Natural and Cultural Resources

Library of North Carolina

Accessible Books and Library Services

1841 Capital Boulevard, Raleigh, North Carolina 27635

Phone: 984-236-1100

Toll Free: 1-888-388-2460

Email: ncabls@dncr.nc.gov

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

Please read and complete all parts of this form.

Institution Name: _____

To Attention of: _____

Email Address: _____

Address: _____

(Street or P. O. Box)

(City)

(State)

(Zip Code)

County: _____ Telephone: (____) _____

Approximate Number of Eligible Persons: _____

Age Range: _____ Grade Level(s) (if applicable): _____

The Eligible Library Users Will Be: _____

Indicate below the disability preventing them from reading standard printed materials. Check only as many as are applicable. At least one must be checked and the application must be signed by competent authority later in this form. Additional description of eligibility information appears later in this form.

Blindness

Reading Disability

Visual Handicap

Deaf and Blind

Physical Handicap

Please give a brief description of the disability checked above: _____

Books and Equipment

Playback equipment and special attachments are supplied to eligible persons on extended loan. If this equipment is not being used in conjunction with recorded reading materials provided by the Library of Congress and its cooperating libraries, it must be returned to this library.

You may borrow any of the following items: (Check those you wish to receive)

- Talking Books on Digital Cartridges and a Digital Player**
- Braille Books:** contracted braille only
- Large Print Books:** Print will be the size of this sample (14 pt)
- Music:** not music to be listened to but instructional texts and scores, primarily in braille and large type.

Special attachments for digital players: (check any you need)

- Headphones:** For private listening, may also assist readers with impaired hearing.
- Pillowphone:** Solely for readers confined to bed.
- Amplifier:** Special booster for use by severely hearing-impaired persons **only**.
- Remote Control Unit:** Turns player on or off from a remote location. Solely for readers confined to bed or those with limited use of hands.
- Breath Switch:**
Used in conjunction with Remote Control Unit to turn player on or off
- BARD:** download site for digital books to flash cartridges.

Language Preference

- Check this box if users read English only.

OR

- List the languages in which users are fluent, beginning with their native language.
-

Reading Preferences

Check the types of books listed below which the Institution would prefer to receive. List any special interests in the space provided.

Prefer: Fiction Non-fiction

<input type="checkbox"/> Adventure	<input type="checkbox"/> Disabilities	<input type="checkbox"/> Mysteries	<input type="checkbox"/> Science
<input type="checkbox"/> Aging/Retirement	<input type="checkbox"/> Family Stories	<input type="checkbox"/> Nature	<input type="checkbox"/> Science Fiction
<input type="checkbox"/> Animal Stories	<input type="checkbox"/> Fantasy	<input type="checkbox"/> North Carolina	<input type="checkbox"/> Sea Stories
<input type="checkbox"/> The Arts	<input type="checkbox"/> Folklore and Fairy Tales	<input type="checkbox"/> Occult/Horror	<input type="checkbox"/> Short Stories
<input type="checkbox"/> Best Sellers	<input type="checkbox"/> General Fiction	<input type="checkbox"/> Plays	<input type="checkbox"/> Sports
<input type="checkbox"/> Biography	<input type="checkbox"/> Health/Medicine	<input type="checkbox"/> Poetry	<input type="checkbox"/> Spy Stories
<input type="checkbox"/> Black Literature	<input type="checkbox"/> Historical Fiction	<input type="checkbox"/> Politics and Government	<input type="checkbox"/> Travel
<input type="checkbox"/> Business	<input type="checkbox"/> History	<input type="checkbox"/> Psychology	<input type="checkbox"/> Technology and Computers
<input type="checkbox"/> Classics	<input type="checkbox"/> Humor	<input type="checkbox"/> Religion	<input type="checkbox"/> War Stories
<input type="checkbox"/> Cooking/Homemaking	<input type="checkbox"/> Marriage/Family	<input type="checkbox"/> Romance	<input type="checkbox"/> Westerns
<input type="checkbox"/> Current Events	Other reading interests: _____		

We do **not** wish to receive books that contain

strong language violence explicit descriptions of sex

To Be Completed by Certifying Authority: Qualifications are given later in this form.

I certify that the institution named serves individuals unable to read or to use standard printed material for the reason(s) indicated earlier in this form.

Please read the eligibility criteria listed later in this form before signing.

Typed or printed name of certifying authority _____

Email Address _____

Signature _____

Title and occupation _____

Address _____

City _____ State _____ Zip code _____

Telephone number & Area Code (____) _____ Date _____