

IDEA|EXCHANGE®

APPLICATION FOR TALKING BOOK SERVICE

First Name: _____ Last Name: _____

Address:

Unit #: _____ Street #: _____ Street Name: _____

City: _____ Postal Code: _____

Telephone Number: _____ Date of Birth: _____

(DD/MM/YYYY)

Signature: _____

CNIB Registration Number: _____

*** If CNIB Registration Number is not applicable, please complete page 2**

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If no CNIB Registration Number is available:

Eligibility Criteria: The Talking Book Service is for persons unable to read print. The following persons are eligible for this service:

- Blind persons whose visual acuity as determined by competent authority, is 20/200 or less in the better eye correcting glasses, or whose widest diameter of visible field subtends an angular distance no greater than 20 degrees.
- Persons whose visual disability, with correction and regardless of optical measurement, is certified by competent authority as preventing the reading of standard print material
- Persons certified by competent authority as unable to read or unable to use standard printed material as a result of physical limitations.
- Persons certified by competent authority as having a reading disability resulting from organic dysfunction and of sufficient severity to prevent their reading printed material in a normal manner.

I certify that I, the applicant, am eligible to use the Talking Books Service as outlined in the eligibility criteria.

Date: _____ Signature: _____