



**MONTANA TALKING BOOK LIBRARY**  
**PO Box 201800, Helena, MT 59620-1800**

**Phone:**  
**1-800-332-3400 (in state)**  
**406-444-2064**

**Website:** [www.tbl.msl.mt.gov](http://www.tbl.msl.mt.gov)  
**E-mail:** [mtbl@mt.gov](mailto:mtbl@mt.gov)  
**Fax:** 406-444-0266

Dear Future Patron:

Attached is an application form for free library service from the MONTANA TALKING BOOK LIBRARY. The application form must be filled out completely **including eligibility/certification requirements**, alternate contact person, type of equipment needed, and reading interests. All equipment is on loan, free of charge in accordance with policies and procedures of the National Library Service for the blind and physically handicapped of the Library of Congress. Our goal is to offer the best and most efficient library service possible.

For eligibility/certification requirements, an **original signature by a competent authority** is required (refer to page two of the application form) in order to receive library service. In the case of a Reading Disability, the form must be signed by a Medical Doctor (M.D.) or a Doctor of Osteopathy (D.O.) Visual and physical impairments may be certified by other professionals. Applications with incomplete certifications will be returned to you for completion. When we receive your application, you will be called by one of the Readers' Advisors to interview you, then the equipment requested and appropriate catalogs with information materials will be sent to you. We encourage you to take an active role in selecting your own books.

If you have any questions, please call us at 1-800-332-3400 or 406-444-2064, Monday through Friday, 9:00 a.m. to 5:00 p.m. The Library Staff looks forward to serving you.

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**SURVEY** – How did you learn about us?

Check one or more of the following that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Another talking book reader           | <input type="checkbox"/> Medical Professional |
| <input type="checkbox"/> School System                         | <input type="checkbox"/> Public Media         |
| <input type="checkbox"/> Public Library                        | <input type="checkbox"/> Healthcare Facility  |
| <input type="checkbox"/> MT Services for the Visually Impaired | <input type="checkbox"/> VA Representative    |

*Please return this survey with your application.*



MONTANA TALKING  
BOOK LIBRARY  
MONTANA STATE LIBRARY

# INDIVIDUAL APPLICATION

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**800-332-3400**  
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**Email: mtbl@mt.gov**  
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The Montana Talking Book Library is a free service available to qualified individuals who are unable to read standard print materials due to vision loss, physical limitations, or reading disability.

Fill out completely and print clearly. If you are completing this form for someone other than yourself, please obtain his or her consent.

**Name:** (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_

**Female**  **Male**    **Birth Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM / DD / YYYY

**Mailing Address:** \_\_\_\_\_

in care of (if applicable): \_\_\_\_\_

**City:** \_\_\_\_\_ **ZIP Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**E-mail (optional):** \_\_\_\_\_

**Check box if you have been honorably discharged from the U.S. Armed Forces**

**Required:** List below the individual(s) we can contact if we are unable reach you.

**Alternate contact** (Family / Friend / P.O.A)

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**E-mail (optional):** \_\_\_\_\_

**Facility Contact** (if applicable)

**Name:** \_\_\_\_\_

(Activities Dept / Social Worker)

**Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**E-mail (optional):** \_\_\_\_\_

## ELIGIBILITY AND CERTIFICATION REQUIREMENTS

### Certification of Blindness, Low Vision, or Physical Disabilities:

Your application must be certified by a "competent authority" defined as a Medical Doctor, Doctor of Osteopathy, Ophthalmologist, Optometrist, Registered Nurse, Therapist, or professional staff of hospitals, institutions, public or private welfare agencies (Social Worker, Counselor, Rehabilitation Teacher or Superintendent), or by any person whose competence under specific circumstances is acceptable to the National Library Service, Library of Congress.

**BLINDNESS:** Visual acuity of 20/200 or less in the better eye with correcting glasses, or the widest diameter of visual field subtending an angular distance no greater than 20 degrees.

**LOW VISION DISABILITY:** Inability to read standard print material without aids or devices *other than regular glasses*.

**PHYSICAL DISABILITY:** Inability to read or use standard print material due to physical limitations, e.g. paralysis, missing arms or hands, or extreme weakness.

**READING DISABILITY:** Is defined as an organic dysfunction of sufficient severity as to prevent reading print material in a normal manner.

**Certification of a reading disability specifically requires certification by Medical Doctor or a Doctor of Osteopathy, who may consult with colleagues in associated disciplines.**

### TO BE SIGNED AND COMPLETED BY A CERTIFYING AUTHORITY

I certify that the named applicant requesting this library service is unable to read standard print materials for the reason indicated above.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Certifying Authority

Please print:

**Name:** \_\_\_\_\_

**Title/Occupation:** \_\_\_\_\_ **Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**CONFIDENTIALITY STATEMENT:** All library records are confidential pursuant to Montana Code annotated 22-1-1103 and the National Library Service.

