



# Conway County Library Books by Mail Certification

## TO BE COMPLETED BY CERTIFYING AUTHORITY

This **CERTIFICATE OF ELIGIBILITY** must be completed and signed by a competent authority **OTHER** than the applicant's immediate family. In cases of blindness, visual impairment or physical limitations, "competent authority" is defined to include doctors of medicine and osteopathy, optometrists, registered nurses, therapists, professional staff of hospitals, institutions and public welfare agencies.

**APPLICANT NAME:** \_\_\_\_\_

## DEFINITIONS OF PHYSICAL LIMITATIONS:

- VISUAL HANDICAP** Lacks visual acuity to read standard printed materials without special aids or devices other than regular glasses
- DEAF-BLIND** Severe auditory impairment in combination with legal blindness
- PHYSICAL HANDICAP** Unable to hold a book or turn pages as a result of physical limitations.
- READING DISABILITY** Organic dysfunction of sufficient severity to prevent reading printed materials in a normal manner. **IF THIS DISABILITY IS CHECKED, A MEDICAL (M.D.) OR OSTEOPATHIC (D.O.) DOCTOR MUST SIGN.**

I certify that the Applicant named has requested library service and is unable to read or use standard printed material for the reason(s) indicated above.

**Authority Name:** \_\_\_\_\_ **Authority Signature:** \_\_\_\_\_

**Title and Occupation:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State and Zip Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Date:** \_\_\_\_\_