



LIBRARY

Perkins Library

175 North Beacon Street
Watertown, MA 02472-2790

Phone: 1-800-852-3133 or 617-972-7240

Website: www.perkinslibrary.org

Fax: 617-972-7363

Email: library@perkins.org

TTY: 617-972-7690

Application for Free Library Service for Individuals

Please Print or Type:

Name: _____
 First Middle Initial Last

Address: _____

City: _____ County: _____ State: _____

Zip: _____ Home Phone: (____) _____

Work Phone: (____) _____ Cell Phone: (____) _____

Date of Birth (mm/dd/yyyy): _____ Gender: _____

Email (optional): _____

Contact Person: Please give the name of a person to contact if we cannot reach you:

Name: _____

Phone: (____) _____

Relationship to patron: _____

Email (optional): _____

Eligibility and Certification

Please indicate the disability preventing you from reading standard print. A certifying authority must sign the Authorization Form on the back page.

Blindness: Vision 20/200 or less, or visual field 20 degrees or less.

Visual Impairment: Unable to read for long periods of time with correction.

Physical Disability: Unable to hold a book or turn pages.

Reading Disability: Unable to read standard print as a result of an organic dysfunction; requires a signature from a medical doctor or doctor of osteopathy on the Authorization Form.

Deaf/Blindness

Hearing Impairment: If you have a hearing impairment, please indicate the degree of hearing loss:

- Moderate:** Some difficulty hearing and understanding speech.
- Profound:** Cannot hear or understand speech.

By law, service preference is given to veterans. Please check here if you were honorably discharged from the United States armed forces:

Playback Equipment and Accessories

Playback equipment and accessories are supplied to eligible persons on extended loan. If this equipment is not being used in conjunction with audio reading material provided by the Library of Congress, it must be returned to the Perkins Library.

- Talking books on digital cartridge and a digital player.** Easy to use digital player plays Library of Congress books on cartridges.
- Braille and Audio Reading Download (BARD).** Instructions are provided on how to register and download talking books over the Internet from the BARD website to use with the digital player.

Special accessories for playback equipment are available; please check those needed:

- Headphones:** Solely for those readers who could not otherwise listen to talking books.
- Pillowphone:** Solely for readers restricted to bed.

These special accessories for the playback equipment require a special application which will be sent to you:

- Amplifier:** Solely for use by readers with profound hearing loss.
- Remote control:** Assists readers with limited use of their hands in turning the player on and off.
- Breath switch:** For use with the remote control unit for readers who have little or no use of their hands.

Library Services

- NEWSLINE Service:** telephone and online newspaper service.
- Braille books and magazines.**
- Large print books.**
- Specialized programs and services for **children and teens.**

- Described DVDs:** videos with added narration (for DVD player).
- Magazines:** a complete list of available magazines will be sent.
- Music:** How-to instructional recordings, braille or large print music scores and music magazines are available. Recorded music for listening is not provided.

Foreign Language Materials

The Library has a small collection of audio books in a variety of languages. If other than English, please indicate your preferred language(s):

-
- Books in English are acceptable if not available in the above language(s).
 - Please send books in the above language(s) only.

Education and Reading Level

Please indicate the highest level of education completed:

Currently a student in grade _____

Some high school

High school graduate

College graduate

Reading comprehension level (if known) _____

Reading Preferences

Book Content: Please indicate if you do not wish to receive books that contain:

- Strong language
- Violence
- Explicit descriptions of sex
- Other: _____

Title Selection: Please check here if you prefer to request specific titles from the Library's bi-monthly catalogue and do not wish Library staff to select books for you. (NOTE: There is no need to mark your areas of interest on the following list.)

Interest Selection: Please check here if you would like Library staff to select books for you on a regular basis according to your areas of interest, in addition to books you specifically request. For best results, number your priority interests on the following list in order of preference.

<input type="checkbox"/> Adventure	<input type="checkbox"/> Gothic Novels	<input type="checkbox"/> Politics & Government
<input type="checkbox"/> Aging & Retirement	<input type="checkbox"/> Historical Fiction	<input type="checkbox"/> Psychology
<input type="checkbox"/> Animals	<input type="checkbox"/> History, U.S.	<input type="checkbox"/> Religion
<input type="checkbox"/> Autobiographies	<input type="checkbox"/> History, World	<input type="checkbox"/> Romance
<input type="checkbox"/> Bestsellers – Fiction	<input type="checkbox"/> Horror	<input type="checkbox"/> Science
<input type="checkbox"/> Bestsellers – Nonfiction	<input type="checkbox"/> Humor	<input type="checkbox"/> Science Fiction
<input type="checkbox"/> Bible & Bible Stories	<input type="checkbox"/> Inspirational Reading	<input type="checkbox"/> Sea Stories
<input type="checkbox"/> Biographies	<input type="checkbox"/> Massachusetts Interest	<input type="checkbox"/> Short Stories
<input type="checkbox"/> Business & Finance	<input type="checkbox"/> Medicine & Health	<input type="checkbox"/> Sports (specify): _____
<input type="checkbox"/> Classics	<input type="checkbox"/> Movies, Radio & TV	<input type="checkbox"/> Spy & Espionage
<input type="checkbox"/> Computers	<input type="checkbox"/> Mystery	<input type="checkbox"/> Suspense
<input type="checkbox"/> Cooking & Homemaking	<input type="checkbox"/> Nature	<input type="checkbox"/> Travel
<input type="checkbox"/> Disability Issues	<input type="checkbox"/> New England Interest	<input type="checkbox"/> True Crime
<input type="checkbox"/> Family Stories	<input type="checkbox"/> Occult	<input type="checkbox"/> War Stories
<input type="checkbox"/> Fantasy	<input type="checkbox"/> Philosophy	<input type="checkbox"/> Westerns
<input type="checkbox"/> Fitness & Nutrition	<input type="checkbox"/> Poetry	<input type="checkbox"/> Women's Issues

Other reading interests: _____

Favorite Authors: _____

How did you hear about the Perkins Library: _____

Authorization Form

To be completed by a certifying authority. In the case of a Reading Disability, certifying authority must be a medical doctor or a doctor of osteopathy.

I certify that the applicant is unable to read or use standard print materials for the reason(s) indicated on the front of the application.

Signature: _____ Date: _____

Name: _____ Phone: (____) _____

Title/Occupation: _____

Address: _____

City/State/Zip: _____

Email: _____

Please Return completed application to the Perkins Library.

Records relating to recipients of Library of Congress reading materials are confidential. Information provided on this application form will not be released to other individuals, institutions, or agencies.