

Pope County Library System

116 East 3<sup>rd</sup> Street

Russellville, AR 72801

479-968-4368

Name of Applicant: \_\_\_\_\_

C/O (Nursing Home, Assisted Living Facility, Caretaker, etc.):  
\_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

The above-named individual is unable to read or use normal printed materials as a result of the following physical limitation (**See Page 3 for Definitions of Physical Limitations**).

\_\_\_\_ Visual handicap      \_\_\_\_ Blindness      \_\_\_\_ Deaf-blind

\_\_\_\_ Physical handicap      \_\_\_\_ Reading disability

In addition to any of the conditions above, does applicant also have a hearing impairment?  
If yes, indicate degree of hearing loss.

\_\_\_\_ Moderate      \_\_\_\_ Profound

**ALTERNATE CONTACT**

In case we need to contact the Applicant but cannot, is there someone whom we can contact? (If the Applicant is a child, give parent's name.)

Alternate Contact's Name \_\_\_\_\_

Home Telephone: (\_\_\_\_\_) \_\_\_\_\_ Work Telephone: (\_\_\_\_\_) \_\_\_\_\_

Library Card Number: \_\_\_\_\_

**MATERIALS AND SERVICES AVAILABLE** (Please check materials and services wanted.)

Books on Cassette     Playaway     Books on CD     Large Print Books

*Please select areas of interest:*

**Fiction:**

- Best Sellers
- Children's Fiction
- Christian Fiction
- Classic Novels
- Fantasy
- Historical Fiction
- Horror
- Juvenile / Young Adult Fiction
- Mysteries
- Romance
- Science Fiction
- War
- Western

**Non-Fiction:**

- Animals / Nature
- Biography
- Christianity
- Cooking
- Drama / Plays
- Folklore / Myth
- Gardening
- Government / Politics
- History
- Supernatural
- Philosophy
- Self-Help
- Science
- Sports
- Travel

Other Topics of Interest: \_\_\_\_\_

Favorite Authors: \_\_\_\_\_

## TO BE COMPLETED BY CERTIFYING AUTHORITY

I certify that the Applicant named has requested library service and is unable to read or use standard printed material for the reason indicated above. (Please print or type.)

Authority Name: \_\_\_\_\_

Title and Occupation: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Authority Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

### DEFINITIONS OF PHYSICAL LIMITATIONS:

**VISUAL HANDICAP:** Lacks visual acuity to read standard printed materials without special aids or devices other than regular glasses.

**BLINDNESS:** Visual acuity of 20/200 or less in the better eye with correcting glasses or the widest diameter of visual field subtending an angular distance no greater than 20 degrees.

**DEAF-BLIND:** Severe auditory impairment in combination with legal blindness.

**PHYSICAL HANDICAP:** Unable to hold a book or turn pages as a result of physical limitations. Examples include: without arms or the use of arms; impaired or weakened muscle and nerve control; limitations resulting from strokes, cerebral palsy, multiple sclerosis, muscular dystrophy, polio, arthritis, or similar conditions.

**READING DISABILITY:** Organic dysfunction of sufficient severity to prevent reading printed materials in a normal manner. **IF THIS DISABILITY IS CHECKED, A MEDICAL (M.D.) OR OSTEOPATHIC (D.O.) DOCTOR MUST SIGN.**

This **CERTIFICATE OF ELIGIBILITY** must be completed and signed by a competent authority OTHER than the applicant's immediate family. In cases of blindness, visual impairment or physical limitations, "competent authority" is defined to include doctors of medicine and osteopathy, optometrists, registered nurses, therapists, professional staff of hospitals, institutions and public welfare agencies (such as social workers, case workers, counselors, rehabilitation teachers and superintendents). In the absence of any of these, certification may be made by a professional librarian or by any person whose competence under specific circumstances is acceptable to the National Library Service (NLS) for the Blind and Physically Handicapped, Library of Congress, Washington, DC.