



Application for Free Library Service: Institutions

Denny Hoskins, Secretary of State
Wolfner Talking Book & Braille Library
PO Box 387, Jefferson City, MO 65102-0387
Telephone: (800) 392-2614 or (573) 751-8720
Email: wolfner@sos.mo.gov

Please print or type

Name of Institution _____
Contact Person _____
Street Address _____
City _____ State _____ ZIP _____
County _____ Telephone _____
Institution Email _____

As an institution that serves users who are minors, we acknowledge that such users will receive NLS services and equipment and that the institution will have access to the entire NLS catalog of reading material on their behalf. We acknowledge that we will be responsible for receiving any necessary parental or guardian consent. All materials and equipment (including digital talking-book cartridges, hard-copy braille, players, and accessories) must be returned when no longer needed.

Date _____
Name of Institution _____
Street address _____
City _____ County _____ State _____ ZIP _____
Full Name of Legally Authorized Representative _____
Title of Legally Authorized Representative _____
Email Address of Legally Authorized Representative _____
Phone Number of Legally Authorized Representative _____

I have the authority to enter into binding agreements on behalf of my institution and, by signing below, I acknowledge the preceding on behalf of my institution.

Signature of Legally Authorized Representative _____

Type of Institution

Hospital

Nursing Home

Other _____

Qualified readers must be residents of the United States, including the 50 states, territories, insular possessions, and the District of Columbia, or American citizens temporarily living abroad.

To Be Completed By the Certifying Authority

(see definitions of "certifying authority" below)

I certify the institution named serves persons who are unable to read or use standard printed material because of blindness, visual disabilities, or physical limitations.

I further certify that the reading materials and equipment borrowed will be used by such persons only:

Please print or type:

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.

Definition of "Certifying Authority"

1. In cases of **blindness, visual impairment, or physical disability**, certifying authorities include doctors of medicine or osteopathy, optometrists, registered nurses, nurse practitioners, physician assistants, therapists, professional staff of hospitals, institutions, and public agencies (e.g., social workers, counselors, or rehabilitation teachers). In the absence of any of these, certification may be made by professional librarians or by any person whose competence under specific circumstances is acceptable to the Library of Congress.
2. In the case of a **reading disability**, the certifying authority must be a doctor of medicine or osteopathy who may consult with colleagues in associated disciplines.

Books, Equipment, and Other Services

Please check those you wish to receive:

- Talking Books on digital cartridge and a digital player.** Easy to use digital player, plays Library of Congress cartridges
- Braille and Audio Reading Download (BARD).** Send instructions on how to register and download talking books from the BARD web site to use with the digital player or select devices
- Braille Books**
- Descriptive DVDs:** for residential facilities only

- Magazines:** a catalog for magazine selection will be sent
- Music: not** music for listening, but instructional recordings and braille or large print music scores and magazines
- NFB - NEWSLINE® Service:** audio newspaper and magazine service
- Large Print Books:** for all ages
- Games:** print/braille board games and card games for all ages

Machine Accessories

Special accessories for players are available; please check those needed:

- High-volume player and headphones** (issued solely for use by readers with profound hearing loss; ask for a separate application)
- Breath switches** (for readers who have little or no use of their hands)
- Headphones**
- Pillow speaker** (for readers confined to bed)

Reading Preferences

Select the type of book service you desire:

We only want to select our own books. We will send the library requests from catalogs, "Talking Book Topics," "Braille Book Review," or other sources

We would like the library to select books for us when our requests are not available. Our reading interests are:

