

Macomb Library for the Blind and Print Disabled @ CMPL

40900 Romeo Plank Road, Clinton Twp., MI 48038-2955

Toll Free: 1-855-203-5274

Local Phone: 1-586-286-1580

Email: mlbpd@cmpl.org

Web: cmpl.org/mlpbd

Application for Free Library Service

Please complete this application and submit it to the Macomb Library for the Blind and Print Disabled (MLBPD) at the address above. The application may be sent by email, printed and mailed, or printed and hand delivered. Personal information is confidential except for those portions defined by law as public.

Please print

Applicant Name _____

Street Address _____ Apt. # _____

City _____ County _____ State MI ZIP _____

Phone _____ Birth Year _____

Email _____

Alternative Contact:

Name _____ Phone _____

Email _____ Relationship _____

- ☐ If you do not wish to receive email messages from MLBPD, check this box. Please note, there is an option to "Unsubscribe" to emails in the future if you do not find them useful.

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 were honorably discharged from the United States military.

Indicate the primary disability preventing you from reading printed material.

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

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 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 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 all certifying data is complete.



BARD, the Braille and Audio Reading Download service, offers downloadable books and magazines for patrons. BARD is a service offered by the Macomb Library for the Blind and Print Disabled and the National Library Service for the Blind and Print Disabled at the Library of Congress. Patrons need an email address for BARD service.



Talking Book Players are supplied to patrons who prefer to receive books on cartridge through the USPS for free. This simple machine is appropriate for patrons who prefer a low-tech option.

Which library services would you like (check all that apply)?

- ☐ **BARD.** 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.
- ☐ **Digital Talking Book Player.** I want my library to send a player and books on cartridge by USPS to my home.
- ☐ **Other.** I would like:
 - ☐ Large Print Books ☐ Audio-described DVDs ☐ Audio Magazines
 - ☐ Headphones to use with my Digital Talking Book Player. These will be mailed postage-free to my home.
- ☐ **eReader.** I am a braille reader and want my library to send a refreshable braille display.
- ☐ **Hardcopy braille.** I am a braille reader and want my library to send hard-copy braille books and magazines to me by USPS to my home.

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 |
| ☐ Family/Friend | ☐ Public Library |
| ☐ Consumer/Support Group | ☐ Event/Expo |
| ☐ TV Ad | ☐ Radio Ad |
| ☐ Other Ad (specify): | ☐ Internet/Social Media |
| ☐ Other (specify): | |

Reading Preferences: Check A or B

- ☐ A. I wish to have books automatically sent to me based on my reading preferences on the following page. (Turnaround service).
- ☐ B. Do not automatically send books to me. I will call and request specific titles when I want my books sent. (On-demand service).

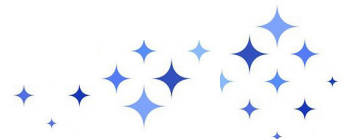
Age Range:

- ☐ Adult Titles ☐ Young Adult Titles ☐ Children's Titles, Grade_____

I do not wish to receive books that contain the following (check all that apply):

- ☐ Strong language ☐ Violence ☐ Explicit descriptions of sex

Return of Materials and Equipment: Playback equipment and library materials are supplied to eligible persons on extended loan. Circulation of at least one item a year will keep the account active. If this equipment is not being used with the materials provided by the Library of Congress and its cooperating libraries, it must be returned to the Macomb Library for the Blind and Print Disabled.





Parental Acknowledgment for NLS Services and Devices

Required for new applicants and existing patrons who are minors (under 18 years old). Please choose one of the following options:

- ☐ As the parent/guardian of the applicant or patron, 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.
- ☐ My child does not have my permission to receive services from the Library of Congress. Please suspend their account and discontinue all braille and talking book services. I will return any materials that are currently on loan to my child, including digital talking book cartridges, hard-copy braille, players, and accessories.

Parent or Guardian Acknowledgment

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

Relationship to Patron _____ Email Address _____

Parent/Guardian Signature: _____

Patron Information

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

Street Address _____

City _____ County _____ State _____

ZIP _____ Telephone _____

Date of Birth _____ Email Address _____

Use of Government Property: NLS program equipment, materials, and products, both online and physical, are federal property. Users shall acknowledge the purpose for which these items were intended and accept responsibility for accessing these items. All materials and equipment (including digital talking book cartridges, hard-copy braille, players, and accessories) must be returned when no longer needed.

