GREETINGS FROM THE TALKING BOOK PROGRAM!

Thank you for your interest in our library service. We look forward to working with you to design a program that will best meet your reading interests and needs.

To help us process your application promptly, please read the certification section on the last page very carefully and follow the instructions. The certifying authority information must be filled out completely. Once we have received your application, a Reader Consultant will contact you to discuss our services in greater detail.

By law, preference in lending of books and equipment is given to veterans. Check here if you have been honorably discharged from the armed forces of the U.S. Qualified patrons must be residents of the U.S. or American citizens living abroad. PLEASE PRINT CLEARLY & COMPLETELY Name: _____ Sex: F ☐ M ☐ Middle Last Mailing Address: _____ City: TX Zip: Phone: ______ home phone work phone work phone E-mail Other (specify) Information required for borrowing of Library of Congress materials will be kept confidential. If applicant is a minor, please list the name and phone number of a parent or guardian. Alternate Contacts: 2. Name: _____ 1. Name: _____ Phone: _____ Phone: _____ Relationship: Relationship: Email: Email:

Please mail this completed application and agreement to: Talking Book Program, PO Box 12927, Austin TX 78711-2927 or email to tbp.services@tsl.texas.gov

☐ Yes ☐No If not, Authorized Contact (optional): _____

Are contact(s) authorized to request books or make changes to your profile?

TALKING BOOK PROGRAM Texas State Library and Archives Commission 1-800-252-9605 or 512-463-5458



The Talking Book Program offers a variety of ways for you to read. BARD, the Braille and Audio Reading Download service, is easy to use and gives you instant access to more than 120,000 audiobooks via your computer, tablet, or smartphone. Digital audio playback equipment and digital audiobooks are also available from the library, as well as Braille, electronic Braille (via BARD), and large print books. We look forward to helping you read the way you want to read.

APPLICANT AGREEMENT	
It is the responsibility of Talking Book Program users to:	
1. Return equipment loaned to you when you are no longer using the recorded reading materials provided by the Texas Talking Book Program.	
2. Promptly notify the library of any address or telephone number changes.	
3. Take reasonable care of materials and equipment.	
4. Borrow or download books and/or magazines at least once a year.	
5. Return books by the end of their loan periods (60 days for digital books; 45 days for large print and braille.)	
By submitting this application, I agree to follow these rules.	
Signature of applicant/guardian X	
	Electronic typed signature accepted
How did you learn about the Talking Book Program? (check all that apply)	
 □ Veterans Affairs/Defense Health Agency □ Other Health Care Professional □ Vocational Rehabilitation Center □ Friend/Family □ Public Library □ School 	 □ Event/Expo □ TV Ad □ Radio Ad □ Consumer/Support Group □ Other Ad (specify below) □ Internet/Social Media (specify below) □ Other (specify below)

Please send this completed application and agreement to:

Please specify:

Talking Book Program, PO Box 12927, Austin TX 78711-2927 Fax to 512-936-0685 or email to tbp.services@tsl.texas.gov

Please indicate all qualifying disabilities for the applicant. An "eligible person" is an individual who, regardless of any other disability, meets one or more of the following conditions: Blindness An individual who is blind. ☐ Visual An individual who has a visual impairment that makes them unable to comfortably read standard print books. Disability An individual who has a physical disability that makes it hard Physical to hold or manipulate a book or to focus or move the eyes as Disability needed to read a print book. □ Reading An individual who has a perceptual or reading disability. Disability Deaf and Blind Hearing impairment is: \square moderate \square profound TO BE COMPLETED BY CERTIFYING AUTHORITY Eligibility must be certified by one of the following: public or welfare agencies (such as an educator, a social worker, case worker, counselor, rehabilitation teacher, certified reading specialist, dyslexia specialist, school psychologist, superintendent, or librarian), registered nurse, therapist, professional staff of hospitals, institutions, doctor of medicine, doctor of osteopathy, ophthalmologist, optometrist, or psychologist. Certifying authorities are not permitted to certify relatives. Please fill out the following information completely. I certify that the applicant named is unable to read or use standard printed material for the reason(s) indicated above. Name: _____ Organization: _____ Address: _____ address: _____ city Phone: _____ Email: ____

ELIGIBILITY CRITERIA:

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