



# Oklahoma Library for the Blind and Physically Handicapped

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OKLAHOMA  
Rehabilitation Services

## Individual Application for Free Library Service

*Library records are confidential.*

Name \_\_\_\_\_  
*First Middle Last*

Mailing address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State **OK** ZIP \_\_\_\_\_

Home phone \_\_\_\_\_ Date of birth \_\_\_\_\_

Other phone \_\_\_\_\_ Sex M F

E-mail address \_\_\_\_\_

Alternate contact \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Email address \_\_\_\_\_

Indicate the primary disability preventing you from reading regular printed material. See definitions under eligibility criteria. **Check only one box.**

- |                            |  |
|----------------------------|--|
| <b>Blindness</b>           | best eye has acuity of 20/200 or worse, and/or peripheral vision is less than 20 degrees   |
| <b>Visually impaired</b>   | unable to read regular print, even with correction   |
| <b>Physical disability</b> | unable to use regular printed material because of physical limitations   |
| <b>Reading disability</b>  | unable to read regular print due to organic dysfunction<br><b>This disability requires the signature of an M.D. or D.O. by Federal Regulation.</b> |
| <b>Deaf-blindness</b>      | complete loss of vision and hearing  |

Please check here if you have been honorably discharged from the armed forces of the United States. By law, preference in lending books and equipment is given to veterans.

### **To Be Completed by Certifying Authority**

“Certifying authority” includes doctors of medicine; doctors of osteopathy; ophthalmologists; optometrists; registered nurses; therapists; and professional staff of hospitals, institutions, and public or private welfare agencies. In the absence of any of these, certification may be made by professional librarians. In the case of a reading disability, a M.D. or D.O. must certify this application.

I certify that the named applicant requesting library service is unable to read or use regular printed material for the reason indicated on this form.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_ Phone \_\_\_\_\_

Occupation \_\_\_\_\_

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

### **Books, Magazines, Materials, and Equipment Accessories**

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

#### **Optional Equipment**

Books recorded on digital cartridge and digital player

Magazines recorded on digital cartridge

Braille books

Braille magazines

High Volume Player. For use by persons with profound hearing loss. Check this box to request an application.

Headphones

## Return of Equipment

Playback equipment and accessories are supplied to eligible persons on extended loan. If this equipment is not being used for reading recorded material provided by the Library of Congress and its cooperating libraries, please return it to the issuing agency.

## Talking Book Topics and Braille Book Review

*Talking Book Topics* is a bimonthly publication describing the latest books available in audio or braille. This publication is available in large print, cassette or computer disc.

*Braille Book Review* is a bimonthly publication which lists braille materials available from NLS and is for braille readers only.

### Talking Book Topics (Check only one):

- In large print
- On digital cartridge

### Braille Book Review (Check only one):

- In braille with print
- In print

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## Reading Preferences

Adventure stories

Animal stories

Animals and Wildlife

Biographies

Career and Job Training

Children's fiction

Children's nonfiction

Classics

Contemporary Fiction

Cooking and Food

Current Events

Diet and Nutrition

Fantasy

Gothic fiction

Historical fiction

History—U.S.

History—world

Horror Fiction

Mysteries

Poetry

Religion and Inspiration

Religious fiction

Romance

Science

Science fiction

Sports

Suspense stories

Travel and Adventure

True Crime

War fiction

War nonfiction

Westerns

For children's books, please give reading grade level: \_\_\_\_\_

Other preferences/ favorite authors:

If you wish to receive books in other languages, list the languages:

No strong language

No violence

No sex

No books over 24 hours long

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## **Additional Services**

### **BARD (Braille and Audio Reading Download)**

BARD is a service offered by NLS and this library that allows qualified patrons to download audio and braille books and magazines to their computer, where they can unzip the file to a blank digital cartridge or jump drive, and listen to it on their library-provided player. For more information, please enter your email address here:

**Email:** \_\_\_\_\_

### **Oklahoma Telephone Reader**

Oklahoma Telephone Reader is a free service recorded by volunteers. It offers Oklahoma news over the phone, including editorials, weekly store ads, obituaries and a variety of other articles. For more information, please mark below:

**Yes**

**No**

### **NEWSLINE**

NEWSLINE is a free service offered by the National Federation for the Blind that allows patrons access to hundreds of newspapers and magazines via the phone. If you would like more information and an application, please mark below:

**Yes**

**No**

## Parental Acknowledgement

(for minor applicants only)

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 \_\_\_\_\_

Email \_\_\_\_\_

Parent/Guardian signature:

\_\_\_\_\_

# VOTER REGISTRATION STATEMENT

Name: \_\_\_\_\_ Date: \_\_\_\_\_

IF YOU ARE NOT REGISTERED TO VOTE WHERE YOU LIVE NOW, WOULD YOU LIKE TO APPLY TO REGISTER TO VOTE HERE TODAY?

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **I am already registered.**

Signature: \_\_\_\_\_

1. Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.
2. If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.
3. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Oklahoma State Election Board, Room B6, P.O. Box 53156, State Capitol, Oklahoma City, OK 73152, or call 405-521-2391.
4. If you decline to register to vote, the fact that you have declined to register will remain confidential and will be used only for voter registration purposes.
5. If you do wish to register to vote, the office at which you submit a voter registration application will remain confidential and will be used only for voter registration purposes.
6. If you do not check any box, you will be considered to have decided not to register to vote at this time.