

To Be Completed By Library Staff:	Date Received:	Date Entered Into CUL:
	Staff Name:	
	Welcome Packet Mailed:	<input type="checkbox"/> Yes <input type="checkbox"/> No



Ann Arbor District Library
343 S. Fifth Ave. • Ann Arbor, MI 48104

**Washtenaw Library for the
Blind and Physically Disabled
@ AADL**

Website • wlbpd.aadl.org
Email • wlbpd@aadl.org
Phone • 734.327.4224

APPLICATION AND CERTIFICATE OF ELIGIBILITY FOR LIBRARY MATERIALS

Mail, drop off, FAX, or scan and email this application to the WLBPD@AADL (pages 1-3 must be completed). Once your application is processed, you can expect to receive additional information in the form of a welcome packet that will include the first issue of your bi-monthly subscription to the most recent catalogs for ordering books.

A talking book machine will also be provided to you at no cost and immediately upon acceptance of this application. Equipment and materials issued through WLBPD are federal property. When no longer needed, they must be returned by mail or in-person to either the WLBPD@AADL or to the Braille & Talking Book Library in Lansing, MI.

Please know that in order to ensure that you are receiving service according to your preferences, you can expect a call from a Reader Advisor in the coming weeks.

Notice: All patron records pertaining to this service will remain confidential, as required by the Michigan Library Privacy Act.

HOW DID YOU RECEIVE THIS APPLICATION? _____

If you're applying for an **institutional account**, please list the name of your institution under Name of Applicant and complete all other relevant information below.

Name of Applicant: _____

Date of Birth: _____ LAST FIRST M.I. Sex: M _____ F _____

Street Address: _____

City: _____ County: _____ ZIP: _____

Telephone No.: _____

Email Address: _____

Please tell us who to contact if you cannot be reached and/or to assist with your account:

Name: _____ Telephone No.: _____

Veteran status: Have you been honorably discharged from the US Armed Forces?
 Yes No

QUALIFYING DISABILITY

Please check only one:

- BLIND:** 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.
- DEAF-BLIND:** Severe auditory impairment in combination with legal blindness.
- VISUAL DISABILITY:** Lacks visual acuity to read standard printed materials without special aids or devices other than regular glasses.
- PHYSICAL DISABILITY:** Unable to read or use standard printed materials as a result of physical limitations. Examples include: without arms or the use of arms; impaired or weakened muscle and nerve control; limitations resulting from stroke, cerebral palsy, multiple sclerosis, muscular dystrophy, polio, and arthritis.
- PHYSICALLY-BASED READING DISABILITY:** Organic dysfunction of sufficient severity to prevent reading printed materials in a normal manner. Individuals must establish the following facts:
 - The reading disability must be of sufficient severity to prevent reading regular or standard printed material in a normal manner,
 - The cause of the disability must be physically based, that is, it must be an organic dysfunction, and
 - The person certifying the application must be medically able to judge whether the disability has a physical or organic basis.

Note: An individual whose reading disability does not have a physical origin is NOT eligible. The signature of a doctor of medicine or doctor of osteopathy is required by federal regulation on the application to certify not only that a reading disability exists and is serious enough to prevent reading regular printed material in a normal manner, but also that the identified condition has a physical basis.

CERTIFYING AUTHORITY:

In cases of blindness, visual impairment, or physical limitations, “competent authority” includes doctors of medicine; doctors of osteopathy; ophthalmologists; optometrists; registered nurses; therapists; and professional staff of hospitals, institutions, and public or private 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 by any person whose competence under specific circumstances is acceptable to the Library of Congress.

In the case of reading disability from organic dysfunction, competent authority is defined as doctors of medicine and doctors of osteopathy who may consult with colleagues in associated disciplines.

TO BE COMPLETED BY CERTIFYING AUTHORITY:

I certify that the applicant named has requested library service and is unable to read or use standard printed materials for the reason indicated above. The person certifying this application must be a **Non-Family Member**. (Please print or type.)

Name: _____ Date: _____

Title and Occupation: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Telephone No.: _____

Signature: _____

EQUIPMENT: An advanced Digital Talking Book Machine will be mailed directly to you upon receipt of this application. Equipment may be exchanged or returned at any time.

Additional equipment (optional): Headphones

SPECIAL ATTACHMENTS: If you use a breath switch or if you are unable to access your digital talking book machine due to severe hearing loss, you may inquire about special attachment options by calling (734) 327-4224.

SERVICES DESIRED: Please check all that apply.

- Digital Talking Books**
- Braille & Audio Reading Download (BARD)** – Downloadable talking books, magazines, and Web Braille books available. An email address and an additional online application are required.
- Large Print Books by Mail** – In order to receive large print books by mail, you must have an Ann Arbor District Library card. If you don't already have an AADL card, please fill out the application on page 6.
- Braille Books**
- Movies on DVD with Descriptive Narration**
- Magazines**

CIRCULATION OF MATERIALS: Please check one.

- Send/Return:** When you return a book, another will be sent automatically.
- On-Demand:** Books will be sent only when you request them.

