



APPLICATION FOR INDIVIDUALS

Check here if you have been honorably discharged from the armed forces of the U.S.

Last Name _____ First Name _____ M.I. _____

Parent name (if minor) _____

Mailing Address _____

City _____ State _____ Zip _____

Phone number(s) _____

Email _____

Date of Birth: _____ I am: Male Female

Alternate contact person (name, relationship, & phone):

Applicant Signature _____ Date: _____

(Legal guardian or POA may sign if applicant is unable to sign)

Primary Disability

Blind/ Legally Blind Condition: _____

Visual impairment/ low vision Condition: _____

Physical disability Condition: _____

Deaf and blind (Reads Braille)

Reading disability (requires MD certification)

Condition: _____

Does applicant also have a hearing impairment?

Moderate Profound (cannot hear or understand speech)

Reading Preferences (please choose one)

I would prefer to select my own books. Send only the specific titles I request from you OR

I wish to have books selected for me. I like:

<input type="checkbox"/> Romance	<input type="checkbox"/> Mysteries	<input type="checkbox"/> Westerns	<input type="checkbox"/> Historical Fiction
<input type="checkbox"/> Suspense	<input type="checkbox"/> Inspirational	<input type="checkbox"/> History	<input type="checkbox"/> Biographies
<input type="checkbox"/> Adventure	<input type="checkbox"/> Science Fiction	<input type="checkbox"/> Fantasy	<input type="checkbox"/> Autobiographies

I do not wish to receive books that contain:

<input type="checkbox"/> Some strong language	<input type="checkbox"/> Some Violence	<input type="checkbox"/> Some descriptions of sex
<input type="checkbox"/> Strong language	<input type="checkbox"/> Violence	<input type="checkbox"/> Descriptions of sex
	<input type="checkbox"/> Extreme Violence	<input type="checkbox"/> Explicit descriptions of sex

Check here for books recorded in a language *other than English if needed* and specify language _____

Books, Equipment and Other Services

The following items and services are offered. I would like:

Audio books and digital player Headphones

Large print books

Descriptive videos (for blind and low vision patrons only)

Magazines (in audio or Braille; ask about availability)

BARD (Braille & Audio Reading Downloads)

Braille books

Professional Certification of Disability Condition Required

Professional certifying authority must provide all information and their signature in this section. Please see section on qualified certifying authorities at the end of this document. Applications without proper certification are not accepted and will be returned.

Name (Please Print) _____

Title and Occupation: _____

Business/Organization Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

By my signature, I certify that the applicant is eligible for services.

Signature: _____ Date: _____

Certifying Authorities and eligibility:

Doctors of medicine (MD); doctors of osteopathy (DO); ophthalmologists; optometrists; registered nurses; therapists; social workers; case workers; counselors; rehabilitation teachers; vision teachers; and librarians may certify individuals who have blindness, legal blindness, visual impairments, or physical disabilities that make applicant unable to hold or turn pages of a book.

For reading disabilities only doctors of medicine (MD) and doctors of osteopathy (DO) may certify. No other signature is accepted for those checking reading disability.

Applications without proper certification are not accepted and will be returned to applicant.

**Talking Books Services
1500 Senate Street
Columbia, SC 29201**

**FREE MATTER FOR
THE BLIND & HANDICAPPED**

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