South Dakota Braille & Talking Book Library

Mercedes MacKay Building • 800 Governors Drive, Pierre, SD 57501-2235 Telephone 605-773-3131 • Toll Free 1-800-423-6665 • Fax 605-773-6962 Website: library.sd.gov/BTB • Email: SDTalkingBookRequest@state.sd.us



Adult Application for Free Library Service

Name (first)	(initial))	(last)			
Telephone	_ Email					
Mailing address						
City		State	Zip Code		_ County	
Date of birth (month)(da	ay)	_(year)		Gender	Male	Female
YESNO Did you serv	e in the arr	ned force	s in the U.S	5.?		
Please give the name of a person to	o contact <u>if y</u>	<u>ou canno (</u>	ot be reache	ed for an o	<u>extended</u>	period.
Name (first/last)	Rela	tionship _		Telepho	one	
Email address						
Eligibility Requirement: (Plea	ase check	all that a	pply)			

blindness	Visual Acuity of 20/200 or less with correction
visual impairment	Inability to read regular print with optical correction.
physical disability	Unable to hold book, turn pages or track words
reading disability	Any condition that prevents reading standard printed material

Eligibility must be certified by one of the following doctors of medicine, doctors of osteopathy, ophthalmologists, optometrists, psychologists, registered nurses, therapists, and professional staff of hospitals or other facilities, and public or welfare agencies (such as educators, social workers, case workers, counselors, rehabilitation teachers, certified reading specialists, school psychologists, superintendents, or librarians).

I certify that the named applicant requesting library service is unable to read or use regular printed material for the reason indicated on this form.

Original or Digital signatures accepted.

Signature		Date
Name		
Title/occupation		
Mailing address		
City	State	Zip

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NOTICE: Records relating to library service in the state of South Dakota are confidential as defined by South Dakota codified law 14-2-51.

Where did you hear about this service?

Veterans Affairs/Health Agency		Other Health Care Professional
Vocational Rehabilitation Center		Friend/Family
Public Library	School	Consumer/Support Group
Event/Expo	TV Ad	Radio Ad
Internet/Social Media		Other, specify

Books, Magazines, Materials, and Equipment

Please check any of the following items and/or services that you wish to receive:

Talking Books on digital cartridge and a digital player: Easy to use digital player that plays audio books.

Braille and Audio Reading Download (BARD): utilizing Digital Machine and/or BARD app available on your personal iOS, Android, & Kindle Fire mobile devices.

Braille Books

Magazines: a catalog for magazine selection will be sent.

Descriptive Video Service: DVD videos with audio description that play on your personal DVD player.

Do you have a hearing impairment? Yes No If yes, indicate the degree of impairment: ____Moderate Profound

Special accessories for players are available. Please choose those you wish to receive.

Headphones Pillow speaker Digital Remote Control Special Equipment: (Requires Separate Application)

High Volume Talking Book Machine & Headphones Breath Switch

Return of Equipment: Playback equipment and special attachments are supplied to eligible persons on **extended loan**. If the equipment is not being used for the period of one year, it is subject to recall and must be returned to the **South Dakota Braille & Talking Book Library.**

How would you like to receive the Talking Book Topics bi-monthly magazine listing the latest added books?

La UPDATE: TBT CATALOG IS NOT CURRENTLY BEING PRINTED (MARCH 2022)

Audio on Digital Talking Book Cartridge (includes order form booklet)

How would you like to receive our guarterly Prairie Trails Newsletter (check one)?

Audio on Digital Talking Book Cartridge rev 2021

By Email notification

READING INTERESTS:

I wish to receive books in (check all that apply):

___English

____Spanish

Another language please specify_____

_____Do not select books for me. Send only the specific titles I request. You will need to call, mail in the order form from the Talking Books Topics catalog or make requests through the online catalog in order for books to be sent to you. If there are no books in your request list there will be no books sent.

Check the age range of books you would like to receive (Check one or more):

____Adult ____Preschool ____K-3rd Grade ____4th—6th grade ____Junior High ____Young Adult/High School

DO NOT send books that could contain:

Descriptions of sex:	Descriptions of violence:	Language:
Some	Some	Some
Moderate	Moderate	Strong
Some explicit	Explicit, excessive	
Explicit		Foreign accent
		Foreign setting

____Unrated (may or may not contain explicit sex, strong language, and/or violence.)

Do you have any favorite authors? Please list their names:

Do you have any titles of books you would like to get? (Please provide author name if known)_____

Number of cartridges to see One (1)		wanted on a cartridge: Four (4)Seven (7)		
Two (2)	Two (2)	Five (5)Eight (8)		
Three (3)	Three (3)	Six (6) Other:		
Please choose the types of	books you would like to	read:		
Fiction (based on imaginar	y events and people):			
Adventure	Humorous	Romance		
Amish	Human relationships	Contemporary		
Animal	Inspirational stories	Gentle		
Christian fiction	Legal stories	Spicy		
Classics	Medical fiction	Other:		
Detective stories	Mystery stories	Science fiction		
Espionage	Nostalgic & Gentle	Spy stories		
Fantasy	Occult	Suspense		
Historical fiction-US	Pioneer/frontier	Thrillers		
Other:	Psychological fiction	War stories		
Horror	Religious fiction	Western stories		
Nonfiction (based on facts Autobiographies	, real events, and real peo	ople): Devotional materials		
Biographies (Any)		Disability issues		
Actors Advent	ure	Blindness/visual		
Art Crime		Physical		
Historical Music		Other:		
Notable women		History		
PoliticalReligion		Native American		
RoyaltySports-		South Dakota		
US HistoryUS Pres		EuropeUnited States		
True Crime Other:		PioneerWorld		
ChristianityTheology		 Other:		
Church History		Psychology (Self Help)		
Denomination		War – era:		
Are there other types of books		would like to get?		

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