



Application for Free Library Service: Individuals

Denny Hoskins, Secretary of State
Wolfner Library

PO Box 387, Jefferson City, MO 65102-0387

Telephone: (800) 392-2614 or (573) 751-8720

www.sos.mo.gov/wolfner

Please print or type

Name (Last) _____ (First) _____ (Middle) _____

Street Address _____

City _____ County _____ State _____ ZIP _____

Telephone (Daytime) _____ Date of Birth _____

Telephone (Evening) _____ Gender _____

E-mail _____

Alternative contact if you cannot be reached for an extended period:

Name _____ Telephone _____

E-mail _____

Parental Acknowledgment for NLS Services and Devices, Required for Applicants Who Are Minors (Under 18 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 _____ E-mail _____

Parent/Guardian signature: _____

Veterans: Persons who are blind or have a print disability who have been honorably discharged from the United States military receive preference in the lending of books, recordings, playback equipment, musical scores, instructional texts, and specialized materials (Public Law 89-522).

☐ Check here if you have been honorably discharged from the United States military.

☐ Students, pre-K to 12th grade, please check here if you wish to receive materials at school **only**.

In addition to service via telephone, how would you prefer to receive communications from us?

☐ Mail

☐ Email

☐ Braille

☐ Audio

Wolfner Library sends out its newsletter and other information of interest on our listserv.

Please confirm your email address: _____

Eligibility and Certification

Eligibility of blind and other print-disabled persons 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 abroad, provided they meet one of the following criteria. Please check the primary condition preventing you from using standard print:

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

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

- ☐ Moderate - Some difficulty hearing and understanding speech
- ☐ Profound - Cannot hear or understand speech

Please see www.loc.gov/nls/about/eligibility-for-nls-services for the full eligibility terminology.

Certifying Authority

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

To be completed by Certifying Authority

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 certifying data is completed.

BARD (Braille and Audio Reading Download) is a web-based, password-protected service that provides access to thousands of audio and braille books, magazines, and music scores available from NLS. The service is available as an application on a Windows or Mac computer or on an iOS or Android device. The mobile application, known as BARD Mobile, includes built-in playback capability so you can enjoy talking books anytime, anywhere.

Service delivery for library materials (check all that apply)

- ☐ I have a personal mobile device (iPhone, Android, iPad, or Kindle Fire) and Internet or cellular access. I want to download digital talking books and/or eBraille materials to read instantly with the free BARD Mobile application. Please provide your email address for BARD registration. _____
- ☐ I have a personal mobile device and would like to access the free BARD Mobile application, but I would also like materials sent to my home by USPS. Please select the types of materials you want mailed to your home. (Check all that apply)
 - ☐ Digital talking books and magazines on cartridge/flash drive
 - ☐ Hardcopy braille books and magazines
 - ☐ Music appreciation/braille or large-print scores/instructional talking books and magazines on cartridge/flash drive
- ☐ I do NOT have a personal mobile device. I want my library to send books by USPS to my home. I would like materials in the following format. (Check all that apply)
 - ☐ Digital talking books and magazines on cartridge/flash drive
 - ☐ Hardcopy braille books and magazines
 - ☐ Music appreciation/braille or large-print scores/instructional talking books and magazines on cartridge / flash drive (Note: The NLS Music program does not provide recorded music for recreational listening.)

Other Services:

- ☐ NFB-NEWSLINE® Service - free audio news service via phone, Amazon Alexa, iOS Mobile App, website, email, or portable player
- ☐ Magazines, audio or braille
- ☐ Large Print Books
- ☐ Descriptive DVDs - DVDs with additional audio narration
- ☐ Games – print-braille board games and card games for all ages
- ☐ Racing to Read Early Literacy Program
- ☐ Virtual book clubs, author visits, programs, and workshops

Reading Preferences (Optional): Complete the following if you want library materials sent by home delivery, USPS Free Matter for the Blind

Reading Preferences: Check A or B

- ☐ A. Do not select books for me. Send only the specific titles that I request.
☐ B. I wish to have books selected for me.

Note: If you want books selected for you, the library needs information about your reading interests. Please check all the types of books or subjects you prefer.

Age Range: ☐ Adult Titles ☐ Young Adult Titles ☐ Children's Titles, Grade: ____

Some Popular Subjects:

Fiction:

- | | | |
|---|--|---|
| ☐ Adventure | ☐ Best Sellers | ☐ Christian Fiction |
| ☐ Fantasy | ☐ Gothic Novels | ☐ Historical Fiction |
| ☐ Horror | ☐ Humor | ☐ Mystery |
| ☐ Mystery, Cozy | ☐ Romance | ☐ Science Fiction |
| ☐ Sports Fiction | ☐ Spy and Espionage | ☐ Suspense |
| ☐ War | ☐ Westerns | |

Non-Fiction:

- | | | |
|---|--|---|
| ☐ True Adventure | ☐ Best Sellers | ☐ Biographies |
| ☐ Cooking | ☐ Disabilities | ☐ Government/Politics |
| ☐ Health | ☐ History, Foreign | ☐ History, United States |
| ☐ History, U.S. Frontier | ☐ History, Missouri | ☐ Humor |
| ☐ Music | ☐ Religion | ☐ Science |
| ☐ Sports | ☐ Travel | ☐ True Crime |
| ☐ War | | |

Favorite authors, series, or other topics of interest:

I **DO NOT** want the library to choose books containing:

- ☐ Strong language ☐ Excessive Violence ☐ Explicit descriptions of sex

Applicant Agreement

It is the responsibility of the library user to:

1. Return library materials and machines to the Wolfner Library when they are no longer being used.
2. Notify the library of any address, email, or telephone number changes.
3. Take reasonable care of materials and machines.
4. Borrow at least one book or magazine per year.
5. Read and return cartridges within six weeks of receipt. A new set of book on cartridge will then be sent.

How did you learn about the NLS free library service? Check up to three:

- | | |
|---|---|
| ☐ Veterans Affairs/Defense Health Agency | ☐ Other Health Care Professional |
| ☐ School | ☐ Vocational Rehabilitation Center |
| ☐ Friend/Family | ☐ Public Library |
| ☐ Consumer/Support Group | ☐ Event/Expo |
| ☐ TV Ad | ☐ Radio Ad |
| ☐ Other Ad (specify below) | ☐ Internet/ Social Media (specify below) |
| _____ | _____ |
| ☐ Other _____ | |

The information required on this application pertains to eligibility for and establishment of free library services for blind and physically impaired individuals. This information is required by the National Library Service for the Blind and Print Disabled of the Library of Congress to fulfill the requirements of Public Law 89-522.

This application is a library record, and as such its information is considered to be confidential in accordance with Section 182.817 Revised Statutes of Missouri. Qualified readers must be residents of the State of Missouri.

WOLFNER TALKING BOOK AND BRAILLE LIBRARY
PO BOX 387
JEFFERSON CITY, MO 65102-0387

MAIL THIS COMPLETED APPLICATION TO THE ADDRESS ABOVE.
FOLD ALONG THE LINE AND STAPLE OR TAPE CLOSED.

Wolfner Library is open to the public during the hours
of 8:00 a.m. to 5:00 p.m., Monday through Friday.

If you have any questions concerning this information,
or need additional assistance in completing this application form,
please contact Wolfner Library:

Phone: (800) 392-2614, toll-free in Missouri or (573) 751-8720

Email: wolfner@sos.mo.gov

FAX (573) 751-3612