

# GREETINGS FROM THE TALKING BOOK PROGRAM!

Thank you for your interest in our library service. We look forward to working with you to design a program that will best meet your reading interests and needs.

To help us process your application promptly, please read the certification section on the last page very carefully and follow those instructions; the original signature of your certifying authority is required. Once we have received your application, a Reader Consultant will call you to discuss our services in greater detail.

**By law, preference in lending of books and equipment is given to veterans. Please provide a copy of your DD Form 214 as verification.**

## APPLICANT AGREEMENT

It is the responsibility of Talking Book Program users to:

1. Return the machines loaned to you when you are no longer using the recorded reading materials provided by the Texas Talking Book Program.
2. Notify the library of any address or telephone number changes.
3. Take reasonable care of materials and machines.
4. Borrow books and/or magazines at least once a year.
5. Read and return books within 45 days of receipt to allow others the opportunity to read.

By submitting this application, I agree to follow these rules.

**Signature of applicant or guardian** \_\_\_\_\_

Please send this completed application and agreement to:  
**Talking Book Program, PO Box 12927, Austin TX 78711-2927**  
**Fax to 512-936-0685 or email to [tbp.services@tsl.texas.gov](mailto:tbp.services@tsl.texas.gov)**

Our goal is to provide you with a first-rate reading program.

We hope to receive your application very soon.

Talking Book Program  
Texas State Library and Archives Commission

**TALKING BOOK PROGRAM**  
**Texas State Library and Archives Commission**  
**LIBRARY SERVICES FOR PERSONS WITH PRINT DISABILITIES**



Call toll free 1-800-252-9605 or 512-463-5458 in Austin  
Fax 512-936-0685 Email: [tbp.services@tsl.texas.gov](mailto:tbp.services@tsl.texas.gov)

Hours: Monday-Friday  
8:00 am to 12:00 pm  
1:00 pm to 5:00 pm

The Texas State Library and Archives Commission provides library services to Texans who cannot read standard print due to a visual, physical, or reading disability. To participate in this free service, complete the application below and return it to the **Talking Book Program by mail, email, or fax**. Information required for borrowing of Library of Congress materials will be kept confidential.

By law, preference in lending of books and equipment is given to veterans. Check here if you have been honorably discharged from the armed forces of the U.S. **You must provide a copy of your DD Form 214 for verification.**

Qualified readers must be residents of the U.S. or American citizens living abroad.

**PLEASE PRINT CLEARLY**

**Name** \_\_\_\_\_ **Sex** F  M   
*First Middle Last*

**Mailing Address** \_\_\_\_\_

**City** \_\_\_\_\_ **TX** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_  
*home phone work phone E-Mail*

**Date of Birth** \_\_\_\_\_ **Primary Language**  English  Spanish  
 Other (*specify*) \_\_\_\_\_

**We attempt to contact every applicant by phone.** If you cannot be reached by phone or prefer not to communicate over the phone, give the name and phone number of another person who can make decisions regarding your library service. If applicant is a minor, please list the name and phone number of a **parent** or **guardian**.

**Alternate Contacts:**

**1. Name** \_\_\_\_\_

**2. Name** \_\_\_\_\_

**Phone** \_\_\_\_\_  
*home phone work phone*

**Phone** \_\_\_\_\_  
*home phone work phone*

**Email** \_\_\_\_\_

**Email** \_\_\_\_\_

Would contact(s) be authorized to request books or make changes to your profile?

Yes  No If not, Authorized Contact: \_\_\_\_\_

## ELIGIBILITY CRITERIA:

Please indicate all qualifying disabilities for the applicant.

- Blindness** Visual acuity of 20/200 or less in the better eye with Correcting lenses or the widest diameter of visual Field subtending an angular distance no greater than 20 degrees.
- Visual Disability** Inability to read standard printed material without special aids or devices other than regular glasses.
- Physical Disability** Inability to read or use standard printed material as a result of physical limitations, such as paralysis, extreme weakness, missing arms or hands.
- Reading Disability** Organic dysfunction of sufficient severity as to prevent reading printed material in a normal manner; **for this category, the certifying authority must be a doctor of medicine or osteopathy** who may consult with colleagues in associated disciplines.
- Deaf and Blind** Hearing impairment is: **moderate**  **profound**

## TO BE COMPLETED BY CERTIFYING AUTHORITY

“Certifying authority” is defined to include doctors of medicine and osteopathy, ophthalmologists, optometrists, registered nurses, therapists, professional staff of hospitals, institutions, and public or welfare agencies (e.g., social workers, case workers, counselors, vocational rehabilitation counselors, home teachers, and superintendents). In the absence of any of these, certification ***may*** be made by professional librarians or clergy. **In the case of a Reading Disability, the certifying authority must be a doctor of medicine or osteopathy.** Certifying authorities are not permitted to certify relatives. Please fill out the following information completely.

I certify that the applicant named is unable to read or use standard printed material for the reason(s) indicated above.

Signature \_\_\_\_\_ Title \_\_\_\_\_  
***original signature is required***

Name \_\_\_\_\_ Organization \_\_\_\_\_  
***please print***

Address \_\_\_\_\_  
***street***

City \_\_\_\_\_ State **TX** Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_  
***work***

Date \_\_\_\_\_