



New Mexico State Library
Library for the Blind & Physically
Handicapped
 (A Division of the Department of Cultural Affairs)

1209 Camino Carlos Rey,
 Santa Fe, New Mexico 87507-5166
Phone: 1-800-456-5515 or
 1-505-476-9770
Fax: 1-505-476-9776
e-mail: sl.lbph@state.nm.us

Application for Library Services

Please type or print using black or blue ink. Mail completed original application to address on the back. Incomplete applications will not be processed until all information is received.

Name _____ Address _____ Apt. # _____ City _____ State _____ County _____ Zip _____ <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Juvenile (13 or younger)	Date of Birth _____ Home Phone(____) _____ Cell/Work Phone(____) _____ Email _____ Reading/Grade level _____
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*** In the lending of books and equipment, preference is given by law to veterans.
 Please check here if you have been honorably discharged from the Armed Forces of the United States.

Required: Person to contact if you cannot be reached (should not be hospice/facility staff)

Name _____ Phone () _____
 Address _____ City _____ State _____ Zip _____

Please indicate the disability preventing you from reading standard printed material:

- Blindness** Visual acuity of 20/200 or less in the better eye with correcting lens, or diameter of visual field subtending an angular distance 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, extreme weakness.
- Reading Disability** Organic dysfunction of sufficient severity so as to prevent reading printed material in a normal manner. **Please note: Only Doctors of Medicine are defined as competent authorities in cases of reading disability.**

***If you also have a hearing impairment please indicate the degree of loss:** moderate profound

To be completed by certifying authority (doctor, nurse, social worker, librarian). I certify that the applicant named is unable to read or use standard printed material for reason(s) indicated above.

Print Name	Address
Signature of Certifying Authority	City State Zip
Title and Occupation	Date Telephone #

Reader Services

Please read and check as necessary.

1. When registered you will receive **catalogs** from which to order books. Please indicate the format in which you would like to receive these **catalogs**.

_____ Large Print _____ Audio on Digital Cartridge _____ Braille

2. When patrons are unable or choose not to select their own books, the **library staff can select books for you**. Please indicate whether you would like this service. (It is required that the subject preferences section be completed.)

_____ Yes _____ No

3. Braille readers may also borrow Braille books and magazines from the Utah State Library by calling 1-800-453-4293. Would you like to be signed up for Braille service?

_____ Yes _____ No

Please check any categories you **DO NOT** wish to receive

_____ Strong Language

_____ Fiction (made-up stories)

_____ Violence

_____ Non-fiction (real / informational)

_____ Explicit Sex

Required: Please check the subject areas below that interest you.

If you would like, indicate top interest by adding a #1, #2, #3, etc.

_____ Adventure

_____ Gothic novels

_____ Philosophy

_____ Animal stories

_____ Hispanic/Latino interest

_____ Poetry

_____ Bestsellers

_____ Historical fiction

_____ Politics & Govt.

_____ Bible & religion

_____ History-US

_____ Romance

_____ Biographies

_____ History-World

_____ Science

_____ Christian fiction

_____ Humor

_____ Science fict.

_____ Classic novels

_____ Inspirational works

_____ Sociology

_____ Cooking

_____ Legal fiction

_____ Sports

_____ Crime (true)

_____ Music (about)

_____ Spy stories

_____ Economics & finance

_____ Mysteries

_____ Suspense

_____ Family stories

_____ Native American Inter.

_____ Travel

_____ Fantasy

_____ New Mexico Interest

_____ War stories

_____ Fine arts

_____ Occult/Supernatural

_____ Westerns

Check types of media you wish to receive:

Media Type:

- _____ Magazines on digital cartridge (*see catalog*)
- _____ Braille books/ magazines
- _____ Headphones
- _____ USB flash drive adapter (*for more convenient use of USB with player*)

Media Languages:

- _____ English
- _____ Spanish
- _____ Other _____

Lending of Materials and Playback Equipment

Books and magazines borrowed through the Library for the Blind and Physically Handicapped will not play on commercial machines. According to federal law, to remain active in the program you must order at least one item per year and the equipment must be used in conjunction with materials provided by the National Library Service and its cooperating libraries. **By signing, you agree to:**

- Return machines loaned to you when you are no longer using the materials**
- Notify NM LBPH of address and phone number changes.**
- Take reasonable care of the materials and machines.**
- Return books within 45 days or receipt so others may borrow the book**

Classes of Borrowers

Qualified readers must be residents of the United States, including the several states, territories, insular possessions, and the District of Columbia; or American citizens domiciled abroad. Please notify the LBPH of any changes in your address, phone number, or alternate contact information.

Notice: All patron records pertaining to this service will remain confidential.

Signature of applicant

Date

How did you hear about the Library for the Blind & Physically Handicapped?

- _____ Friend/relative
- _____ Physician/Nurse
- _____ Activity Director/Social worker
- _____ NM Commission for the Blind
- _____ Radio/TV
- _____ Public Library
- _____ Conference/seminar
- _____ Special publication / Newspaper / Magazine

(Fold here)

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Attention: New Applications

Handle as First Class Mail
Domestic Mail Manual Sec. E040.1.2

Free Matter for the Blind or
Handicapped