



Washington Talking Book & Braille Library

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Application for Free Library Service

Name _____
(Individual or Agency)

C/O _____
(If Applicable)

Address _____
Street Apt./Room

_____ City State Zip County

Telephone (_____) _____

E-mail _____

E-mail me a username/password for the online catalog.

Female

Male

Birth date _____

By law, preference in lending books and equipment is given to veterans.
Please check this box if you have been honorably discharged from the armed
forces of the United States.

Application information is confidential and will be used only in relation to your
library service.

Check one preferred format for information from the Library:

E-mail

Large print

Cassette

Braille

Emergency Contact Information

Tell us whom to contact if you cannot be reached:

Name _____

Telephone (_____) _____

Certification of Eligibility

Individuals: Have a doctor of medicine, doctor of osteopathy, ophthalmologist, optometrist, nurse, therapist, or a professional staff member of a hospital, institution, social welfare agency, or a library certify your eligibility below. Qualified library users must be residents of the United States. I certify that the applicant named is unable to read or use standard print material for the reason indicated below.

Institutions (schools, libraries, care facilities): An administrator must sign below, certifying that the institution named serves persons who are unable to read or use standard printed material because of one or more of the reasons below and that the reading materials and equipment will be used by such persons only.

Blindness. Visual acuity of 20/200 or less in the better eye with correcting lenses, or the widest diameter of visual field subtends an angular distance no greater than 20 degrees.

Visual Impairment. Inability to read standard printed materials without special aids or devices other than regular glasses.

Physical Disability. Inability to turn pages or comfortably hold a book for extended periods of time as a result of physical limitations.

Reading Disability. Reading disability, resulting from organic dysfunction, or sufficient severity to prevent reading of printed material in a normal manner.

Please note: Federal law mandates that only doctors of medicine or osteopathy are allowed to certify cases of reading disability.

Deafness and Blindness.

Certifier Signature and Printed Name

Title and Occupation

Address

City

State

Zip

(_____) _____

Telephone

Date

Books and Equipment

New Library patrons will receive a handbook that explains Library services in detail. All books and equipment are sent and returned through the mail free of charge. Please select below the services you would like to receive. You may check multiple services.

Cassette books:

- Send me cassette books and a special cassette player needed to play them.
- Contact me with information on downloading digital recorded books.

Send me these optional attachments:

- Headphones (large, earmuff style) for private listening.
- A pillow speaker for listening in bed.
- A remote-control unit for individuals confined to bed, or who have low mobility or greatly restricted use of hands or arms.
- Key extension levers for severely disabled individuals with limited use of hands or arms, who have difficulty manipulating key controls on the cassette player.
- An additional application for an amplifier with headphones for the hearing impaired.
- An additional application for breath-activated switch.

Braille books:

- Send me braille books.
- Contact me with information on downloading Web-Braille books.

Large print books:

- Send me large print books.

Evergreen Radio Reading Service:

- Send me a password to access the radio broadcast over the Internet (statewide)
- Send me a special radio to receive the over-the-air signal (available in the Seattle, Spokane, and Tri-Cities radio listening areas only).

Due to a limited supply of radio receivers, you may be placed on a waiting list. To allow equitable access for patrons who do not have a computer, please select the Internet option if you have a high-speed Internet connection at home.

Equipment policy: Playback equipment and special attachments are supplied to eligible persons on extended loan. If this equipment is not being used in conjunction with reading material provided by the Library of Congress and its cooperating libraries, it must be returned to the Library. Your cooperation with returning these items in a timely manner is appreciated.

Reading Preferences

Preferred listening/reading level (choose one):

- Preschool
- Kindergarten-3rd grade
- 4th-6th grade
- Junior High
- High School
- Adult

Indicate the types of books you enjoy reading:

Favorite subjects and genres _____

Favorite authors _____

Special interests _____

List any languages, other than English, in which you would like to receive books:

Call the Library anytime with any special authors, title, or subject requests, or any questions you might have.

Choose one option for receiving books:

I wish to have the Library select books for me. The Library will send books from the categories you indicated above or from requests you send us. Each book you send back will automatically be replaced. Expect to receive a call from the Library to talk about the kinds of books you would like to receive.

I wish to receive only books I request. The Library will select books for you to start your service. You will then need to call us with lists of requests from our bi-monthly catalog of new books or make requests through the online catalog in order for us to replace the books you return. No books will be sent if there are no requests in your file.