



TALKING BOOK & BRAILLE CENTER

An affiliate of Thomas Edison State College

2300 Stuyvesant Avenue
Trenton, NJ 08618
Phone: 1-800-792-8322
609-406-7179
FAX: 609-406-7181
www.njsltbbc.org

APPLICATION FOR DEPOSIT ACCOUNT SERVICE

Agency Name: _____

Contact Person: _____

Address: _____

City: _____ County: _____ Zip: _____

Telephone: _____ Extension: _____

E-mail: _____

Type of Agency:

- Nursing Home
Adult Day Care
Library

- Hospital
Other: (Specify)

Types of Services Requested – please indicate any/all services your institution wants to receive

- Digital books – includes 1 player
Cassette books – includes 1 player
Audiovision (Radio Reading Service)
Magazines on Tape
Books in Braille

The New Jersey State Library Talking Book & Braille Center is supported by the New Jersey State Library and is funded by the Institute of Museum and Library Services through its Grants to States program.



Adaptive Equipment Requested:

- Pillow Speaker – For bedridden readers
- Key Extenders – For readers with fine motor difficulties

Reader Profile:

Check what applies to those who will be using the service.

Books should be in:

- English
- Spanish
- Other: _____

Restrictions on Book Content:

- No explicit descriptions of violence
- No explicit descriptions of sex
- No strong language

Reading Level(s):

- Adult
 - Young Adult
 - Preschool
 - Reading Grade Level _____
- (Indicate)

Subjects:

- | | |
|---|--|
| <input type="checkbox"/> Adventure | <input type="checkbox"/> Mysteries |
| <input type="checkbox"/> The Arts | <input type="checkbox"/> Nature and Animals |
| <input type="checkbox"/> Business & Economics | <input type="checkbox"/> Occult and Horror |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Poetry |
| <input type="checkbox"/> Disabilities | <input type="checkbox"/> Popular Biography |
| <input type="checkbox"/> Entertainment | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Family Stories | <input type="checkbox"/> Romance |
| <input type="checkbox"/> Historical Fiction | <input type="checkbox"/> Science Fiction & Fantasy |
| <input type="checkbox"/> Historical Non-Fiction | <input type="checkbox"/> Social Issues |
| <input type="checkbox"/> Humor | <input type="checkbox"/> Sports and Recreation |
| <input type="checkbox"/> Literature | <input type="checkbox"/> Westerns |
| <input type="checkbox"/> Travel | |
| <input type="checkbox"/> Minority Experience | |

Favorite Author(s): _____

AUTHORIZATION SIGNATURE

Authorization by facility director or library director is required in order for this application to be processed

As Director of this facility, I certify that this facility regularly provides service to individuals who are unable to read a regular print book because of a permanent or temporary visual or physical disability. I hereby request a Deposit Account with the New Jersey State Library Talking Book & Braille Center in order to provide these individuals with the opportunity to enjoy recorded materials.

Date of Request: _____

Signature: _____

Printed Name: _____

Position Title: _____

Mail completed application to:

**New Jersey State Library
Talking Book & Braille Center
Attention: Dianna La Raia
2300 Stuyvesant Avenue
Trenton NJ 08618**