**MARYLAND STATE LIBRARY FOR THE BLIND  
AND PRINT DISABLED**

**APPLICATION FOR FREE LIBRARY SERVICE**

The Maryland State Library for the Blind and Print Disabled in Baltimore provides library service to all eligible citizens of Maryland under the direction of the

National Library Service for the Blind and Print Disabled of the Library of Congress

and the Maryland State Library.

Maryland State Library for the Blind  
and Print Disabled

415 Park Avenue  
Baltimore, Maryland 21201

**Voice** **TTY**

(410) 230 – 2424 (410) 333 – 8679

(800) 964 – 9209 (800) 934 – 2541

**Fax** (410) 333-2095

Web Page: [www.lbph.maryland.gov](http://www.lbph.maryland.gov)

Email: [reference.desk@maryland.gov](mailto:reference.desk@maryland.gov)

OPAC (Online Public Access Catalog): https://mdlbpd.klas.com

For library use: Patron ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please complete this application and send it to the Maryland State Library for the Blind and Print Disabled by mail, fax, or email.**

*If you are filling out this application for a prospective patron, please review the selected preferences with that individual. We wish to provide our patrons with the reading materials that best meet their interests.*

*If the patron is under 18, please complete the Parental Acknowledgement on page 7.*

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 were honorably discharged from the United States Military.

**Indicate the primary disability preventing you from reading standard printed material. Check ONLY one box. Eligibility must be substantiated on the following page.**

[ ] 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. Those people 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. Those with physical disabilities are eligible as follows:

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

(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 conventional manner.

**CERTIFYING AUTHORITY:**

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

**TO BE COMPLETED BY CERTIFYING AUTHORITY (AS DEFINED ABOVE)**

I certify that the named applicant requesting library service is unable to read or use regular

printed material for the reason indicated on this form.

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)

[ ]Hard copybraille books and/or magazines

[ ] Electronic braille books and/or magazines (Braille eReader is supplied by the library)

[ ]Large print books

[ ]BARD (Braille and Audio Reading Download)

Email address (required for BARD): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*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).

**Accessories:**

[ ]USB flash drive adapter (used to connect a personal flash drive to the player)

[ ] Digital talking book cartridge cable (used to connect a personal blank cartridge to a computer for downloading books from BARD)

[ ] Headphones

[ ] Remote control

[ ] High volume player and headphones (issued solely for use by readers with profound hearing loss; ask for a separate application)

**Talking Book Topics is a bimonthly publication that lists newly available audio books, available online at** [**www.loc.gov/nls/tbt**](http://www.loc.gov/nls/tbt)

**Would you like to subscribe to an audio version of this publication?**

[ ]Yes [ ] No

**Reading Preferences**

Please indicate your reading preferences by checking the categories below:

|  |  |  |
| --- | --- | --- |
| [ ] Adventure | [ ] Historical Fiction | [ ] Popular Psychology |
| [ ] Animal Stories | [ ] History (World) | [ ] Romance |
| [ ] Bible Stories | [ ] History (United States) | [ ] Science |
| [ ] Biography | [ ] Horror | [ ] Science Fiction |
| [ ] Black/African American Interest | [ ] Humor | [ ] Short Story Collections |
| [ ] Business & Economics | [ ] Inspirational | [ ] Sports & Recreation |
| [ ] Christian Fiction | [ ] Maryland Interest | [ ] Suspense |
| [ ] Classics | [ ] Medicine & Health | [ ] Technology |
| [ ] Cooking & Housekeeping | [ ] Music & Dance  (Nonfiction) | [ ] Travel & Geography |
| [ ] Family Saga | [ ] Mystery & Detective | [ ] War Stories |
| [ ] Fantasy | [ ] Poetry | [ ] Westerns |
| [ ] Fine Arts & Architecture | [ ] Politics & Government | [ ] Young Adult |

**Other preferences or favorite authors:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For children’s books, please give the reading/grade level:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I do not want to receive books with the following ratings** *(Please note that ratings are subjective. What is strong, excessive, or explicit to some may not be to others)***:**

[ ] Strong Language

[ ] Excessive Violence (If you check this box and also select Westerns, War Stories, and/or Horror above, then many popular authors in those categories will be excluded from the books you receive.)

[ ] Explicit Descriptions of sex (If you check this box and also select Romance above, then many popular authors in this category will be excluded from the books you receive.)

**What type of books do you prefer?**

[ ] Both fiction and nonfiction [ ] Fiction only [ ] Nonfiction only

**[ ] I wish to have books selected for me in the categories I checked above.**

(Patronsmay also place requests and are encouraged to contact us about specific

books they would like to receive.)

**[ ] 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.)

**How often would you like to receive books?**

[ ] Daily [ ] Weekly [ ] Every other week

**How many audio books or electronic braille books would you like to be sent at one time?** (You will receive one book cartridge per shipment containing the requested number of books.)

[ ] 5 [ ] 10 [ ] 15 [ ] 20 [ ] 25 [ ] N/A

**How many hard copy braille or large print books would you like to be sent at one time?**

[ ] 1 [ ] 2 [ ] 3 [ ] N/A

**Required for applicants who are minors (under 18 years old):**

As of October 1, 2024, the National Library Service (NLS) requires the

completion of this form by the parents of all applicants who are under the

age of eighteen years old. As the parent/guardian of the applicant, 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.

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

Relationship to patron: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_            
Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other Services**

**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

Email address (required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I would like to receive information from the library on the following topics:**

[ ] Accessible Technology Training and Group Meetings

[ ] Adult Events and Services

[ ] Accessible College Textbooks

[ ] Announcements/Resources from Partner Organizations

**How did you hear about the Maryland State Library for the Blind and Print Disabled?** (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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FREE MATTER FOR

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ THE BLIND

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AND HANDICAPPED

MARYLAND STATE LIBRARY FOR THE

BLIND AND PRINT DISABLED

415 PARK AVENUE

BALTIMORE, MARYLAND 21201-3603