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| **STATE OF WYOMING DEPARTMENT OF EDUCATION****APPLICATION FOR FREE LIBRARY SERVICES --- INDIVIDUAL** |
| **Please Type or Print Clearly** |  |  |  | **DATE: 10/13/2020**  |
| **NAME:**  |
|  |  | Last |  | First |  |  | Initial |
| **MAILING****ADDRESS:** |  | **DAYTIME****PHONE:** | **(**  |
|  |  | Street or PO Box |  |  |  | Area Code |
|  |
|  | City |  | County |  | State |  | Zip Code |
| **DATE OF BIRTH**  | **SEX**  |
| **Email Address:**  |
| **Contact Person:** Please indicate the name, address and phone number of someone we can contact in case |
| we are unable to contact you: |
|  |
| Name |  |  |  |  | Relationship to Applicant |
|  |
| Address |  |  |  |  | Daytime Phone |  |
| **By Law, preference in lending books and equipment is given to veterans. Please check here if you have been** |
| **honorably discharged from the armed forces of the United States.**  |
| **EQUIPMENT** |
| A library digital player is required to play the digital books. Check below if you wish to receive a digital player and |
| digital books |  |  |  |  |  |  |  |
|  **Digital talking books and a Digital Player** (plays Library of Congress digital audio book cartridges). |
| There are two types of Digital Players. The Standard machine is recommended for most readers. TheAdvanced machine contains five more controls: Info, Previous, Menu, Next and Mark. These controls allow the reader to more easily navigate within a book and to set and find bookmarks. The Advanced machine is recommended for students and readers of heavily indexed nonfiction books. Please check which machine you would like |
|  |  | **Standard digital machine(DS1)** |  | **Advanced digital machine (DA1)** |
| Playback equipment and special attachments are supplied to eligible persons on extended loan. If this 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. |
| Accessories such as amplifiers, remote controls, breath switches, extension levers, and pillow hones are available topatrons under special conditions. Contact the library for the application forms or for more information on these items. |
| **SERVICE PREFERENCE** |
| **Digital Books** |  | **Large Print Books** |  |  | **Braille Books** |
|  Book(s) every days |  Book(s) every days |  |  Book(s) every days |
|  One Book when one returned |  One Book when one returned |  One Book when one returned |
|  Select titles for me from my designated subjects |  Select titles for me from my designated subjects |  |  Select titles for me from my designated subjects |
|  Send only titles I request |  Send only titles I request |  |  Send only titles I request |

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| **An individual must borrow at least one book or magazine a year from the library to retain the use of borrowed equipment.****Materials received from sources other than the library do not qualify for continuance of service.** |
| **MAGAZINES** |
| A wide variety of magazines are also available on a free subscription basis. Please check below if you would like a list of magazines available. |
|  |   | Magazines in Braille |  |  |  |  |  |
|  |  |   | Braille Format |  |   | Large Print Format |
|  |   | Audio Magazines on BARD(Download), On Digital Cartridge, on Newsline and Magazines in Large Print |
|  |  |   | Braille Format |  |   | Large Print Format |
| **SUBJECT CATAGORIES** |
| If you wish to have books selected for you or if you wish to have books substituted when your requests are notavailable, please check at least six of the categories below. These categories can be changed at any time by calling the library. |
|  |  | **FICTION** |  |  | **NONFICTION** |  |
|  | **ADV** | Adventure & Spy Stories |   | **BEN** | Best Sellers, Nonfiction |
|  | **ANM** | Animal Stories |  |   | **BIO** | Biographies (General) |
|  | **BEF** | Best Sellers, Fiction |  |   | **B-MEN** | Autobiographies / Memoirs |
|  | **CLA** | Classics |  |   | **658** | Business |  |
|  | **FAN** | Fantasy |  |   | **POL** | Government & Politics |
|  | **GOT** | Gothics |  |   | **610D** | Health / Nutrition / Diet |
|  | **HIF** | Historical Novels |  |   | **978** | History, Frontier & Western |
|  | **MDF** | Modern/Contemporary Novels |   | **973** | History, United States |
|  | **MYS** | Mystery & Detective Novels |   | **900W** | History, World / Foreign |
|  | **OCC** | Occult & Supernatural |   | **640** | Home / Family Management |
|  | **PIO** | Pioneer Stories |  |   | **HUM** | Humor |  |
|  | **CHF** | Religious Fiction |  |   | **130** | Paranormal / Occultism |
|  | **LDSF** | Religion, LDS Fiction |  |   | **POE** | Poetry |  |
|  | **ROM** | Romance Novels |  |   | **LDS** | Religion, LDS |
|  | **SCF** | Science Fiction |  |   | **Religion** (Denomination ) |
|  | **SST** | Short Stories |  |   | **Science** ( Areas ) |
|  | **SUS** | Suspense Novels |  |   | **SPT** | Sports |  |
|  | **WAR** | War Stories |  |   | **917** | Travel, United States |
|  | **WES** | Western Stories |  |   | **Travel** (Areas ) |
|  | **YF** | Young Adult Novels |  |   | **364C** | Tru Crime |  |
|  | **Children's Literature** |  |  | **WARN** | War History |
| Reading Level  |
| Other Preferences:  |
| Check this box if you wish to receive books in English language only. If you wish to receive books in other languages, list the languages: |
|  |  |  |  |
| I do **NOT** wish to receive books that contain: |
|   | Strong Language |   | Violence |  |   | Explicit description of sex |

