

# APPLICATION FOR ACCESSIBLE MATERIALS

**Please Print or Type:**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_

Street \_\_\_\_\_

P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

## ELIGIBILITY and CERTIFICATION

**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 a result of physical limitations, e.g., paralysis, lack of arms or hands, or extreme weakness.

**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]

**Deaf/ Blindness** In addition to any of the previously indicated conditions, do you also have a hearing loss? (If yes, see page 2).

**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 \_\_\_\_\_

Definition of “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.

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.