



**4724 Baum Boulevard
Pittsburgh, PA 15213
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Application for Free Library Service

Please complete this application and submit to LAMP: Library of Accessible Media for Pennsylvanians. The application may be sent by email, fax, or printed and mailed.

Please print or type

Individual Institution

Institution Name (If applicable) _____

Name (Last) _____ (First) _____ Middle _____

Street Address _____ Apt/Room _____

City _____ County _____ State _____ Zip Code _____

Primary Telephone _____ Date of Birth _____

Alternate Telephone _____ Email _____

Email me a username/password for the online catalog

Check here to receive our email newsletter

Alternative contact if you cannot be reached

Name: _____ Relationship: _____

Phone () _____ Email: _____

Veterans: Persons who are blind or have a print disability who have been honorably discharged from the United States military receive preference in the lending of books, recordings, playback equipment, musical scores, instructional texts, and specialized materials (Public Law 89-522).

Check here if you were honorably discharged from the United States military.

Certification of Eligibility

Certifying Authority

Eligibility must be certified by one of the following: doctor of medicine, doctor of osteopathy, ophthalmologist, optometrist, psychologist, registered nurse, therapist, or professional staff of hospitals, institutions, and public or welfare agencies (such as an educator, social worker, case worker, counselor, rehabilitation teacher, certified reading specialist, school psychologist, superintendent, or librarian).

To be completed by Certifying Authority (as described above)

I certify that the named applicant is unable to read or use standard print material for the reason indicated below:

- Blindness:** Vision 20/200 or less, or visual field of 20 degrees or less.
- Visual Impairment:** Visual disabilities that make it difficult to read standard print, including conditions such as macular degeneration, cataracts, glaucoma, diabetic retinopathy, retinitis pigmentosa, and strabismus.
- Physical Disability:** Physical disabilities of the hands that make it difficult to hold a book or turn pages, such as stroke, Parkinson's Disease, multiple sclerosis, muscular dystrophy, traumatic brain injury, arthritis, neuropathy, and injury or loss of the hand.
- Deaf-Blindness**
- Reading Disability:** Reading disability, such as dyslexia.

Name (please print) _____ Title _____

Organization _____ Email _____

Address _____ Phone _____

City _____ State _____ Zip Code _____

Signature _____ Date _____

A typed signature is acceptable if application is submitted electronically by the certifying authority.

Services and Equipment

All books and equipment are sent and returned through the mail free of charge. Please select the services you would like to receive.

Talking Books on digital cartridge and a digital player needed to use them.

Standard Digital Player. This machine has eight controls and includes built-in audio instructions.

Advanced Digital Player. This machine has 13 controls. This player allows for bookmarking and navigating book levels.

Special Accessories to use with the talking book player

Headphones – for private listening

Pillow Speaker – used for listening in bed.

Digital Talking Book Cartridge Cable (used to connect a digital talking book cartridge to a USB port on a computer)

Breath Switch Adapter/Remote Control helps readers who have severely limited use of their hands.

High Volume Player aids readers with a severe hearing impairment.

Braille and Audio Reading Download (BARD) Downloadable talking books and Web-Braille. An email address for BARD registration is required. Use with iOS, Android and other devices.

Braille Books

Large Print Books These books with larger-than-standard type are only available to individual readers.

Described Movies on DVD These DVDs have a menu option for audio description.

Return of Materials and Equipment: Playback equipment and library materials are supplied to eligible persons on extended loan. If this equipment is not being used with audio reading material provided by the Library of Congress and its cooperating libraries, it must be returned to the Library of Accessible Media for Pennsylvanians.

Reading Preferences

Please check the listening/reading levels you prefer:

- Adult Middle Grade Kindergarten – 3rd Grade
 Young Adult Elementary Preschool

Here are examples of some popular subjects available at LAMP:

- | | | |
|--|---|---|
| <input type="checkbox"/> Adventure/Thriller | <input type="checkbox"/> Humor | <input type="checkbox"/> Science/Technology |
| <input type="checkbox"/> African American | <input type="checkbox"/> Inspirational | <input type="checkbox"/> Science Fiction |
| <input type="checkbox"/> Animals/Nature | <input type="checkbox"/> Literature | <input type="checkbox"/> Short Stories |
| <input type="checkbox"/> Best Sellers | <input type="checkbox"/> LGBTQ+ | <input type="checkbox"/> Sports/Recreation |
| <input type="checkbox"/> Biography | <input type="checkbox"/> Mystery | <input type="checkbox"/> War |
| <input type="checkbox"/> Classics | <input type="checkbox"/> Poetry | <input type="checkbox"/> Westerns |
| <input type="checkbox"/> Fantasy/Folktales | <input type="checkbox"/> Psychology/Self Help | |
| <input type="checkbox"/> Foreign Language | <input type="checkbox"/> Regional Interest (PA, OH, etc.) | |
| Specify _____ | Specify _____ | |
| <input type="checkbox"/> Government/Politics | <input type="checkbox"/> Religion | |
| <input type="checkbox"/> History- U.S. | Specify _____ | |
| <input type="checkbox"/> History- World | <input type="checkbox"/> Romance | |

Other interests: _____

Favorite authors or series: _____

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

- Strong Language Violence Explicit Descriptions of Sex

How did you hear about this free library service? (check up to three)

- | | |
|---|---|
| <input type="checkbox"/> Consumer/Support Group | <input type="checkbox"/> Public Library |
| <input type="checkbox"/> Veterans Affairs/Defense Health Agency | <input type="checkbox"/> Friend/Family |
| <input type="checkbox"/> Vocational Rehabilitation Center | <input type="checkbox"/> Event/Expo |
| <input type="checkbox"/> Other Healthcare Professional | <input type="checkbox"/> School |
| <input type="checkbox"/> TV Ad | <input type="checkbox"/> Radio Ad |
| <input type="checkbox"/> Other Ad (describe) _____ | |
| <input type="checkbox"/> Internet/Social Media (describe) _____ | |