



# South Dakota Braille & Talking Book Application

Mercedes MacKay Building \*\* 800 Governors Drive, Pierre, SD 57501  
Telephone 605-773-3131 \*\* Toll Free 1-800-423-6665 \*\*\* Fax 605-773-6962  
Website - library.sd.gov/BTB

## Adult Application for Free Library Service

Name \_\_\_\_\_  
(first) (initial) (last)

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of birth (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_ \*\* Gender \_\_\_ Male \_\_\_ Female  
\_\_\_ YES \_\_\_ NO Did you serve in the armed forces in the U.S.?

Please give the name of a person to contact **if you cannot be reached for an extended period**

Name \_\_\_\_\_ Telephone \_\_\_\_\_

**Indicate the primary disability preventing you from reading standard printed material. See definitions under eligibility criteria on last page.**

\_\_\_ blindness \_\_\_ physical disability nature and extent \_\_\_\_\_

\_\_\_ visual impairment \_\_\_ reading disability \*requires the signature of a **DOCTOR of Medicine or Osteopathy**

**In addition to any of the qualifying disabilities above, do you also have a hearing impairment? \_\_\_yes \_\_\_no**

Please read the back page for acceptable signatures required **BY FEDERAL LAW** to be completed by certifying authority

**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.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please print or type:

Name \_\_\_\_\_ Title/occupation \_\_\_\_\_

PO Box \_\_\_\_\_ Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

**NOTICE:** Records relating to recipients of Library of Congress reading material are confidential except for those portions defined by State law as public information. To find out the extent to which the information provided on this application form may be released to other individuals, institutions, or agencies, consult the agency to which you are submitting this application.

## **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):** Send instructions on how to register and download talking books over the Internet from the BARD web site and use with the digital player or by using the BARD Mobile app on iPod, iPad or iPhone.

**Braille Books**

**Magazines:** a catalog for magazine selection will be sent.

**Descriptive Video Service:** DVD videos with audio description that play on a DVD player which you will have to provide.

---

**Special accessories for players are available: please check those needed:**

### **For digital talking-book player**

**Headphones:** for patrons residing in a group setting where headphones are necessary for private listening

**Amplifier:** Issued solely for use by readers with profound hearing loss – requires a special application, which will be sent to you.

**Pillow speaker:** pillow speakers are issued solely to readers confined to bed

Playback equipment and accessories are supplied to eligible persons on extended loan. If this equipment is not being used for reading recorded material provided by the Library of Congress and its cooperating libraries, **it must be returned to the South Dakota State Library/Braille and Talking Book Program.**

**READING PREFERENCE**

\_\_\_\_\_How many books would you like to start receiving?

**I do not wish to receive books that contain:**

- \_\_\_Children’s material                      \_\_\_Young adult material                      \_\_\_Adult material
- \_\_\_Strong language                      \_\_\_Violence                      \_\_\_Sex
- \_\_\_Female narrator                      \_\_\_Male narrator

**The library needs information about your reading interests. Please check the types of books or subject you prefer. You may also write your reading interest in the space provided below:**

- \_\_\_fiction books only                      \_\_\_nonfiction books only                      \_\_\_both

**Some of the subjects you may choose from are:**

- \_\_\_adventure                      \_\_\_Amish interest                      \_\_\_animals
- \_\_\_biography/auto                      \_\_\_Christian stories                      \_\_\_family stories
- \_\_\_gentle romance                      \_\_\_historical romance                      \_\_\_mystery
- \_\_\_pioneer/frontier life                      \_\_\_religion/inspirational                      \_\_\_romance
- \_\_\_science fiction                      \_\_\_South Dakota interest                      \_\_\_sports
- \_\_\_spicy romance (sex/strong language)                      \_\_\_spy & espionage                      \_\_\_suspense
- \_\_\_US History                      \_\_\_war & war stories                      \_\_\_westerns

Other preferences: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you would like books by certain authors please list the names of the authors.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## LENDING OF MATERIAL AND CLASSES OF BORROWERS

**Veterans.** According to Public Law 89-522, blind and other physically handicapped persons who have honorably discharged from the armed forces of the United States must receive preference in the lending of books, recordings, Playback equipment, musical scores, instructional texts, and other specialized materials.

**Institutions.** Institutions such as schools, residential care facilities, hospitals, and other establishments regularly attended by blind and/or physically handicapped individuals may borrow special format reading materials and playback equipment solely for the use of persons certified as eligible, who must be the direct and only recipients of the materials and equipment provided by NLS.

### **Eligibility of Blind and Other Physically Handicapped Persons for Loan of Library Materials**

The following persons are eligible for loan service: Residents of the United States, including the several states, territories, insular possessions, and the District of Columbia, or American citizens domiciled abroad.

1. Blind persons whose visual acuity, as determined by competent authority, is 20/200 or less in the better eye with correcting lenses, or whose widest diameter of visual field subtends an angular distance no greater than 20 degrees.
2. Other physically handicapped persons are eligible as follows:
  - (a) Persons whose visual disability, with correction and regardless of optical measurement, is certified by competent authority as preventing the reading of standard printed material.
  - (b) Persons certified by competent authority as unable to read or unable to use standard printed material as a result of physical limitations.
  - (c) Persons certified by competent authority as having a reading disability resulting from organic dysfunction and of sufficient severity to prevent their reading printed material in a normal manner.

### **Certifying authority:**

- In case of blindness, visual disability, or physical limitations, "**competent authority**" is defined to include doctors of medicine; doctors of osteopathy; ophthalmologists; optometrists; registered nurses; therapists; professional staff of hospitals, institutions, and public or 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.