Personal Information: Personal information is confidential except for those portions defined by law as public information. To learn what information provided on this application form may be released to other individuals, institutions, or agencies, please consult the agency to which you are submitting this application.

READING INTERESTS IN FICTION - please check all subjects wanted:

☐ **Adventure**

☐ Action/
Suspense

☐ Futuristic

☐ Politics

☐ Spy

☐ War

☐ **Animals/Nature**

☐ **Bestsellers**

☐ Within 2 years

☐ Older than 2
years

☐ **Family**

☐ Modern

☐ Sagas

☐ Traditional

☐ **Fables/Folklore/
Mythology**

☐ **Historical
Fiction/
International**

☐ Africa

☐ Asia

☐ British Isles

☐ Europe

☐ Latin America

☐ Mideast

☐ Russia

☐ **Historical
Fiction/U.S.:**

☐ Pre-Columbian

☐ Colonial/
Revolutionary

☐ Civil War

☐ Westward
Expansion

☐ 19th Century

☐ 20th Century

☐ **Holidays**

Specify:

☐ **Humor**

☐ **Inspirational**

☐ **Literature**

☐ **Michigan
Interest**

☐ **Modern Writing**

☐ **Mystery**

☐ Animal

☐ Bestsellers

☐ Courtroom/
Law

☐ Cozy

☐ Culinary

☐ Detective

☐ Historical

☐ Psychological
Thriller

☐ Suspense

☐ **Occult/Horror**

☐ **Religion**

☐ **Romance**

☐ Bestsellers

☐ Historical

☐ Modern

☐ Old-Fashioned

☐ Paranormal

☐ Spicy

☐ Suspense

☐ **Science Fiction**

☐ **Fantasy**

☐ **Short Stories**

☐ **Sports/
Recreation**
Specify:

☐ **War Stories**

☐ Revolutionary

☐ Civil

☐ Native
American

☐ Spanish

☐ World War I

☐ World War II

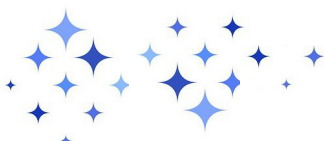
☐ Korean

☐ Vietnam

☐ Foreign

☐ **Westerns**

**Something else?
Authors? Titles?
Please list:**



READING INTERESTS IN NONFICTION - please check all subjects wanted:

☐ **Adventure**

☐ **Aging**

☐ **Animal/Nature**

☐ Birds

☐ Cats

☐ Dogs

☐ Horses

☐ Nature

☐ **Art/
Architecture**

☐ **Bestsellers**

☐ Within 2 years

☐ Older than 2
years

☐ **Biography**

☐ Artists

☐ Autobiography

☐ Business

☐ Celebrities

☐ Disabled
Persons

☐ Entertainers

☐ Family

☐ Historical

☐ Military

☐ Music

☐ Politics

☐ **Business/
Economics**

☐ **Careers**

☐ **Computers**

☐ **Cooking**

☐ Diet

☐ International/
Regional

☐ Gourmet

☐ **Disabilities**
Specify: _____

☐ **Health**
Specify: _____

☐ **History/
International**
Specify: _____

☐ **History/ U.S.**

☐ Pre-Columbian

☐ Colonial/
Revolutionary

☐ Civil War

☐ Frontier

☐ Westward
Expansion

☐ 19th Century

☐ 20th Century

☐ 21st Century

☐ **Hobbies**
Specify: _____

☐ **Holidays**
Specify: _____

☐ **Humor**

☐ **Inspirational**

☐ Overcoming
obstacles

☐ Religious

☐ **Michigan
Interest**

☐ **Plays**

☐ **Poetry**

☐ **Psychology**

☐ **Religion**
Specify: _____

☐ **Science/
Technology**

☐ **Social Issues**

☐ **Sports/
Recreation**
Specify: _____

☐ **Travel**

☐ General
How-to

☐ International

☐ United States

☐ **True Crime**

☐ **War**

☐ Revolutionary

☐ Civil

☐ Native
American

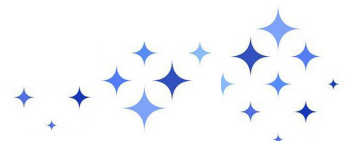
☐ World War I

☐ World War II

☐ Korean

☐ Vietnam

**Something else?
Authors? Titles?
Please list:**



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REQUIRED

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Please fold and staple before mailing.

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Email: mlbpd@cmpl.org

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*Please turn this page over before mailing application to the
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