



ACCESSIBLE SERVICES REGISTRATION FORM

If you have a disability or personal circumstance that prevents you from using a branch regularly, you may be eligible for the service, regardless of age. For example, if you have a visual disability, severe arthritis, a heart condition that prevents you from carrying items, or caregiver responsibilities, you can register for this service.

What is your reason for requesting delivery of library items? REQUIRED

Check all that apply:

I live in a nursing home or a residential care facility.

I have a medical condition, disability, or am recovering from a medical procedure or illness.

My primary caregiver duties make it difficult for me to get to the library.

I am unable to travel to my local library due to a mobility condition.

Name:

ADDRESS

Street Address:

Vancouver, B.C. Postal Code: **Buzzer #:**

Care Facility (if applicable):

CONTACT

Phone:

Email:

Contact me by: Phone Email

BIRTHDATE **Day:** **Month:** **Year:**

ACCESSIBLE SERVICES

Are you currently a Vancouver Public Library cardholder?

Yes **Card Number:**

No

Unsure

DESIGNATED CONTACT

Accessible Services patrons can designate a person to oversee their library account on the patron's behalf. A designated contact can be a family member, friend, or helping professional such as a personal support worker. A designated contact must agree to only access materials and account information on behalf of an Accessible Services patron and not for their own use.

Designated contact name:

Relationship to applicant:

DESIGNATED CONTACT INFORMATION

Phone: **Email:**

Do you authorize this person to access information about your account?

Yes

No

TYPE OF SERVICE NEEDED

Home Delivery: for homebound persons

Access to the Collection for Patrons with Print Disabilities

Branch pick-up: items are sent and returned through your local library branch

Closest Vancouver Public Library branch to you:

Walk-in: manage your own selection, pickup and returns

Canada Post delivery: items are sent and returned through Canada Post for free to patrons with perceptual disabilities. You must be able to receive mail and return mail to a post office.

Do you have a perceptual disability?

Yes

No

Unsure

Perceptual disability

“Perceptual disability” means a disability that prevents or inhibits a person from reading or hearing a literary, musical, dramatic or artistic work in its original format, and includes a disability resulting from:

- a. severe or total impairment of sight or hearing or the inability to focus or move one’s eyes,
- b. the inability to hold or manipulate a book, or
- c. an impairment relating to comprehension. An impairment is defined as any loss or abnormality of psychological, physiological, or anatomical structure or function

I certify that I am a person with a perceptual disability based on the above definition, found under Chapter C-42 of the Canadian Copyright Act. I understand that the library reserves the right to ask for verification from a competent authority* at any time.

Signature:

(Guardian or Designated Contact if registrant is unable to sign)

CNIB Client Number:

(if applicable)

*Competent authority is defined to include doctors of medicine, ophthalmologists, optometrists, registered nurses, registered therapists, professional staff of hospitals, institutions and public or welfare agencies (eg. Social workers, case workers, counsellors, home teachers and superintendents). In the case of reading disability from organic dysfunction, “competent authority” is defined as doctors of medicine who may consult with colleagues in associated disciplines

I would like to register for CELA (*Centre for Equitable Library Access*)

I would like to register for NNELS (*National Network for Equitable Library Service*)

EQUIPMENT FOR PATRONS WITH PERCEPTUAL DISABILITIES

Do you have a CD player?

Yes

No

If yes, can your CD player play MP3 discs?

Yes

No

Do you have a DAISY reader (Plectalk or Victor player)?

Yes

No

Unsure

If you do not have a CD player or DAISY player, Accessible Services has a limited number of easy-to-operate players that can be loaned out for a six-month loan period.

I would be interested in borrowing a DAISY player for a period of six months

SELECTION

Please share any titles of books or movies you have enjoyed so we can understand your preferences more. If not, Accessible Services staff can select based on your interests.

What formats would you like us to include in each order? How many?

.....Regular print books

.....CD audiobooks

.....Large print books

.....CD music

.....Magazines

.....DVDs

Preferred languages:

English

Italian

Punjabi

French

Japanese

Russian

Arabic

Korean

Spanish

Chinese

Persian/Farsi

Tagalog

German

Polish

Vietnamese

Hindi

Portuguese

Preferred fiction genres:

- | | | |
|----------------|-----------------|---------------|
| Adventure | Historical | Spy |
| Award Winners | Horror | Suspense |
| Bestsellers | Indigenous | Thriller |
| Canadian | LGBTQ2 | Short Stories |
| Classics | Mystery | Western |
| Christian | Poetry | Other |
| Family Stories | Romance | |
| Fantasy | Science Fiction | |

Preferred non-fiction subjects:

- | | | |
|---------------------|----------------------|----------------|
| Animals | Inspirational | Sports |
| Art | Pioneers | Travel |
| Biographies/Memoirs | Politics | True Adventure |
| Cooking | Religion | True Crime |
| Health, Body & Mind | Spirituality | War |
| History | Science | Other |
| Humour | Self-Help/Psychology | |

Favourite authors?

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Are there any materials you would prefer NOT to receive?

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OTHER NOTES

I give the Vancouver Public Library permission to keep a history of materials delivered to me in order to avoid duplication of deliveries.

Yes

I would like to receive emails from the Library about library programs, services and/or fundraising activities.

Yes

I give permission to authorize email contact from the Friends of the Vancouver Public Library.

I give permission to authorize email contact from the Vancouver Public Library Foundation.

I agree to be responsible for all materials borrowed on my Accessible Services account and for payment of any charges to my account, such as lost or damaged items.

Signature:

Designated Contact Name:

Designated Contact Signature:

Guardians or Power of Attorney must show proof of oversight for new registrants unable to sign.

VPL STAFF USE

Date:

Registered by (Initials):

at (Branch/Unit):

VPL Card # or 2 Types of ID:

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