THE STATE LIBRARY OF OHIO
Application For Talking Book Machine and Regional Library Services
Individuals

Name: ________________________________________________________________

Address _________________________________________________________________________________

City, State, Zip __________________________________________________________________________

Phone  (____)_ ________________________________ County ___________________________________

Birthdate ________________________________  Sex:  M __________  F_____________________

By law, preference in lending books and equipment is given to veterans. Please check if you have
been honorably discharged from the U.S. Armed Forces ☐.

The information provided on this application will not be released to other individuals, institutions,
or agencies except as provided for in Section 149.43 Ohio Revised Code, The Public Records Act.

Type of Disability. Check all that apply:

☐ Legally Blind. Corrected visual acuity of 20/200 or less in the better eye, or a visual field of
20 degrees or less.

☐ Visual Handicap. Not legally blind but unable to read standard printed material without spe-
cial aids or devices other than regular eyeglasses, regardless of optical measurement.

☐ Physical handicap, Other than Visual Impairment. Please specify
Unable to read a book, hold a book, or turn a page because of physical limitations, e.g.,
paralysis, arthritis, muscle or nerve deterioration, extreme weakness.

☐ Reading Disability. The result of an organic dysfunction, such as dyslexia, of sufficient sever-
ity to prevent the reading of printed material in a normal way.

☐ Deaf/Blindness.

Certification. Must be completed for all applicants:

In cases of blindness, visual disability, or physical limitations, certifying authority is defined to in-
clude doctors of medicine; doctors of osteopathy; ophthalmologists; optometrists; registered nurses;
therapists, professional staff of hospitals, institutions, and public welfare agencies. In the absence
of any of these, certification may be made by professional librarians or by any person whose compe-
tence under specific circumstances is acceptable to the Library of Congress.

NOTE: In the cases of Reading Disability certification must be by a doctor of medicine or a doctor
of osteopathy who may consult with colleagues in associated disciplines.

Name  ________________________________________________________________________________

Title and Occupation ________________________________________________________________

Address ______________________________________________________________________________

Phone (____) __________   Date _______   Signature ______________________________________

LIB 3018 (Rev.1/02)
In addition to any of the disabilities listed on the previous page, do you have a hearing impairment? If yes, indicate degree:

☐ **Moderate.** Some difficulty hearing and understanding speech.

☐ **Profound.** Cannot hear or understand speech.

**Services Requested:**

☐ Talking Book Machine and Discs. Plays 8 rpm, 16rpm, and 33 rpm disc.

☐ Cassette Player and Cassettes. Plays 1 7/8 ips, 15/16 ips, 2-track and 4-track cassettes.

☐ Easy Cassette Player and Cassettes. Plays 15/16 ips, 4-track cassettes.

☐ Braille Books.

**Special Attachments Requested:**

☐ **Headphones.** Supplied only to individuals who require them to use the service where regular playback is not possible (Please Note: Commercial headphones, with adapter, may be purchased from a store to be used with Library of Congress equipment).

Specify Reason for Request ________________________________________________________

__________________________________________________________

☐ **Pillowphone.** For individuals confined to bed. For record or cassette player.

☐ **Amplifier with Headphones.** For the hearing impaired. A special application, signed by a physician or audiologist, is necessary.

☐ **Remote Control Unit.** For individuals confined to bed, or who have low mobility or greatly restricted use of hands or arms. A special application is necessary.

☐ **Key Extension Levers.** For severely disabled individuals with limited use of hands or arms, who have difficulty manipulating key controls on cassette player.

☐ **Tone Arm Clip.** For individuals with limited use of hands to help in placing tone arm on record. For disc player.

**NOTE:**

Playback equipment and special attachments are provided free to eligible persons on extended loan. If the equipment is not being used in conjunction with recorded reading material provided by the Library of Congress and its cooperating libraries it must be returned to the issuing agency.
I wish to have books selected for me in the categories checked below. I may also make specific title requests.

**Fiction**

- ___ Adventure  
- ___ Animals  
- ___ Bestsellers *  
- ___ Classics  
- ___ Fantasy

**Non-Fiction**

- ___ Adventure  
- ___ Animals  
- ___ Aging/Retirement  
- ___ Bestsellers *  
- ___ Biography  
- ___ “Newsmakers”  
- ___ Presidents  
- ___ Stage/Screen  
- ___ Other

- ___ Bestsellers *  
- ___ Books made into movies  
- ___ Business  
- ___ Computers

- ___ Historical novels  
- ___ American  
- ___ Historical novels  
- ___ Foreign  
- ___ Horror

- ___ Humor  
- ___ Light/wholesome  
- ___ Love stories  
- ___ Mysteries  
- ___ Religious fiction

- ___ Romantic suspense  
- ___ Science fiction  
- ___ War stories  
- ___ Westerns

**Favorite authors:**

Books in foreign languages are available on request. Please contact the library for further details.

Mark here if you are willing to accept books that contain:

- Explicit sex ___Yes ___No  
- Rough language ___Yes ___No  
- Violence ___Yes ___No

*PLEASE NOTE: Bestsellers very often contain sex, strong language and violence.*
Person who is completing the form on behalf of the applicant:

Name ________________________________________________

Address ________________________________________________

City, State, Zip ___________________________ Phone (___) ____________________

Return completed application to:

The State Library of Ohio or:
Talking Book Program
274 E. First Avenue
Columbus, OH 43201-3673

Machine(s) Assigned:
(To be completed by Agency)

________________________________________________________________________________________

________________________________________________________________________________________

Date __________________________________________________________________________________

Machine Lending Agency
(To be completed by Agency)

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________