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| **ELIGIBILITY AND CERTIFICATION REQUIREMENTS** |
| If you are blind, have a visual disability, or have physical limitations, you must be certified by a "competent |
| authority". A 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, counselors, rehabilitation teachers and superintendents). The competent authority *may not* be |
| a member of the applicant's family. 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 order to |
| receive service, the rest of this page must be completed by a competent authority as listed. |
| **In case reading disability from organic dysfunction, competent authority is defined as doctors of** |
| **medicine or a doctor of osteopathy who may consult with colleagues in associated disciplines.** |
| **TO BE COMPLETED BY CERTIFYING AUTHORITY:** |
| I certify that the applicant is unable to read or use standard printed materials for the reason(s) indicated |
| below: |  |  |
|  **BLINDNESS** | Visual acuity of 20/200 or less in the better eye with correcting glasses, or thewidest diameter of visual field subtending an angular distance no greater than 20 degrees. |
|  | **VISUAL DISIBILITY** | Inability to read standard printed material without aids or devices other than regular glasses. |
|  | **PHYSICAL DISABILITY** | Inability to read or use standard printed material due to physical limitations,e.g. Muscular Dystrophy, Multiple Sclerosis, Cerebral Palsy, Parkinson's Disease, paralysis, missing arms or hands, extreme weakness. |
|  | **READING DISABILITY** | organic dysfunction of sufficient severity as to prevent reading printed material in normal manner. **Requires an M.D. or D.O. signature for certification as defined above.** |
|  | **DEAF/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, and with a hearing impairment disability. |
| In addition to any of the conditions listed above, is there a hearing impairment? Yes No If yes, indicate the loss: |
|  **Moderate:** Some difficulty hearing and understanding speech. |
|  **Profound:** Cannot hear or understand seech. |
| **\*\*NOTE:** A signature or signature stamp by certifying authority is required for certification. Faxes, copies or a PDF |
| of the certification are acceptable. |
|  Signature of certifying authority Title or Occupation |
|  Name of Certifying Authority Address |
|  Date Phone |

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| Name  |
| **BRAILLE AND AUDIO READING DOWNLOAD (BARD)** |
| The Library of Congress website gives patrons of the library access to downloadable braille and audio books. Information about these services is included in the Library's Patron Handbook, which is mailed to all new patrons. |
| **HOW DID YOU HEAR ABOUT OUR SERVICES?** |
|   | TV Spot |   | Radio Spot |   | Library Outreach |
|   | Friend or Relative |   | DSBVI Referral |   | Doctor Referral |
|   | School Referral |   | Local Library Referral |   | Other |
| **TO RETURN COMPLETED APPLICATION** |
| To return this application form once it is completed and certified, please fold and secure so that the Wyoming Department of Education's address (on the back of this sheet) is showing. **No Postage is required.** |
| **If you have any questions please call:** |
|  | Within Wyoming: |  | (307) 265-8818 |  |  |
|  | Utah State Library Toll Free: | (800) 453-4293 |  |  |
| or email the library at: **blindlibrary@utah.gov** |
| or access the library's website at: [**http://blindlibrary.utah.gov**](http://blindlibrary.utah.gov/) |