

Braille Institute Library

New Patron Application

1 (800) 808-2555 • (323) 660.3880 • Fax: (323) 662.2440
www.brailleinstitute.org/library • bils@brailleinstitute.org



Please type or print using black ink. Mail the completed original application to address on the back.

Name _____

Street Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Date of Birth _____ Gender _____

Alternate Contact (in case you cannot be reached):

Name _____ Telephone _____

For Office Use Only

PATID _____

BARCODE _____

For Office Use Only

REGISTERED _____

CATALOG _____

BOOK ORDER _____

BARD _____

MCH DATE _____

TRP _____

Check here if you have been honorably discharged from the United States military

Please indicate the primary disability preventing you from reading regular printed material:

- Blindness:** Visual acuity of 20/200 or less in the better eye with correcting lens, or the widest 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 Impairment:** Inability to read or use standard printed materials as a result of physical limitations, e.g. paralysis, missing extremities, extreme weakness.
- Reading/Learning Disability:** Organic dysfunction of sufficient severity to as to prevent reading printed material in a normal manner. **Please note that only Doctors of Medicine (MD) and Doctors of Osteopathy (DO) are defined as competent authorities in cases of reading/learning disability.**
- Deaf/Blind:** Hearing impairment is Moderate Profound

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

Name of Certifying Authority (please print)

Name of Facility/Organization/Office

Signature of Certifying Authority

Address

Title and Occupation

City State ZIP Code

Date

Telephone Email

Which library services are you interested in?

- Downloading Audiobooks and Magazines to Your Smartphone, Computer, or Mobile Device (BARD)
- Books-on-Demand through the Mail
- Books and Magazines in Braille
- Telephone Reader Program (TRP)

I do not wish to receive books that contain (check all that apply):

- Strong language
- Violence
- Explicit descriptions of sex

Are you interested in receiving more information about other Braille Institute programs and services?

How did you learn about this service? (Check up to three)

- Braille Institute Staff
- Veterans Affairs/Defense Health Agency
- Other Health Care Professional
- Vocational Rehabilitation Center
- Friend/Family
- Public Library
- School
- Consumer/Support Group
- Event/Expo
- Radio or other Ad (specify kind below)
- Internet/Social Media (specify below)
- Other (specify below)

I would like to receive books in:

- English Spanish
- Other _____

Playback equipment and special attachments are supplied to eligible readers on extended loan. If this equipment is not being used in conjunction with recorded reading materials provided by the Braille Institute Library, it must be returned to the issuing agency. All patron records pertaining to this service will remain confidential.

..... Fold here, tape bottom of the page securely and return to the address below.

Free Matter for the Blind
and Physically Handicapped
Post Manual Part 138



Braille Institute Library
741 North Vermont Avenue
Los Angeles, CA 90029

Attn: Library Registration