- | | |
|---|---|
| <input type="checkbox"/> Adventure | <input type="checkbox"/> Horror Stories |
| <input type="checkbox"/> Biographies | <input type="checkbox"/> Humor |
| <input type="checkbox"/> Best Sellers, Fiction | <input type="checkbox"/> Music, Books About |
| <input type="checkbox"/> Best Sellers, Nonfiction | <input type="checkbox"/> Mysteries |
| <input type="checkbox"/> Christian Fiction | <input type="checkbox"/> Plays and Drama |
| <input type="checkbox"/> Classic | <input type="checkbox"/> Poetry |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Religion _____ |
| <input type="checkbox"/> Disabilities _____ | <input type="checkbox"/> Romance Novels |
| <input type="checkbox"/> Fantasy | <input type="checkbox"/> Science Fiction |
| <input type="checkbox"/> Family interests | <input type="checkbox"/> Sciences |
| <input type="checkbox"/> Family Sagas | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Gentle and Nostalgic Fiction | <input type="checkbox"/> Sports Fiction |
| <input type="checkbox"/> Gothic Novels | <input type="checkbox"/> Spy and Espionage Novels |
| <input type="checkbox"/> Government/Politics | <input type="checkbox"/> Suspense |
| <input type="checkbox"/> Health _____ | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Historical Fiction | <input type="checkbox"/> True Crime |
| <input type="checkbox"/> History, Foreign | <input type="checkbox"/> War, Fiction |
| <input type="checkbox"/> History, United States | <input type="checkbox"/> War, Nonfiction |
| <input type="checkbox"/> History, U.S. Frontier | <input type="checkbox"/> Westerns |
| <input type="checkbox"/> History, Missouri | <input type="checkbox"/> Other(s) _____ |

We do not wish to receive books that contain:

- Violence
- Explicit descriptions of sex
- Strong language
- Adult-reading level material
- Young adult material
- Children's material
- Narrator with an accent

The reading levels most appropriate for the clients we serve:

- | | |
|---|---|
| <input type="checkbox"/> Preschool-grade 2 | <input type="checkbox"/> Grades 5-8 |
| <input type="checkbox"/> Kindergarten-grade 3 | <input type="checkbox"/> Grades 6-9 |
| <input type="checkbox"/> Grades 2-4 | <input type="checkbox"/> Jr. & Sr. High |
| <input type="checkbox"/> Grades 3-6 | <input type="checkbox"/> High School |
| <input type="checkbox"/> Grades 4-6 | <input type="checkbox"/> Adult |

Our preferred language for reading is:

- English Other(s) _____

Agreement

It is the responsibility of the institution requesting this service to:

1. Return library materials and machines to the Wolfner Library when they are no longer being used.
2. Notify the library of any change in address, telephone number, or contact person.
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.
6. Maintain an accurate listing of patrons using the service and number and location of Wolfner machines and accessories at your facility.

The staff member who will be responsible for the program at the institution must sign below. I understand the above responsibilities and agree to follow them.

Signature _____

Wolfner Library is a division of the Office of the Secretary of State and the Missouri State Library and is in the National Library Service/Library of Congress cooperative network.

Email address if you would like to receive Wolfner news electronically

_____ @ _____

Please mail, FAX or email this completed application to:

Wolfner Library
PO Box 387
Jefferson City, MO 65102-0387
FAX: (573) 751-3612
Email: *wolfner@sos.mo.gov*

Notes to Applicant

Once your application is received, the library will send additional information concerning services. This will include one or more of the library's latest catalogs for ordering books, the equipment you requested, and a user's handbook. The library will also process your subscription to "Talking Book Topics" and/or "Braille Book Review," which will be mailed directly to your residence. This will let you know about the latest books at the library.

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

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

FAX (573) 751-3612

Email: *wolfner@sos.mo.gov*

Home page: www.sos.mo.gov/wolfner/

Wolfner Library is open to the public during the hours of 8:00 a.m. to 5:00 p.m., Monday through Friday, and is closed on Missouri state holidays. After hours, patrons may call the library toll free at (800) 392-2614 and leave a message. The library is located inside the James C. Kirkpatrick State Information Center at 600 W. Main St. in Jefferson City.

The machines and special attachments are supplied to eligible persons on extended loan. If this equipment malfunctions, please call the library for instructions for returning it. If the equipment is no longer being used in conjunction with the recorded materials from Wolfner Library and the Library of Congress, it must be returned to Wolfner Talking Book and Braille Library.

Confidentiality

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. Complete and accurate information will speed the application process.

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.