



**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](mailto: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 _____	Date of Birth _____
Address _____ Apt. # _____	Home Phone(____) _____
City _____ State _____	Cell/Work Phone(____) _____
County _____ Zip _____	Email _____
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Juvenile (13 or younger)    Reading/Grade level _____	

\*\*\* 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.**
- Hearing Impaired              Hearing impairment is:  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:**

- \_\_\_\_\_ Magazines on digital cartridge (*see catalog*)
- \_\_\_\_\_ Braille books/ magazines
- \_\_\_\_\_ Headphones
- \_\_\_\_\_ USB flash drive adapter (*for more convenient use of USB with player*)
- \_\_\_\_\_ Assistive device to operate player due to physical limitation (*please describe limitation*)

**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.

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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