

**APPLICATION: The Nashville Talking Library 615-862-5874**

*Please Print* Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Residence: House or Apartment \_\_\_\_ High Rise Name \_\_\_\_\_

Care Center Name \_\_\_\_\_

Phone: Home \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Female \_\_\_\_ Male \_\_\_\_

May we wish you a Happy Birthday on the air? Yes\_\_ No\_\_ We do not include ages.

**Security Disclaimer:** All information is confidential and will not be shared. The data we collect gives us demographic information about the entire audience using our services. We use this data to understand that audience and to improve our service.

**Do you have Internet access?** Yes\_\_ No\_\_

**May we contact you about the quality of this service?** Yes \_\_\_\_ No \_\_\_\_

**Where did you obtain your application?** \_\_\_\_\_

**Education:** Elementary \_\_\_\_ High School \_\_\_\_ College \_\_\_\_ Other \_\_\_\_

**Please provide contact information for one friend or relative:**

Name \_\_\_\_\_ Phone: Home \_\_\_\_\_

Mobile \_\_\_\_\_ Email: \_\_\_\_\_

**Qualifying Condition:** The Nashville Talking Library is available to people with a wide variety of vision and disability needs. These needs can make reading print difficult or impossible.

What is your qualifying need? Vision Loss \_\_\_\_ Trouble Reading \_\_\_\_ Physical Limitation \_\_\_\_

Recovery from Illness or Injury \_\_\_\_ Other \_\_\_\_\_

**Certification:** Your qualifying condition must be certified and the application signed by any of the following professionals. Please indicate the profession of the individual providing your certification.

Physician\_\_ Social Worker\_\_ Ophthalmologist or Optometrist\_\_ Physical or Occupational Therapist\_\_

**Certifying person's information:** *Please print*

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Office Phone: \_\_\_\_\_ Email \_\_\_\_\_

**I certify that this applicant has a condition that makes reading print difficult or impossible.**

**Signature** \_\_\_\_\_

**RETURN THIS FORM TO THE NASHVILLE TALKING LIBRARY**

Mail: Nashville Talking Library, 505 Heritage Drive, Madison, TN 37115

Fax: 615-862-5796

Scan: mary.adkins@nashville.gov

**For Office Use Only**

Application Received \_\_\_\_\_ Application Approved \_\_\_\_\_ Contacted \_\_\_\_\_

Receiver # \_\_\_\_\_ Date Mailed \_\_\_\_\_ Date \_\_\_\_\_