

# Access Services, Fairfax County Public Library

12000 Government Center Pkwy, Suite 123

Fairfax, VA 22035-0012

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E-mail: [access@fairfaxcounty.gov](mailto:access@fairfaxcounty.gov) [www.fairfaxcounty.gov/library](http://www.fairfaxcounty.gov/library)

## Application for Talking Book Program

**1. Applicant Information.** Date \_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Birthdate \_\_\_\_\_ M \_\_\_\_ F \_\_\_\_

Name of parent/guardian (if applicable) \_\_\_\_\_

Daytime phone(s) \_\_\_\_\_

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

**VETERANS:** Check here if you have been honorably discharged from the Armed Forces of the United States. By law, preference in lending Talking Book Program materials and equipment is given to veterans.

### Person to contact if you are not available:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Daytime phone(s) \_\_\_\_\_

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

**NOTICE:** Records relating to patrons of this library are confidential, as provided for in chapter 26, Code of Virginia, the Privacy Protection Act.



A Fairfax County, Va., publication



To receive this information in alternative formats call 703-324-8380 or TTY 703-324-8365.

Printed September 2009

**2. Certification.** This Section Must Be Completed by a Competent Certifying Authority.

In cases of **blindness, visual impairment or physical limitations**, competent authority is defined to include: doctors of medicine; doctors of osteopathy; ophthalmologists; optometrists; registered nurses; therapists; and professional staff of hospitals, institutions and public or private welfare agencies (e.g., social workers, case workers, counselors, rehabilitation teachers and superintendents). In the absence of any of these, certification may be made by professional librarians or by other persons whose competence under specific circumstances is acceptable to the Library of Congress.

In cases of **reading disability**, competent authority is defined as: doctors of medicine and doctors of osteopathy, who may consult with colleagues in associated disciplines.

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**I certify that the applicant is unable to read or use standard printed material for the reason(s) indicated:**

**Type of Disability. Please check all that apply:**

- Blindness.** Corrected visual acuity of 20/200 or less in the better eye, or a visual field of 20 degrees or less.
- Visual Disability.** Inability to read standard printed material without special aids or devices other than regular glasses.
- Physical Disability.** Inability to use standard printed material as a result of physical limitations other than visual.
- Reading Disability.** Physically based learning disorder that prevents the reading of standard printed material.
- Deaf/Blind.** Blindness combined with inability to hear or understand speech.

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

Full Name & Title \_\_\_\_\_

Occupation \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

### 3. Materials Requested. Check all that apply:

- Books recorded on digital cartridge with digital player
- Books recorded on audiocassettes with cassette player
- Braille books, music materials and/or magazines
- Braille and Audio Reading Download (BARD)
- Information about accessories such as headphones, amplifiers, extension levers, remote controls and pillow speakers
- Information about services available from the Virginia Department for the Blind and Vision Impaired

Format preferred for the bimonthly Library of Congress publication announcing newly recorded books:

- Large print
- Audio recording
- Computer disk
- Braille

Format preferred for Loud and Clear, our library newsletter:

- Large print
- Audio recording
- E-mail
- Braille

### 4. Service Preferred.

- Send only the specific titles I request. Do not select titles for me.
- The library may select titles for me in addition to selections I make, or when my requested books are not available.

**Send books with the following reading level(s). Check all that apply:**

- Adult
- Young adult    Grade levels \_\_\_\_\_
- Child    Grade levels \_\_\_\_\_

## 5. Reading Preferences.

Please list your favorite SUBJECTS. Here are a few topics to help you get started. \*

- |   |   |         |
|---|---|---------|
| <input type="checkbox"/> Best sellers             | <input type="checkbox"/> Humor                    | Others: |
| <input type="checkbox"/> Biographies              | <input type="checkbox"/> Romance                  | _____   |
| <input type="checkbox"/> Current events           | <input type="checkbox"/> Mysteries                | _____   |
| <input type="checkbox"/> Fine arts, entertainment | <input type="checkbox"/> Science fiction, fantasy |         |
| <input type="checkbox"/> History                  | <input type="checkbox"/> Sports, recreation       |         |

Please list your favorite AUTHORS.

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### Please check any of the following you do NOT want:

- |  |   |
|--|---|
| <input type="checkbox"/> Books containing violence               | <input type="checkbox"/> Books containing strong language |
| <input type="checkbox"/> Books with explicit descriptions of sex | <input type="checkbox"/> Other:                           |

\*Categories above are available in adult, young adult and children's levels.

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