MARYLAND STATE LIBRARY FOR THE BLIND
AND PHYSICALLY HANDICAPPED

APPLICATION FOR FREE LIBRARY SERVICE

The Maryland State Library for the Blind and Physically Handicapped in Baltimore provides library service to all eligible citizens of Maryland under the direction of the National Library Service for the Blind and Physically Handicapped of the Library of Congress and the Maryland State Library.

Maryland State Library for the Blind
and Physically Handicapped
415 Park Avenue
Baltimore, Maryland 21201

<table>
<thead>
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<th>Voice</th>
<th>TTY</th>
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<tr>
<td>(410) 230 – 2424</td>
<td>(410) 333 – 8679</td>
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<tr>
<td>(800) 964 – 9209</td>
<td>(800) 934 – 2541</td>
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Fax (410) 333-2095

Web Page: www.lbph.maryland.gov
Email: reference.desk@maryland.gov
OPAC (Online Public Access Catalog): https://mdlbpd.klas.com/
Please complete this application and send it to the Maryland State Library for the Blind and Physically Handicapped by mail, fax, or email.

DATE: ________________

NAME: ________________________________________________________
LAST             FIRST         MIDDLE INITIAL
ADDRESS:________________________________________________________
STREET

CITY                     STATE                     ZIP Code

TELEPHONE: HOME _____________ OTHER:__________________________

EMAIL ADDRESS:________________________________________________

DATE OF BIRTH: ________________________ SEX: [ ] M [ ] F

ALTERNATE CONTACT PERSON: __________________________________

ALTERNATE CONTACT PHONE: ____________________________________

[ ] By law, preference in lending of books and equipment is given to veterans. Please check here if you have been honorably discharged from the armed forces of the United States.

Indicate the primary disability preventing you from reading standard printed material. Check ONLY one box. Eligibility must be substantiated. See eligibility criteria definitions.

[ ] Blindness            [ ] Visual disability       [ ] Physical disability

[ ] Reading disability   [ ] Deaf-blindness
ELIGIBILITY CRITERIA FOR LOAN OF LIBRARY MATERIALS

The following persons are eligible for loan service:

1. Blind persons whose visual acuity, as determined by a 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 as follows:

   (a) Persons whose visual disability, with correction and regardless of optical measurement, is certified by a competent authority as preventing the reading of standard printed materials.

   (b) Persons certified by a competent authority as unable to read or unable to use standard printed material as a result of physical limitations.

   (c) Persons certified by a 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 cases of blindness, visual disability, or physical limitations, "competent authority" includes doctors of medicine; registered nurses; optometrists; professional staff of hospitals, institutions, and public or private 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.

- In the case of reading disability from organic dysfunction, competent authority is defined as doctors of medicine and doctors of osteopathy.

TO BE COMPLETED BY CERTIFYING AUTHORITY

Competent authorities may be professionals in a number of related fields (other than a member of the applicant's family) who are familiar with the applicant's visual or physical conditions and are able to certify that the applicant is unable to read or use standard printed material because of the condition.

NAME: ___________________________________________
TITLE/OCCUPATION: ___________________________________________
AGENCY: ___________________________________________
ADDRESS: ___________________________________________

TELEPHONE: ___________________________________________
EMAIL ADDRESS: ___________________________________________

CERTIFIER’S SIGNATURE: ___________________________________________

MATERIALS AND EQUIPMENT
Materials: Please select the format of your reading materials. Check all that you would like.

[ ] Audio books and/or magazines (digital talking book player is supplied by the library)
[ ] Braille books and/or magazines
[ ] Large print books
[ ] BARD (Braille and Audio Reading Download)

If you checked only BARD, do you want a digital talking book player from the library?

[ ] Yes, send me a digital talking book player.
[ ] No, I do not need a digital talking book player. I will use my own device(s).

Talking Book Topics is a bimonthly publication that lists newly available audio books. In which format would you like to receive Talking Book Topics?

[ ] Audio
[ ] Large print

Accessories:

[ ] USB Flash drive adapter (lets you use a personal flash drive with the player)
[ ] Digital talking book cartridge cable (used to connect a digital talking book cartridge to a USB port on a computer)
[ ] Headphones
[ ] Remote control
[ ] High volume player and headphones (issued solely for use by readers with profound hearing loss; ask for a separate application)
[ ] USB Breath switch (intended for readers who are unable to operate the digital talking book player by hand; uses Sip-and-Puff Technology to send signals to the player to operate its various buttons and functions; ask for a separate application)

Reading Preferences
[ ] Do not select books for me. Send only the specific titles that I request. (Books may be requested by calling or emailing the library, ordering online using the library’s online catalog, and/or using the Talking Book Topics order form.)

[ ] I wish to have books selected for me in the categories checked below:

[ ] Adventure  [ ] Fantasy  [ ] Politics & Government
[ ] Animal Stories  [ ] Fine Arts & Architecture  [ ] Popular Psychology
[ ] Bible  [ ] Historical Fiction  [ ] Religious Inspiration
[ ] Biographies  [ ] History (World)  [ ] Romance
[ ] Black/African American Interest  [ ] History (United States)  [ ] Science
[ ] Christian Fiction  [ ] Horror  [ ] Science Fiction
[ ] Classics  [ ] Humor  [ ] Short Stories
[ ] Computers  [ ] Literature - Poetry  [ ] Sports & Recreation
[ ] Cooking & Housekeeping  [ ] Medicine & Health  [ ] Travel & Geography
[ ] Family Saga  [ ] Mystery & Detective  [ ] Westerns

For children’s books, please give the reading grade level _________________

Other preferences or favorite authors: ________________________________
_________________________________________________________________
_________________________________________________________________

I do not want to receive books with the following:

[ ] Strong Language  [ ] Excessive Violence  [ ] Explicit Descriptions of sex

How often would you like to receive books?

[ ] Daily  [ ] Weekly  [ ] Monthly

How many would you like to be sent at one time?

[ ] 2  [ ] 5  [ ] 10  [ ] 15  [ ] Specify _____
How would you like to receive updates on our services?

Would you like to be on our listserv?  [  ] Yes  [  ] No

Email address  _________________________________________

Would you like to subscribe to our blog?  [  ] Yes  [  ] No

Email address  _________________________________________

NEWSLINE® is a free service offered by the National Federation of the Blind that gives patrons access to hundreds of newspapers and magazines via the phone.

Would you like to be registered for NEWSLINE®?

[  ] Yes  [  ] No

Bookshare is an eBook library with materials in audio (simulated voice), audio + highlighted text, Braille, and other formats.

Would you like a promo code for free access to Bookshare?

[  ] Yes  [  ] No

How did you hear about the Maryland State Library for the Blind and Physically Handicapped? (Check up to three)

[  ] Veterans Affairs/Defense Health Agency  [  ] Other Health Care Professional
[  ] Vocational Rehabilitation Center  [  ] Friend/Family  [  ] Public Library
[  ] School  [  ] Consumer/Support Group  [  ] TV Ad  [  ] Radio Ad
[  ] Other Ad (Please specify) ________________________________
[  ] Internet/Social Media (Please specify) ________________________________
[  ] Event/Expo (Please specify) ________________________________
[  ] Other ___________________________
MAIL THIS COMPLETED APPLICATION TO THE ADDRESS BELOW.
FOLD ALONG THE LINE AND STAPLE OR TAPE CLOSED.

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415 PARK AVENUE
BALTIMORE, MARYLAND 21201-3603