

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



Child and Young Adult Application for Free Library Service

Eligibility Requirement: (Please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> blindness | Visual Acuity of 20/200 or less with correction, indicate: ____/200 |
| <input type="checkbox"/> visual impairment | Inability to read regular print with optical correction. |
| <input type="checkbox"/> physical disability | Unable to hold book, turn pages or track words |
| <input type="checkbox"/> reading disability | Any condition that prevents reading standard printed material. |
| <input type="checkbox"/> Deaf/blindness | |

Home Information

Student Name (first*) _____ (initial) _____ (last*) _____

Student Telephone _____ Student Email _____

Date of birth* (month) _____ (day) _____ (year) _____ Gender Male Female

Parent/Guardian(s) Name* _____

Mailing address* _____

City* _____ State* _____ Zip Code* _____ County* _____

I understand that the above information is correct to the best of my knowledge. By signing below, I am registering my child for services to be used at my home from the Braille and Talking Book Library.

Parent/Guardian Signature* _____ Date _____

School Information

If services are to be provided through the school, the following must be completed.

School Name* _____

Contact Person's name* _____ Telephone* _____

School Mailing address* _____

City* _____ State* _____ Zip Code* _____ County* _____

Contact Person's Email address* _____

I understand that the above information is correct to the best of my knowledge. By signing below, I am registering my child to receive education services at school from the Braille and Talking Book Library.

Parent/Guardian Signature* _____ Date _____

OFFICIAL USE ONLY

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 _____

Telephone _____ Email _____

Mailing address _____

City _____ State _____ Zip Code _____ County _____

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?

- Health Care Professional
- Vocational Rehabilitation Center
- Public Library
- Event/Expo
- Internet/Social Media
- School
- Friend/Family
- Radio/TV Ad
- Other/Please 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 for your personal iOS, Android, & Kindle Fire mobile devices.
- Braille Books/eReader**
- Magazines:** a catalog for magazine selection will be sent.
- Descriptive Video Service:** DVD videos with audio description that play on your personal DVD player.

Information needed for textbooks (k-12) in the following format:

- large print
- braille
- audio

Special accessories for players are available: please choose any you need those you wish to receive.

- Headphones
- Digital Remote Control
- 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**.

Return of Textbook: Textbooks that are loaned are due back annually on June 15th but may be renewed.

(For Recreational Reading)

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

- English
- Spanish
- Another language (both will limit titles available) _____

Choose reading level that is most appropriate for:

- | | | |
|--|---|---|
| <input type="checkbox"/> Up to 2 years | <input type="checkbox"/> grades K-3 | <input type="checkbox"/> grades 2-4 |
| <input type="checkbox"/> preschool - grade 2 | | |
| <input type="checkbox"/> grades 3-6 | <input type="checkbox"/> grades 4-7 | <input type="checkbox"/> grades 5-8 |
| <input type="checkbox"/> grades 6-9 | <input type="checkbox"/> jr. & sr. high | <input type="checkbox"/> sr. high and older |

I do not wish to receive books that contain:

- | Descriptions of sex | Descriptions of violence | Language |
|--|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Explicit | <input type="checkbox"/> Explicit | <input type="checkbox"/> Excessive |
| <input type="checkbox"/> Some explicit | <input type="checkbox"/> Moderate | <input type="checkbox"/> Some |
| <input type="checkbox"/> Moderate | <input type="checkbox"/> Some | |
| <input type="checkbox"/> Some | | |

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

Number of cartridges to send:

- One (1)
- Two (2)
- Three (3)

Number of books on a cartridge:

- | | | |
|------------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> One (1) | <input type="checkbox"/> Five (5) | <input type="checkbox"/> Nine (9) |
| <input type="checkbox"/> Two (2) | <input type="checkbox"/> Six (6) | <input type="checkbox"/> Ten (10) |
| <input type="checkbox"/> Three (3) | <input type="checkbox"/> Seven (7) | <input type="checkbox"/> Eleven (11) |
| <input type="checkbox"/> Four (4) | <input type="checkbox"/> Eight (8) | Other, specify _____ |

Please list the names of the titles or authors you would like.
