



Return completed application to: 1  
**Muskegon Area District Library for  
the Visually and Physically Disabled**  
4845 Airline Rd, Ste 5  
Muskegon, MI 49444-4503

231-737-6310 Fax 231-737-5553  
Toll Free 877-569-4801  
lvpd@madl.org

## APPLICATION FOR FREE LIBRARY SERVICE

Applicant Name \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Primary Telephone \_\_\_\_\_ Alt. Telephone \_\_\_\_\_

Birth Year \_\_\_\_\_ Email Address \_\_\_\_\_

Alternative Contact if you cannot be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

☐ Check here if you have been honorably discharged from the U.S. Armed Forces. By law, preference in lending equipment is given to veterans.

### How did you hear about this service? (Check All that Apply)

☐ Rehabilitative Professional ☐ Healthcare Professional

☐ Library/Librarian ☐ Friend/Family Member

☐ News/Other Website/Social Media ☐ School

☐ Other: \_\_\_\_\_

**NOTE:** Personal information is confidential except for those portions defined by law as public information.

## Check the eligibility requirement under which you qualify:

2

- ☐ Blindness                      ☐ Visual Impairment                      ☐ Deaf/Blindness  
☐ Physical Disability    ☐ Reading Disability

### Eligibility for loan of library materials

The following people are eligible for service: residents of the United States, including territories, insular possessions, and the District of Columbia, and American citizens living abroad, provided they meet one of the following criteria:

1. An individual who is blind or has a visual impairment that makes them unable to comfortably read print books.
2. An individual who has a perceptual or reading disability.
3. An individual who has a physical disability that makes it hard to hold or manipulate a book or to focus or move the eyes as needed to read a print book.

Please see [www.loc.gov/nls/about/eligibility-for-nls-services](http://www.loc.gov/nls/about/eligibility-for-nls-services) for the full eligibility terminology.

---

### To be completed by Certifying Authority

Certifying authority includes professionals such as a doctor, nurse, rehabilitation teacher, counselor, therapist, social worker or other professional staff. In the absence of these, certification may be made by library staff on a limited basis. Please fill out all applicable sections.

Name \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

☐ I certify that this applicant is eligible for NLS services.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**A typed or handwritten signature is acceptable after all certifying data is completed.**

**BARD (Braille and Audio Reading Download)** provides access to thousands of audio and braille books, magazines, and music scores available from NLS via download. All active NLS patrons with an email account are eligible for BARD service. Download books instantly to your personal devices using the free BARD Mobile App, which includes built-in playback capability so you can enjoy talking books anytime, anywhere. 3

**Service Delivery** (check all that apply)

- ☐ I would like to use BARD on my personal mobile device to access downloadable materials. You must provide your email address for BARD registration.
- ☐ Please send me free digital talking materials by mail. Select the types of materials to be mailed. (check all that apply)
- ☐ Talking Books                      ☐ Braille
- ☐ Magazines – a list of available subscriptions will be sent

**Accessories available for use with the Digital Talking Book Player**

- ☐ Headphones              ☐ Player Remote              ☐ Pillow Speaker
- ☐ High volume player/headphones – solely for use by readers with profound hearing loss. A separate application will be sent.

---

**If you chose to have items mailed to you, fill out the following sections of the application:**

**Frequency** (choose one)

- ☐ Turnaround: send another cartridge each time one is returned
- ☐ On Demand: send books **only** when the library is notified by you
- ☐ Send \_\_\_\_ (#) books:    ☐ Weekly              ☐ Bi-weekly              ☐ Monthly

**Content** (check accepted/preferred level of content in each category)

- |                              |                              |                             |                               |
|------------------------------|------------------------------|-----------------------------|-------------------------------|
| Strong Language              | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Some |
| Descriptions of Sex          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Some |
| Explicit Descriptions of Sex | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Some |
| Violence                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Some |

## Preferred Reading Level

☐ Adult      ☐ Young Adult      ☐ Juvenile: Grade level \_\_\_\_\_

## Publication Subscriptions

Talking Book Topics – Bi-monthly catalog of new audiobooks

☐ Audio    ☐ Online at loc.gov/nls

Braille Book Review – Bi-monthly catalog of new Braille books

☐ Large Print    ☐ Braille    ☐ Online at loc.gov/nls

InFocus – Statewide quarterly newsletter

☐ Large Print    ☐ Braille    ☐ Online at michigan.gov/btbl

## Selection of Materials (Both options allow for patrons to request titles)

☐ Do **not** select materials for me. Send only specific titles I request.

☐ Select materials for me. See below for reading preferences:

## Subject Category

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Adventure          | <input type="checkbox"/> History           | <input type="checkbox"/> Religion       |
| <input type="checkbox"/> Biography          | <input type="checkbox"/> Horror/Paranormal | <input type="checkbox"/> Romance        |
| <input type="checkbox"/> Christian Fiction  | <input type="checkbox"/> Michigan Interest | <input type="checkbox"/> Sci-Fi/Fantasy |
| <input type="checkbox"/> Classics           | <input type="checkbox"/> Modern Fiction    | <input type="checkbox"/> War/Military   |
| <input type="checkbox"/> Historical Fiction | <input type="checkbox"/> Mystery           | <input type="checkbox"/> Westerns       |

## List Any Additional Favorite Genres, Authors, and/or Series

---



---



---



---

## List Any Disliked Genres, Authors, and/or Series

---



---



---



---

## Notice to Institutions

Institutions may use this application to request service. The applicant name on the first page of the application should be the name of the institution, with the contact person listed as the person completing the application out. Special rules and regulations may apply to institution accounts.