

Hearing Impairment: If you have a hearing impairment, please indicate the degree of hearing loss:

_____ **Moderate:** Some difficulty hearing and understanding speech.

_____ **Profound:** Cannot hear or understand speech.

By law, service preference is given to veterans. Please check here if you were honorably discharged from the United States armed forces: _____

Playback Equipment and Accessories

Playback equipment and accessories are supplied to eligible persons on extended loan. If this equipment is not being used in conjunction with audio reading material provided by the Library of Congress, it must be returned to the Perkins Library.

_____ **Talking books on digital cartridge and a digital player.** Easy to use digital player plays Library of Congress books on cartridges.

_____ **Braille and Audio Reading Download (BARD).** Instructions are provided on how to register and download talking books over the Internet from the BARD website to use with the digital player.

_____ **Talking books on cassette and a cassette player.** The cassette player plays tapes at 15/16 ips, 4-track Library of Congress format. Needed for older titles and magazines.

Special accessories for playback equipment are available; please check those needed:

_____ **Headphones:** Solely for those readers who could not otherwise listen to talking books.

_____ **Pillowphone:** Solely for readers restricted to bed.

_____ **Extension levers:** Assists readers with limited use of their hands in operating the standard cassette player controls.

These special accessories for the playback equipment require a special application which will be sent to you:

_____ **Amplifier:** Solely for use by readers with profound hearing loss.

_____ **Remote control:** Assists readers with limited use of their hands in turning the standard cassette machine on and off.

_____ **Breath switch:** For use with the remote control unit for readers who have little or no use of their hands.

Library Services

____ **NEWSLINE Service:** telephone and online newspaper service.

____ **Braille books and magazines.**

____ **Large print books.**

____ Specialized programs and services for **children and teens.**

____ **Described VHS Videos:** videos with added narration (for VCR).

____ **Described DVDs:** videos with added narration (for DVD player).

____ **Magazines:** a complete list of available magazines will be sent.

____ **Web-Braille:** downloadable braille files.

____ **Music:** How-to instructional recordings, braille or large print music scores and music magazines are available. Recorded music for listening is not provided.

Foreign Language Materials

The Library has a small collection of audio books in a variety of languages. If other than English, please indicate your preferred language(s): _____

____ Books in English are acceptable if not available in the above language(s).

____ Please send books in the above language(s) only.

Education and Reading Level

Please indicate the highest level of education completed:

Currently a student in grade _____ Some high school _____

High school graduate _____ College graduate _____

Reading comprehension level (if known) _____

Reading Preferences

Book Content: Please indicate if you do not wish to receive books that contain:

____ Strong language ____ Violence ____ Explicit descriptions of sex

____ Other: _____

____ **Title Selection:** Please check here if you prefer to request specific titles from the Library's bi-monthly catalogue and do not wish Library staff to select books for you. (NOTE: There is no need to mark your areas of interest on the following list.)

____ **Interest Selection:** Please check here if you would like Library staff to select books for you on a regular basis according to your areas of interest, in addition to books you specifically request. For best results, number your priority interests on the following list in order of preference.

- | | | |
|--|---|--|
| <input type="checkbox"/> Adventure | <input type="checkbox"/> Gay Interest | <input type="checkbox"/> Personal Finance |
| <input type="checkbox"/> African-American Interest | <input type="checkbox"/> Gothic Novels | <input type="checkbox"/> Philosophy |
| <input type="checkbox"/> Aging & Retirement | <input type="checkbox"/> Hispanic Interest | <input type="checkbox"/> Poetry |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Historical Fiction | <input type="checkbox"/> Politics & Government |
| <input type="checkbox"/> Autobiographies | <input type="checkbox"/> History, U.S. | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Bestsellers – Fiction | <input type="checkbox"/> History, World | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Bestsellers – Nonfiction | <input type="checkbox"/> Horror | <input type="checkbox"/> Romance |
| <input type="checkbox"/> Bible & Bible Stories | <input type="checkbox"/> Humor | <input type="checkbox"/> Science |
| <input type="checkbox"/> Biographies | <input type="checkbox"/> Inspirational Reading | <input type="checkbox"/> Science Fiction |
| <input type="checkbox"/> Business & Finance | <input type="checkbox"/> Jewish Interest | <input type="checkbox"/> Sea Stories |
| <input type="checkbox"/> Classics | <input type="checkbox"/> Lesbian Interest | <input type="checkbox"/> Short Stories |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Marriage/Family & Sex | <input type="checkbox"/> Sports (specify): |
| <input type="checkbox"/> Contemporary Issues | <input type="checkbox"/> Massachusetts Interest | <input type="checkbox"/> Spy & Espionage |
| <input type="checkbox"/> Cooking & Homemaking | <input type="checkbox"/> Medicine & Health | <input type="checkbox"/> Suspense |
| <input type="checkbox"/> Disability Issues | <input type="checkbox"/> Movies, Radio & TV | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Environment & Ecology | <input type="checkbox"/> Mystery | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Family Stories | <input type="checkbox"/> Native American Interest | <input type="checkbox"/> True Crime |
| <input type="checkbox"/> Fantasy | <input type="checkbox"/> Nature | <input type="checkbox"/> War Stories |
| <input type="checkbox"/> Fine Arts | <input type="checkbox"/> New England Interest | <input type="checkbox"/> Westerns |
| <input type="checkbox"/> Fitness & Nutrition | <input type="checkbox"/> Occult | <input type="checkbox"/> Women's Issues |

Other reading interests: _____

Favorite authors: _____

Authorization Form

To be completed by a certifying authority. In the case of a Reading Disability, certifying authority must be a medical doctor or a doctor of osteopathy.

I certify that the applicant is unable to read or use standard print materials for the reason(s) indicated on the front of this application.

Signature: _____ Date: _____

Name: _____ Phone: (____) _____

Title/Occupation: _____

Address: _____

City/State/Zip: _____

Email: _____

Please return completed application to the Perkins Braille & Talking Book Library.

Records relating to recipients of Library of Congress reading materials are confidential. Information provided on this application form will not be released to other individuals, institutions, or agencies.