



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
E-mail: 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.

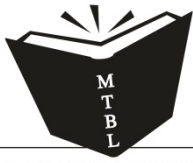
If you have any questions, please call us at 1-800-332-3400 or 406-444-2064, Monday through Friday, 9:00 a.m. to 5:00 p.m. The Library Staff looks forward to serving you.

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

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
E-mail: mtbl@mt.gov
Fax: 406-444-0266

INDIVIDUAL APPLICATION FOR FREE LIBRARY SERVICE

Fill out completely and print clearly. If you are completing this form for someone other than yourself, please obtain his or her consent. Return this form to the library with the certifier's original signature (see page 2).

Prior to starting library services, we contact each applicant by phone.

PATRON NAME: _____
(Last) (First) (Initial)

MAILING ADDRESS: _____

C/O (if applicable): _____

CITY: _____ **COUNTY:** _____ **ZIP:** _____

DAYTIME PHONE #: _____ **BIRTH DATE:** __/__/____ Female Male
(MM/DD/YYYY)

PATRON EMAIL (optional): _____

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

Required: Alternate contact information. For minors, please list the name and phone number of a **parent** or **guardian**.

1. NAME: _____ **2. NAME:** _____

RELATIONSHIP: _____ **RELATIONSHIP:** _____
(family/friend) (facility contact; if applicable)

ADDRESS: _____ **ADDRESS:** _____

PHONE: _____ **PHONE:** _____

EMAIL: _____ **EMAIL:** _____

ELIGIBILITY AND CERTIFICATION REQUIREMENTS:

Certification of Blindness, Low Vision, and Physical Disabilities: You 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 agency (e.g. 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, extreme weakness.

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

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

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 on this form.

An original signature by the certifying authority is required for certification.

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 to eligible persons 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, speed, and an automatic power-off function.

Digital Standard Machine

Digital Advanced Machine (has additional navigation buttons)

Accessories:

Headphone (for use in shared environments, where speakers are not permitted)

Pillowphone (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—some difficulty hearing and understanding speech

Profound—difficulty hearing and understanding speech

Amplifier Needed—issued only for use by readers with *very severe hearing loss*. A separate application requiring certification by an audiologist is required.

ADDITIONAL SERVICES:

Audio Magazines

BARD (Braille and Audio ReadinG Download) (high speed Internet & email address needed to download materials; separate online application required)

Braille books and magazines

Children's Braille & Twin Vision books

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)

Request Books Online (email address required)

INSTITUTION APPLICATION: Assisted living facilities, independent living facilities, nursing homes, hospitals, schools, and public libraries are also eligible to receive services specific to your organization. Apply separately by contacting us or by visiting our website at <http://tbl.msl.mt.gov/Home/apply.aspx>

OTHER RESOURCES: Information on additional resource providers is available, including how to access textbooks. Contact us or visit our website at: http://tbl.msl.mt.gov/Home/other_resources.aspx

READING PREFERENCES:

Reading level: Adult Young Adult - Grade _____ Juvenile - Grade _____

Preferred reading language: English Other _____

Send only the specific titles I request. Do NOT select books for me.

Select books for me.

Preference: Fiction Nonfiction Both

My reading interests include:

- | | | |
|--|---|---|
| <input type="checkbox"/> Adventure Stories | <input type="checkbox"/> Government/Politics | <input type="checkbox"/> Poetry |
| <input type="checkbox"/> Aging/Retirement | <input type="checkbox"/> Health/Medicine | <input type="checkbox"/> Psychology/Self-Help |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Historical Fiction | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Award Winning Books | <input type="checkbox"/> History-U.S. | <input type="checkbox"/> Religious Fiction |
| <input type="checkbox"/> Bestsellers | <input type="checkbox"/> History-World | <input type="checkbox"/> Romance |
| <input type="checkbox"/> Biographies | <input type="checkbox"/> History-Western U.S. | <input type="checkbox"/> Historical Romance |
| <input type="checkbox"/> Business/Economics | <input type="checkbox"/> Humor | <input type="checkbox"/> Science/Nature |
| <input type="checkbox"/> Children's Fiction | <input type="checkbox"/> Legal Fiction | <input type="checkbox"/> Science Fiction |
| <input type="checkbox"/> Children's Nonfiction | <input type="checkbox"/> Montana History | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Computers/Technology | <input type="checkbox"/> Montana Interests | <input type="checkbox"/> Spy Stories |
| <input type="checkbox"/> Cooking/Homemaking | <input type="checkbox"/> Montana Authors | <input type="checkbox"/> Stage/Screen |
| <input type="checkbox"/> Crafts/Hobbies | <input type="checkbox"/> Mystery/Detective | <input type="checkbox"/> Suspense Stories |
| <input type="checkbox"/> Diet and Nutrition | <input type="checkbox"/> Occult/Horror | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Fantasy | <input type="checkbox"/> Outdoor Activities | <input type="checkbox"/> True Crime |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Philosophy | <input type="checkbox"/> War Stories |
| <input type="checkbox"/> General Fiction | <input type="checkbox"/> Pioneer/Frontier | <input type="checkbox"/> Westerns |

Other Reading Interests: _____

Favorite Authors: _____

Types of books or content you do *not* want to receive: _____

Some books may contain strong language, descriptions of sex or violence in varying degrees, from mild to explicit. Let us know if you object to receiving books containing any or all of these. Feel free to address this and other reading preferences during your initial phone consultation. Many options are available.

You can change your selections at any time to optimize your reading enjoyment.

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
REQUIRED***

**MONTANA TALKING BOOK LIBRARY
1515 EAST SIXTH AVENUE
PO BOX 210800
HELENA, MT 59620-1800**