

Nebraska Library Commission



Nebraska Talking Book and Braille Service

The Atrium, 1200 N St, Ste 120, Lincoln NE 68508-2023

402-471-4038 • 800-742-7691 • 402-471-6244 (Fax)

<http://nlc.nebraska.gov/tbbs> • nlc.talkingbook@nebraska.gov

Application for Free Talking Book and Braille Library Service: Institutions

Institutions—such as assisted living communities, hospitals, public libraries, schools for students who are blind or have a visual impairment, public and private schools, and college or university disability centers—may borrow equipment and reading materials for eligible readers to use individually or in a group setting. The institution is responsible for keeping a record of the serial numbers of all machines assigned to the institution. If residents or students choose to apply using the Individual Application, they are responsible for the equipment they borrow, not the institution. The application may be sent by email, fax, printed and mailed, or printed and hand delivered.

Use of Government Property: NLS program equipment, materials, and products, both online and physical, are federal property. Users shall acknowledge the purpose for which these items were intended and accept responsibility for accessing these items. All materials and equipment (including digital talking book cartridges, hard copy braille, players, and accessories) must be returned when no longer needed.

Institution Information:

Name of Institution _____

Street Address _____

City _____ County _____ State NE Zip _____

Primary Responsible Party Information:

Name _____ Title _____

Telephone _____ Email Address _____

Demonstration Account:

Check if and only if your organization is exclusively demonstrating NLS library services to eligible individuals, who will submit their own applications for service.

Services: (Check all that apply)

Books/magazines (postage-free USPS delivery/pick-up): Audio Braille

Number of players requested: _____

Books/magazines (downloadable via website/mobile app): Audio Braille

Eligibility of blind and other print-disabled persons for loan of library materials

The following people are eligible for service: residents of the United States, including territories, insular possessions, and the District of Columbia, and American citizens living abroad, provided they meet one of the following criteria: (a) An individual who is blind or has a visual impairment that makes them unable to comfortably read print books. (b) An individual who has a perceptual or reading disability. (c) An individual who has a physical disability that makes it hard to hold or manipulate a book or to focus or move the eyes as needed to read a print book. Please see www.loc.gov/nls/about/eligibility-for-nls-services for the full eligibility terminology.

Certifying Authority

Eligibility must be certified by one of the following: doctor of medicine, doctor of osteopathy, ophthalmologist, optometrist, psychologist, registered nurse, therapist, or professional staff of hospitals, institutions, and public or welfare agencies (such as an educator, social worker, case worker, counselor, rehabilitation teacher, certified reading specialist, school psychologist, superintendent, or librarian). Institutions that serve minors (under 18 years old) must also complete the Institutional Acknowledgment section.

Name _____ Title _____

Organization _____ Email _____

Address _____ Phone _____

City _____ State _____ Zip _____

I hereby certify that the institution named serves people who are unable to read or use regular printed materials because of blindness, visual impairment, or physical disabilities. I further certify that reading materials and equipment borrowed will be used by such persons only.

Signature _____ Date _____

A typed or handwritten signature is acceptable after certifying data is completed.

Institutional Acknowledgment for NLS Services and Devices, Required for Institutions Serving Users who are Minors (Under 18 Years Old)

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. *(Continued on next page).*

Date _____

Name of Institution _____

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 _____

Survey: How did you learn about this service? (Mark up to three)

Health Care	Internet	Other Ad	Veterans Affairs
School	Radio Ad	Vocational Rehab	Support Group
Public Library	TV Ad	Event/Expo	_____

Reading Preferences: Check A or B

- A. Do not select books for us. Send only the specific titles that we request.
- B. We wish to have books selected for us based on the interests below:

Reading Interests: (Mark all that apply; can be changed later)

Nonfiction: (is based on facts, real events, and real people.)

Animals/Nature	Bible Inspiration	Business	Health
History	Politics	Psychology	Religion/Ethics
Science/Math	Self Help	Sports	Technology
Travel	War History		

Fiction: (describes imaginary events and people.)

Adventure	Christian Fiction	Classics	Fantasy
Historical Fiction	Horror	Mystery	Non-Genre Fiction
Pioneer Fiction	Romance	Science Fiction	Spy Fiction
Suspense	War Fiction	Westerns	Women's Fiction

Specify authors and subjects: _____

Content Exclusions (check all that apply):

Strong Language Violence Descriptions of Sex 12+ Hour Runtime

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

Language: English Spanish Other _____