

**Vision Outreach Services**  
**539 S Payne Avenue**  
**Casper WY 82609**  
**(307)265-8818**

Dear Patron,

The Wyoming Department of Education: Vision Outreach Services, in collaboration with the Utah State Library, have made possible the Wyoming Talking Books Program. All necessary equipment, services, and materials for this program are on loan, free of charge, in accordance with policies and procedures of the National Library Service for the Blind and Physically Handicapped of the Library of Congress.

The following people who meet one of the following criteria are eligible for service:

1. An individual who is blind or has a visual impairment that makes them unable to comfortably read print books.
2. An individual who has a perceptual or reading disability.
3. An individual who has a physical disability that makes it hard to hold or manipulate a book or to focus or move the eyes as needed to read a print book.

The full eligibility terminology [www.loc.gov/nls/about/eligibility-for-nls-services](http://www.loc.gov/nls/about/eligibility-for-nls-services).

Attached is the Application for Free Library Services. Applications must be filled out completely indicating: equipment required, services preferred, and reading interests. The 'Eligibility and Certification Requirements' form must be filled out and signed. (A typed or handwritten signature is acceptable after certifying data is completed). **Applications for a child or ward must have the parent/guardian section filled out and signed.**

A **certifying authority** is one of the following: doctor of medicine, doctor of osteopathy, ophthalmologist, optometrist, psychologist, registered nurse, therapist, or professional staff of hospitals, institutions, and public or welfare agencies (such as an educator, social worker, case worker, counselor, rehabilitation teacher, certified reading specialist, school psychologist, superintendent, or librarian).

The certifying authority may not be a member of the applicant's family.

When your application is received and processed, informational materials, equipment, and library materials will be sent to you. All equipment is mailed from the Casper Vision Outreach office, and the library material is mailed from the Utah State Library.

**To mail the application, please place the address sheet behind the application. Fold with the Casper Office address visible, and seal shut before mailing. Postage is Free.**

**Free Matter for the Blind  
and Physically Handicapped**

**WYOMING DEPARTMENT OF EDUCATION  
VISION OUTREACH SERVICES  
539 SOUTH PAYNE STREET  
CASPER WY 82609**

---

**FOLD**

**Vision Outreach Services**  
539 S Payne Avenue  
Casper WY 82609  
(307)265-8818

## Application for Free Library Service: Individuals

Please complete this application and submit to [wde-vision-outreach@wyo.gov](mailto:wde-vision-outreach@wyo.gov) or call 307-265-8818. The application may be sent by email, fax, printed and mailed, or printed and hand delivered. **FAX Number 307-464-3679**

Please Type or Print Clearly

Date: \_\_\_\_\_

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Initial) \_\_\_\_\_

Mailing Address: (Street or PO Box) \_\_\_\_\_

(City) \_\_\_\_\_ (County) \_\_\_\_\_ WY (Zip Code) \_\_\_\_\_

Daytime Area Code & Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

### Parental acknowledgment for NLS services and devices.

Required for new applicants and existing patrons who are minors (under 18 years old).

As the parent/guardian of the applicant or patron, I acknowledge that my child will receive services and equipment and that my child will have access to the entire NLS catalog of reading material. All materials and equipment (including digital talking book cartridges, hard copy braille, players, and accessories) must be returned when no longer needed.

### Parent/Guardian Acknowledgment

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Initial) \_\_\_\_\_

Relationship to Patron: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**Veterans:** Persons who are blind or have a print disability who have been honorably discharged from the United States military receive preference in the lending of books, recordings, playback equipment, instructional texts, and specialized materials (Public Law 89-522).

Check here if you were honorably discharged from the United States military.

## EQUIPMENT

**BARD (Braille and Audio Reading Download)** is a web-based, password-protected service that provides access to thousands of audio and braille books, magazines, and music scores available from NLS. The service is available as an application on a Windows or Mac computer or on an iOS or Android device. The mobile application, known as BARD Mobile, includes built-in playback capability so you can enjoy talking books anytime, anywhere.

