

APPLICATION FOR ACCESSIBLE MATERIALS

Please Print or Type:

Last Name _____ First _____ Initial _____

Street _____

P.O. Box _____ City _____ State _____ Zip _____

Birthdate _____ / _____ / _____
Month Day Year

To be completed by Certifying Authority (see definitions of "Certifying Authority" below)

I certify the applicant named on page one has requested Accessible Materials and is unable to read or use standard printed material for the reason indicated above.

Please Print or Type.

Certifier's Name: _____

Title/Occupation: (see below) _____

Street Address _____ Phone (____) _____

City, State _____ Zip _____

Signature: x _____ Date _____

ELIGIBILITY and “Certifying Authority”

Blindness Visual acuity of 20/200 or less in the better eye with correcting lenses, or the widest diameter of visual field is no greater than 20 degrees.

Visual Impairment Inability to read standard printed materials with correction and regardless of optical measurement.

Physical Disability Inability to read or use standard printed materials as result of physical limitations, e.g., paralysis, lack of arms or hands, or extreme weakness.

Certifying Authority

1. In cases of BLINDNESS, VISUAL IMPAIRMENT, or PHYSICAL DISABILITY, certifying authorities include doctors of medicine or osteopathy, ophthalmologists, optometrists, registered nurses, nurse practitioners, physician assistants, therapists, professional staff of hospitals, institutions, and public agencies (e.g., social workers, counselors, or rehabilitation teachers). In the absence of any of these, certification may be made by professional librarians or by any person whose competence under specific circumstances is acceptable to the Library of Congress.

Reading Disability Organic dysfunction of sufficient severity to prevent reading printed materials in a normal manner. [Must be certified by a doctor of medicine or osteopathy]

Certifying Authority

2. In the case of a READING DISABILITY from an organic dysfunction, the certifying authority must be a doctor of medicine or osteopathy, who may consult with colleagues in associated disciplines.
3. A FAMILY MEMBER IS NOT ELIGIBLE TO SIGN THIS APPLICATION AS A CERTIFYING AUTHORITY.

CONFIDENTIALITY

The information required on this application pertains to eligibility for free library services for blind and physically impaired individuals. This information is required by the National Library Service for the Blind and Physically Handicapped of the Library of Congress to fulfill the requirements of Public Law 89-522. Complete and accurate information will speed the application process.