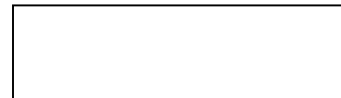




## Talking Book Service Eligibility Form



Applicant's Name: \_\_\_\_\_

Address \_\_\_\_\_

Postal Code \_\_\_\_\_ Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_

CNIB Registration Number \_\_\_\_\_

### Criteria for Eligibility

Talking books are provided by the Regina Public Library, Outreach for the use of persons who are visually impaired or physically disabled and cannot use conventional print materials. Talking book producers such as the CNIB and InterLink have outlined the following criteria to determine who is eligible for talking books:

#### Legal Blindness

Blind persons whose visual sharpness, as determined by a competent authority, is 20/200 or less in the better eye with correcting lenses, or whose widest diameter of visual field subtends an angular distance no greater than 20 degrees.

#### Physical Disability

Persons whose visual impairment, with correction and regardless of optical measurement, is certified by a competent authority as preventing the reading of standard printed material. Persons certified by a competent authority as unable to read or unable to use standard printed material as a result of physical limitations; and

#### Reading Disability

Persons certified by a competent authority as having a reading disability resulting from organic dysfunction and of sufficient severity that prevents their reading printed material in a normal manner.

#### Authority

A competent authority is defined to include doctors of medicine, osteopathy, ophthalmology, optometry; registered nurses, therapists, professional staff of hospitals, institutions, and public or social service agencies or by professional librarians or by any person whose competence under specific circumstances is acceptable to the parties to this Agreement.

I certify that the applicant is unable to read or use standard printed material because of:

legal blindness     physical disability     visual impairment     reading disability

Signature of professional authority: \_\_\_\_\_

Title and occupation: \_\_\_\_\_

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

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