### **Service delivery for library materials (check all that apply)**

- I have a personal mobile device (iPhone, Android, iPad, or Kindle Fire) and Internet or cellular access. I want to download digital talking books and/or eBraille materials to read instantly with the free BARD Mobile application. **\*\*Your email address is required for BARD registration.**
- I have a personal mobile device and would like to access the free BARD Mobile application, but I would also like materials sent to my home by USPS. Please select the types of materials you want mailed to your home. (Check all that apply.)
- Digital talking books and magazines on cartridge/flash drive
  - Hardcopy braille books and magazines **(No Large Print Magazines available)**
- I do NOT have a personal mobile device. I want my library to send books by USPS to my home. I would like materials in the following format. (Check all that apply)
- Digital talking books and magazines on cartridge/flash drive
  - Hardcopy braille books and magazines **(No Large Print Magazines available)**

**DB Machine Number** \_\_\_\_\_ **(For office use only)**

**(Note: The NLS program does not provide recorded music for recreational listening.)**

Playback equipment and special attachments are supplied to eligible person 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 pillowphones are available to patrons under special conditions. Contact the library for the application forms or for more information on these items.

## SERVICE PREFERENCE

### Digital Books

- \_\_\_ Book(s) every \_\_\_ days
- One book when one returned
  - Select titles from my designated subjects
  - Send only titles I request

### Large Print Books

- \_\_\_ Book(s) every \_\_\_ days
- One book when one returned
  - Select titles from my designated subjects
  - Send only titles I request

### Braille Books

- \_\_\_ Book(s) every \_\_\_ Days
- One book when one returned
  - Select titles from my designated subjects
  - Send only titles I request

**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.**

## SUBJECT CATEGORIES

If you wish to have books selected for you or if you wish to have books substituted when your requests are not available, please check at least six of the categories below. These categories can be changed at any time by calling the library.

**Age Range:**  Adult Titles       Young Adult Titles       Children's Titles, Grade: \_\_\_\_\_

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Adventure                     | <input type="checkbox"/> Bestsellers/Fiction | <input type="checkbox"/> Bestsellers/Nonfiction |
| <input type="checkbox"/> Biography                     | <input type="checkbox"/> Classics            | <input type="checkbox"/> Contemporary Novels    |
| <input type="checkbox"/> Fantasy                       | <input type="checkbox"/> History             | <input type="checkbox"/> Humor                  |
| <input type="checkbox"/> Mystery                       | <input type="checkbox"/> Pioneer Stories     | <input type="checkbox"/> Religion LDS           |
| <input type="checkbox"/> Religion (Denomination _____) |  | <input type="checkbox"/> Romance                |
| <input type="checkbox"/> Science Fiction               | <input type="checkbox"/> War/Military        | <input type="checkbox"/> Westerns               |

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 descriptions of sex

To Receive the **Utah State Library's Newsletter**, SEE NOTE check any of the formats

- Email       Large Print (XSN2)       Braille (XSN1)

**NOTE:** Personal information is confidential except for those portions defined by law as public information. To learn what information provided on this application form may be released to other individuals, institutions, or agencies, please consult the agency to which you are submitting this application.

## HOW DID YOU HEAR ABOUT OUR SERVICES?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> TV Spot            | <input type="checkbox"/> Radio Spot             | <input type="checkbox"/> Library Outreach |
| <input type="checkbox"/> Friend or Relative | <input type="checkbox"/> DSBVI Referral         | <input type="checkbox"/> Doctor Referral  |
| <input type="checkbox"/> School Referral    | <input type="checkbox"/> Local Library Referral | <input type="checkbox"/> Other            |

## 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 section below 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 the widest diameter of visual field subtending and angular distance not greater than 20 degrees.
- VISUAL DISABILITY** Inability to read standard printed material without aids or devices other than regular glasses.
- PHYSICAL DISABILITY** Inability to read or use standard printed materials 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 materials in normal manner. **requires and 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 and angular distance not 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 speech.

**\*NOTE:** A typed or handwritten signature is acceptable after certifying data is completed. Faxes, copies or a PDF of the certification are acceptable.

**Signature\*:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Organization:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**(City)** \_\_\_\_\_ **(County)** \_\_\_\_\_ **WY (Zip Code)** \_\_\_\_\_

## TO RETURN COMPLETED APPLICATION

To mail in the completed application, please place the address sheet behind the application. Fold with the Wyoming Department of Education: Vision Outreach Casper Office address visible, and seal shut before mailing. **No Postage is required.**

**If you have any questions please call:**

Within Wyoming: (307) 265-8818

Email: [wde-vision-outreach@wyo.gov](mailto:wde-vision-outreach@wyo.gov)

Utah State Library Toll Free: (800) 453-4293

or email the library at: [blindlibrary@utah.gov](mailto:blindlibrary@utah.gov)

or access the library's website at: <https://blindlibrary.utah.gov>