



## Application for Free Library Service: Individuals

John R. Ashcroft, Secretary of State  
Wolfner Library  
PO Box 387, Jefferson City, MO 65102-0387  
Telephone: (800) 392-2614 or (573) 751-8720  
[www.sos.mo.gov/wolfner](http://www.sos.mo.gov/wolfner)

**Please print or type:**

Applicant's Name \_\_\_\_\_  
(first) (middle) (last)

Street Address \_\_\_\_\_  
(number) (street name) (apartment or box number)

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

County \_\_\_\_\_ Phone: home (\_\_\_\_) \_\_\_\_\_ cell (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender:  Male  Female

Veterans, please check here if you have been honorably discharged from the Armed Forces of the United States. By law, preference in lending of books and equipment is given to veterans.

Students, pre-K to 12th grade, please check here if you wish to receive materials at school **only**.

Please give the name of a relative or close friend to be contacted if you cannot be reached for an extended period. The person should not live in the same household.

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

In addition to service via telephone, how would you prefer to receive communications from us?

Mail

Email

Braille

Audio

Wolfner Library sends out its newsletter and other information of interest on our listserv. Please confirm your email address: \_\_\_\_\_

## Eligibility and Certification

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Please check the primary condition preventing you from using standard print:

- Blindness** - Visual acuity of 20/200 or less in the better eye with correcting lens, or the widest diameter of visual field is no greater than 20 degrees.
- Visual Impairment** - Inability to read standard printed materials without special aids or devices other than regular glasses.
- Physical Disability** - Inability to read or use standard printed materials as a result of physical limitations (e.g., paralysis, lack of arms or hands, extreme weakness)
- Reading Disability\*** - Organic dysfunction causing inability to read standard print (eg., dyslexia) **\*Federal law requires medical/osteopathic doctor's signature as certifying authority.**

In addition to any of the previously indicated conditions, do you also have a hearing loss? If yes, please indicate the degree:

- Moderate** (some hearing loss)
- Profound** (major hearing loss)

### Certifying Authority

I certify that the applicant is unable to read or use standard printed material for the reason indicated above.

Certifier's Name: \_\_\_\_\_

Title/Occupation: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

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

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, librarians). Family members and friends are NOT eligible to sign as a certifying authority unless they are a doctor, nurse, or other qualifying profession as listed above.

## Books and Equipment

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All books and equipment are sent and returned through the mail free of charge.  
Please select **ALL** services you would like to receive:

### Talking Books:

- Send me books on digital cartridge and a digital player needed to use them.
- Contact me with information on downloading digital talking books or using the mobile app for audio books. BARD (Braille and Audio Reading Download) may be used with a digital talking book player or on your own device.
- Contact me with information about special accessories for use with the talking book player:
  - Headphones for private listening
  - Breath Switch - for readers who have little to no use of their hands
  - High Volume Player - **only for readers with profound hearing loss**
  - A remote control

### Braille Books:

- Send me braille books.
- Contact me with information on downloading electronic braille books or using the mobile app for braille books.

### Other Services:

- NFB-NEWSLINE® Service - Audio newspaper service
- Magazines
- Sheet music and instructional recordings
- Large Print Books
- Descriptive DVDs - DVDs with additional audio narration
- Games – print-braille board games and card games for all ages
- Racing to Read Early Literacy Program
- Programs – Book Clubs and workshops via conference call

My **preferred language** for reading is:

- English       Other(s): \_\_\_\_\_

Please check the **listening/reading levels** you prefer:

- Adult
- Young Adult
- Children's (specify grade range): \_\_\_\_\_

## Reading Preferences

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Select the type of book service you desire:

- I only want to receive books I select.** I will call or mail the library with requests from “Talking Book Topics,” “Braille Book Review,” or other sources or make requests through the online catalog. If selected, continue to the next page.
- I would like the library to select books for me when my requests are not available.** Each book you send back will automatically be replaced with one of your requests or another title based on your reading interests. Tell us more about your reading interests below.

### **I DO NOT want the library to choose books containing:**

- Strong language     Excessive Violence     Explicit descriptions of sex

### **Some Popular Subjects**

#### **Fiction:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Adventure            | <input type="checkbox"/> Best Sellers       | <input type="checkbox"/> Christian Fiction        |
| <input type="checkbox"/> Family Relationships | <input type="checkbox"/> Fantasy            | <input type="checkbox"/> Gentle/Nostalgic Fiction |
| <input type="checkbox"/> Gothic Novels        | <input type="checkbox"/> Historical Fiction | <input type="checkbox"/> Horror                   |
| <input type="checkbox"/> Humor                | <input type="checkbox"/> Mysteries          | <input type="checkbox"/> Romance                  |
| <input type="checkbox"/> Science Fiction      | <input type="checkbox"/> Sports Fiction     | <input type="checkbox"/> Spy and Espionage Novels |
| <input type="checkbox"/> Suspense             | <input type="checkbox"/> War                | <input type="checkbox"/> Westerns                 |

#### **Non-Fiction:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> True Adventure         | <input type="checkbox"/> Best Sellers       | <input type="checkbox"/> Biographies            |
| <input type="checkbox"/> Cooking                | <input type="checkbox"/> Disabilities _____ | <input type="checkbox"/> Government/Politics    |
| <input type="checkbox"/> Health _____           | <input type="checkbox"/> History, Foreign   | <input type="checkbox"/> History, United States |
| <input type="checkbox"/> History, U.S. Frontier | <input type="checkbox"/> History, Missouri  | <input type="checkbox"/> Humor                  |
| <input type="checkbox"/> Music/Musicians        | <input type="checkbox"/> Religion _____     | <input type="checkbox"/> Sciences               |
| <input type="checkbox"/> Sports                 | <input type="checkbox"/> Travel             | <input type="checkbox"/> True Crime             |
| <input type="checkbox"/> War                    |   |   |

### **Favorite authors, series, or other topics of interest:**

## Applicant Agreement

It is the responsibility of the library user to:

1. Return library materials and machines to the Wolfner Library when they are no longer being used.
2. Notify the library of any address or telephone number changes.
3. Take reasonable care of materials and machines.
4. Borrow at least one book or magazine per year.
5. Read and return books within six weeks of their receipt, to allow others the opportunity to read.

I understand the above responsibilities and agree to follow them.

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**Signature of applicant** (Parent, guardian or teacher if applicant is a minor.)

How did you find out about Wolfner Talking Book and Braille Library?

- Veterans Affairs / Defense Health Agency     Other Health Care Professional  
 Vocational Rehabilitation Center     Friend / Family     Public Library  
 School     Consumer / Support Group     Event / Expo     TV Ad  
 Radio Ad     Other Ad (specify) \_\_\_\_\_  
 Internet / Social Media (specify) \_\_\_\_\_  
 Other (specify) \_\_\_\_\_

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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.

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.

FREE MATTER FOR THE BLIND  
AND HANDICAPPED

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WOLFNER TALKING BOOK AND LIBRARY BRAILLE LIBRARY  
PO BOX 387  
JEFFERSON CITY, MO 65102-0387

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MAIL THIS COMPLETED APPLICATION TO THE ADDRESS ABOVE.  
FOLD ALONG THE LINE AND STAPLE OR TAPE CLOSED.

Wolfner Library is open to the public during the hours  
of 8:00 a.m. to 5:00 p.m., Monday through Friday.

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

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

**Email: [wolfner@sos.mo.gov](mailto:wolfner@sos.mo.gov)**

**FAX (573) 751-3612**