

Application for Free Library Service YOUNG ADULT (ages 12-18)

Andrew Heiskell Braille and Talking Book Library

40 West 20th Street, New York, NY 10011-4211

(212)206-5400; (212) 206-5425 (24-hour voicemail); 212-205-5458 (TDD)

e-mail: ahlbph@nypl.org

webpage: www.nypl.org/locations/heiskell

Please fill out completely and print clearly. If you are completing this form for someone other than yourself, please obtain his or her consent. Patrons are responsible for the care and return of the materials and equipment. Please return this form to the library with the certifier's original signature.

LAST NAME: _____

FIRST NAME: _____ INITIAL: _____

DATE OF BIRTH: _____ MALE: _____ FEMALE: _____

ADDRESS: _____ APT: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ E-MAIL: _____

Parent/Guardian

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE (Day): _____ (Night): _____

Relation to Young Adult: _____

May we ask for the Young Adult if we call? Yes No

Grade: _____

Reading Level: 3rd -5th 5th -7th 8th -9th High School Adult Interest

Books and/or Magazines (You may check more than one.)

Digital Audio with Player Braille

Cassettes with Player (for older titles, catalogs, and magazines)

Accessories for Cassette Player (Optional, you may check more than one.)

- Amplifier (special application needed with a signature from an audiologist)
 Extension Levers Headphones

- Newsletter format** large print cassette braille email
Catalog format large print cassette braille

Language preferences

Do you wish to receive English-language materials? yes no

List other languages you wish to receive: _____ (Only Spanish is available in digital audio format at this time.)

Reading preferences (check one)

- Please do not select books for me. Send only titles I request.
 Please select reading materials for me on a regular basis from the categories I've checked below. (I may also select specific titles whenever I wish.)

Fiction

- | | | |
|--|---|--|
| <input type="checkbox"/> Adventure | <input type="checkbox"/> Fantasy | <input type="checkbox"/> Print/Braille |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Historical Fiction | <input type="checkbox"/> Science Fiction |
| <input type="checkbox"/> Black Heritage | <input type="checkbox"/> Horror/Occult | <input type="checkbox"/> Short Stories |
| <input type="checkbox"/> Current Affairs | <input type="checkbox"/> Jewish Heritage | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Fast & Easy | <input type="checkbox"/> Literary Classics | <input type="checkbox"/> Sports Stories |
| <input type="checkbox"/> Fairy/Folktales | <input type="checkbox"/> Mysteries | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Family Stories | <input type="checkbox"/> Mythology | |

Non-Fiction

- | | | |
|--|---|--|
| <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Global Beat/Cultures | <input type="checkbox"/> Religion (specify) _____ |
| <input type="checkbox"/> About Music | <input type="checkbox"/> Health | |
| <input type="checkbox"/> Biography | <input type="checkbox"/> History | <input type="checkbox"/> Science |
| <input type="checkbox"/> Black Heritage | <input type="checkbox"/> Holidays | <input type="checkbox"/> Science Experiments |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Humor | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Disabilities | <input type="checkbox"/> Jewish Heritage | <input type="checkbox"/> Wild Animals |
| <input type="checkbox"/> Domestic Animals/Pets | <input type="checkbox"/> Plays | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Geography/Travel | <input type="checkbox"/> Poetry | |

Favorite Authors: _____

Favorite Series: _____

Please note: The following restrictions are optional (check only if applicable).

I do not wish to receive books with: Violence Sex Strong
Language

This application is a library record and, as such, is subject to the confidentiality provisions of Section 4509 of New York Civil Practice Law and Rules as well as the Privacy Policy of The New York Public Library (available on the Library's web site at www.nypl.org).

People who, for physical reasons, are unable to use standard print are eligible for this service.

Playback equipment and special attachments are supplied to eligible persons on extended loan. If this equipment is not being used with recorded reading material provided by the Library of Congress and its cooperating libraries, it must be returned to the issuing agency.

Please have an appropriate certifier complete the section on the back of this page.

This section must be filled out by a certifying authority.

I certify that the applicant has requested library service and is unable to read or use standard print material for the reason indicated below.

CERTIFIER'S NAME: _____ AFFILIATION: _____

TITLE: _____ OCCUPATION: _____

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

CERTIFIER'S SIGNATURE*: _____ DATE: _____

*An original signature is required.

Specific eligibility requirements include one or more of the following criteria, which must be documented by a certifying authority such as a physician, nurse, optometrist, therapist, hospital or nursing home professional, social worker, or librarian. The certifying authority should indicate the primary disability preventing the applicant from reading standard print material as listed below:

Blind persons whose visual acuity is 20/200 or less in the better eye with correcting lenses, or whose widest diameter of visual field subtends an angular distance no greater than 20 degrees.

Visually impaired persons who, with correction and regardless of optical measurement, are unable to read standard print material.

Physically disabled persons who are unable to hold or handle standard print material. Please specify the disability: _____

Reading disability, resulting from an organic dysfunction and of sufficient severity to prevent the applicant from reading standard print material in a normal manner. Important: This condition must be documented by a doctor of medicine.

If the applicant also has a hearing impairment, please indicate the severity:

Moderate (some difficulty hearing and understanding speech)

Profound (cannot hear or understand speech)