



New York
Public
Library

Andrew Heiskell Library

40 West 20th Street, New York, NY 10011
Phone: 212-206-5400 | Fax: 212-206-5418
Email: talkingbooks@nypl.org
Website: nypl.org/talking-books

Application for Free Library Service: Schools, Institutions, and Organizations

Institutions—such as assisted living communities, hospitals, public libraries, schools, and college or university disability centers—may borrow equipment and reading materials for use by eligible readers to use individually or in a group setting.

Please print or type:

Name of Institution _____

Primary Contact _____

Street address _____

City _____ County _____ State _____ ZIP _____

Telephone _____

Email address _____

Number of persons unable to read or use regular printed material who will be using:

Talking Book Users _____ Braille Users _____

(Note: A person can be both a talking book reader and a braille reader.)

NOTE: 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.

Type of Institution:☐ School for Blind/Disabled☐ School—Primary/Secondary☐ Hospital☐ Nursing/Convalescent Home☐ Public Library (only eligible for BARD demonstration account)☐ Other Organization _____**Eligibility of blind and other print-disabled persons for loan of library materials**

Residents of all ages are eligible for these services if they have difficulty reading standard printed materials because of one or more of the following: blindness, low vision, a physical disability that limits their ability to use standard print books, or a reading disability.

Certifying Authority

I hereby certify that the organization named serves people who are unable to use standard print materials because of blindness, low vision, physical disabilities or reading disabilities. I further certify that reading materials and equipment borrowed will be used by such persons only

Name of Certifying Authority _____

Title _____

Street address _____ Telephone _____

City _____ State _____ ZIP _____

Email address _____

Signature of Certifying Authority _____

Staff member who will be responsible for this service (person to be contacted by the library):

Name _____ Title _____

Phone number _____ Email _____

Books and Materials

Please check the box provided for any of the following items and/or services that you wish to receive and indicate the quantity needed

Initial Quantity Requested

Quantity

☐ Digital Talking Book Machines (to play books with)

☐ Talking Books on Cartridge (to be played on DTBM)

☐ Refreshable Braille Display (Braille eReader)

☐ Braille books (Physical hard-copy Braille)

☐ Braille eBooks (to be played on Braille eReader)

Other Available Services

☐ Music materials: NLS also provides music instructional materials, e.g., large print and/or braille scores, instructional recordings, and music magazines but **NOT** recorded music for recreational listening.

☐ BARD (Braille and Audio Reading Download) is a web-based service where you can download any of our 160,000+ titles to a flash drive to use with the talking book player, and the BARD Mobile app, where you can listen to talking books on an iOS (Apple), Android, or Amazon Kindle Fire device. Digital braille is also available through BARD and BARD Mobile when used with a refreshable braille display.

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 (specify below)

___ Yes, please choose books for me - when you return books, we will replace with new ones

___ No, I only want the titles I request

Reading Preferences (Optional): Complete the following if you want the library to choose books for you

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

Subject Category:

- | | | |
|--|--|---|
| <input type="checkbox"/> Adventure | <input type="checkbox"/> Bestsellers/Fiction | <input type="checkbox"/> Bestsellers/Nonfiction |
| <input type="checkbox"/> Biography | <input type="checkbox"/> Classics | <input type="checkbox"/> Cooking |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Historical Fiction | <input type="checkbox"/> History |
| <input type="checkbox"/> Mystery | <input type="checkbox"/> Politics | <input type="checkbox"/> Psychology/Self-Help |
| <input type="checkbox"/> Religious Fiction | <input type="checkbox"/> Romance | <input type="checkbox"/> Science |
| <input type="checkbox"/> Science Fiction | <input type="checkbox"/> War/Military | <input type="checkbox"/> Westerns |

Please indicate additional titles, authors, genres, or topics:

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

- ☐ Strong language ☐ Violence ☐ Explicit descriptions of sex
- ☐ I am interested in receiving books in languages other than English (please list other languages) _____

Mail this application to:

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Or email it to **talkingbooks@nypl.org** or fax it to **212-206-5418**