## EQUIPMENT, ACCESSORIES, AND OTHER SERVICES

Equipment and accessories are supplied on extended loan. This equipment is intended for use with recorded reading materials provided by the Library of Congress and its cooperating libraries. Patrons are responsible for the care and return of the materials and equipment.

**Players Available:** The players are lightweight and portable, with a built-in rechargeable battery. The raised color-coded navigation buttons are large, easy-to-use, and have Braille markers. Additional features include tone controls, speed controls, and an automatic power-off function.

**Digital Standard Machine**

**Digital Advanced Machine:** Has additional navigation buttons useful for returning to specific chapters or sections.

### Accessories:

**Headphone:** Useful in shared environments, where speakers are not permitted.

**Pillowphone:** Useful for individuals who are confined to a bed. The pillowphone can be placed under the reader's pillow and is normally heard only by the reader.

Do you also have a hearing impairment? If yes, indicate the degree of hearing loss.

**Moderate**

**Profound:** An amplified high-volume player is available from the National Library Service for use by listeners with profound hearing loss. A separate application requiring certification by an audiologist is required.

## WOULD YOU LIKE INFORMATION ABOUT THESE ADDITIONAL SERVICES?

Audio magazines

Requesting books online (email address required)

Downloading books using your computer or smart phone and the NLS – BARD Service (Braille and Audio ReadinG Download) (email address required)

Braille books and magazines

Children's Braille & Twin Vision books

Children's reading selections

National Library Service music instruction and scores (Braille & large print)

NFB NEWSLINE™ (National Federation of the Blind audio news service; includes *Billings Gazette*, *Montana Standard* (Butte), *Great Falls Tribune*, *Helena Independent Record*, *Missoulian* and access to additional national newspapers and magazines)

**OTHER RESOURCES:** Information on additional resource providers is available, including how to access textbooks. Contact us or visit our website at: [tbl.msl.mt.gov/Home/other\\_resources](http://tbl.msl.mt.gov/Home/other_resources).

## READING PREFERENCES

**Send only the specific titles I request.**

Is there a specific book we can send you to start? \_\_\_\_\_

**Help select books for me.**

**I like to read:**  Fiction       Nonfiction       Both Fiction and Nonfiction

**I like books from the categories I have marked below:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Adventure Stories     | <input type="checkbox"/> Legal Fiction              | <input type="checkbox"/> Science Fiction  |
| <input type="checkbox"/> Animal Stories        | <input type="checkbox"/> Montana History            | <input type="checkbox"/> Science & Nature |
| <input type="checkbox"/> Biographies           | <input type="checkbox"/> Mysteries                  | <input type="checkbox"/> Sports           |
| <input type="checkbox"/> Fantasy Fiction       | <input type="checkbox"/> Occult & Horror Stories    | <input type="checkbox"/> Spy Stories      |
| <input type="checkbox"/> General Fiction       | <input type="checkbox"/> Outdoors                   | <input type="checkbox"/> Suspense Stories |
| <input type="checkbox"/> Government & Politics | <input type="checkbox"/> Pioneer & Frontier Stories | <input type="checkbox"/> Travel           |
| <input type="checkbox"/> US History            | <input type="checkbox"/> Religious Fiction          | <input type="checkbox"/> True Crime       |
| <input type="checkbox"/> World History         | <input type="checkbox"/> Romance                    | <input type="checkbox"/> War Stories      |
| <input type="checkbox"/> Historical Fiction    | <input type="checkbox"/> Historical Romance         | <input type="checkbox"/> Westerns         |

**Are there any of the above categories you do not want to receive?** \_\_\_\_\_

**My favorite authors are:** \_\_\_\_\_

**I am also interested in reading books about:** \_\_\_\_\_

When selecting books, do you want us to take into account whether a book contains strong language, violence, or descriptions of sex?  Yes  No

If you do, indicate your preferences below:

Mark one:

- I don't mind if they contain some strong language.  
 Do not send me books that contain strong language.

Mark one:

- I don't mind if they contain some violence.  
 Do not send me books that contain violence

Mark one:

- I don't mind if they contain some descriptions of sex.  
 Do not send me books that contain descriptions of sex.

Some books have not been reviewed for strong language, violence, or descriptions of sex. Do you want to receive books that have not been reviewed?  Yes  No

Tape  
Here

Tape  
Here

## INSTRUCTIONS FOR RETURNING APPLICATION AND SURVEY

1. Fold application and survey form in half.
2. Place both inside this sheet.
3. Tape closed before mailing.
4. First Class Postage is required.

Tape  
Here

Tape  
Here

Questions? Call 1-800-332-3400 (in state) or  
406-444-2064.

***POSTAGE  
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