Would you like a Reader Advisor to select books for you? Yes No

PREFERRED READING LEVEL: Please check one that best applies.

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Preschool | <input type="checkbox"/> Young Adult |
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> Adult |
| <input type="checkbox"/> Grade level 1-9 (please specify: _____) | |

WILL YOU ACCEPT BOOKS WITH THE FOLLOWING? Please check all that apply.

- | | | |
|------------------------------|------------------------------|-----------------------------|
| Violence | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Explicit descriptions of sex | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Strong language | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

IN WHICH FORMAT DO YOU PREFER TO RECEIVE YOUR BI-MONTHLY CATALOG OF NEW BOOKS? Please check one.

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Talking Book Topics | <input type="checkbox"/> Large Print | <input type="checkbox"/> Digital Cartridge |
| <input type="checkbox"/> Braille Book Review | <input type="checkbox"/> Large Print | <input type="checkbox"/> Braille |

READING INTERESTS: Please check subject choices. If you're interested in more specific subject choices, a Reader Advisor can provide more details.

- | | |
|--|---|
| <input type="checkbox"/> 100 Adventure | <input type="checkbox"/> 1600 Foreign Language |
| <input type="checkbox"/> 200 Aging | <input type="checkbox"/> 1700 General Interest |
| <input type="checkbox"/> 300 Animals and Nature | <input type="checkbox"/> 1800 Health |
| <input type="checkbox"/> 400 Art / Architecture | <input type="checkbox"/> 1900 Historical Fiction - Foreign |
| <input type="checkbox"/> 500 Bestsellers | <input type="checkbox"/> 2000 Historical Fiction - U.S. |
| <input type="checkbox"/> 600 Biography | <input type="checkbox"/> 2100 History Foreign |
| <input type="checkbox"/> 700 Business and Economics | <input type="checkbox"/> 2200 History U.S. |
| <input type="checkbox"/> 800 Careers | <input type="checkbox"/> 2300 Hobbies |
| <input type="checkbox"/> 900 Computers | <input type="checkbox"/> 2400 Holidays |
| <input type="checkbox"/> 1000 Cooking | <input type="checkbox"/> 2500 Home Management |
| <input type="checkbox"/> 1100 Disability | <input type="checkbox"/> 2600 Humor |
| <input type="checkbox"/> 1200 Entertainment | <input type="checkbox"/> 2700 Inspirational |
| <input type="checkbox"/> 1300 Ethnic | <input type="checkbox"/> 2800 Literature |
| <input type="checkbox"/> 1400 Family | <input type="checkbox"/> 2900 Modern |
| <input type="checkbox"/> 1500 Fantasy / Folklore | <input type="checkbox"/> 3000 Music |

- 3100** Mystery
- 3200** Occult / Horror
- 3300** Philosophy
- 3400** Plays
- 3500** Poetry
- 3600** Psychology
- 3700** Reference
- 3800** Regional Interest
- 3900** Religion
- 4000** Romance
- 4100** Science Fiction
- 4200** Science / Technology
- 4300** Short Stories
- 4400** Social Issues
- 4500** Spanish
- 4600** Sports / Recreation
- 4700** Travel
- 4800** War
- 4900** Westerns
- 5000** Language Arts

SPECIFIC TITLES YOU WANT NOW:

FAVORITE AUTHORS OR SERIES:

APPLICATION FOR A LIBRARY CARD FROM ANN ARBOR DISTRICT LIBRARY

I would like to receive Large Print books by mail.

After qualifying as a patron of the WLBDP@AADL, you and your family living at the same address are also eligible for a library card from the AADL. Please sign below (or fill in the information requested below if the applicant is under 18 years old) to receive your AADL card. Your card will be mailed to your home. Family members will need to fill out a separate AADL card application and present identification at any AADL Public Service Desk.

If applicant is under 18 years old: Under Section 3 of the Michigan Library Privacy Act, MLC 397.601 et seq., a library may not release a minor child’s library records unless a parent or legal guardian of the minor child completes and signs this form. Release of Minor Child’s Library Records:

Print name of minor child: _____

I hereby declare that: 1.) I am the mother / father / legal guardian (circle one) of the above-named minor child; and, 2.) I accept full responsibility for the return of library materials checked out by the above-named child as well as liability for payment for the child’s overdue fines and damaged or lost materials; and 3.) I give consent for the release of the child’s library records to:

Print name of parent, guardian or third party: _____

I am applying for an Ann Arbor District Library Card. I agree to be responsible for all use of my card, will observe and comply with all Library rules and policies, and notify AADL promptly of change of address or loss of my Library card. I expressly agree to pay all fines and charges assessed for the untimely return of AADL materials borrowed under my card and all fees, costs, and expenses incurred by the Library in collection of such fines and charges.

Signature of applicant (parent if applicant is under 18 years old) _____ Date _____

Printed name of applicant _____

For Library Use Only

21621 0

Entered in CUL: Yes No

Staff Name _____ Date _____