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NEW PATRON AUTHORIZATION AND ELIGIBILITY FORM

PLEASE HAVE A DOCTOR, NURSE, THERAPIST, LIBRARIAN OR PROFESSIONAL STAFF OF A CHURCH, INSTITUTION OR SOCIAL WELFARE AGENCY CERTIFY YOUR ELIGIBILITY BELOW.

I certify that the applicant named is unable to read or use standard printed material due to:

- 1 ___ TOTALLY BLIND
- 2 ___ LEGALLY BLIND - persons whose visual acuity, as determined by a competent authority, is 20/200 or less in the better eye with correcting glasses, or whose widest diameter of visual field subtends an angular distance no greater than 20 degrees.
- 3 ___ VISUALLY IMPAIRED - persons who need aids other than regular glasses for reading standard printed materials.
- 4 ___ PHYSICALLY DISABLED - persons unable to turn pages or comfortably hold a book for extended periods of time.
- 5 ___ READING DISABLED - persons having a certifiable reading disability.

FEDERAL LAW REQUIRES CERTIFICATION BY A DOCTOR OF MEDICINE OR OSTEOPATHY.

Please Print your name: _____ Title/Occupation _____

Signature _____

Prospective Patron Name: _____

_____ (Street) _____ (City) _____ (State) _____ (Zip Code)

_____ (Phone Number) _____ (Date)

Please print this form and send it to 840 S. 192nd Street, Seattle WA 98184.

A non-profit, non-denominational library of **spiritually uplifting** • **inspiring** • **wholesome** books and devotionals loaned free of charge to persons with visual or other disabilities.