



2021 *Virtual* Two-Day Regional Leadership Forum Application

This **two-day** virtual event will take place in the morning on the following dates:

Saturday, March 13th, 2021

and

Saturday, March, 20th, 2021

Applications have to be submitted or postmarked by February 15, 2021

Name: (First) (M.I.) (Last)
Gender: Birth Date Race (Optional) T-Shirt Size
Email Address
Mailing Address
City Zip County
Phone
Current Grade Expected Graduation Date
High School School Phone
Parent / Guardian Phone Parent Email

Please check the ones that apply:

How did you learn about the Forum?

☐ School ☐ Friend ☐ Internet/E-mail/Social Media ☐ Transition Event ☐ Other

I am a Vocational Rehabilitation (VR) or Rehabilitation Services for the Blind (RSB) Client

☐ Yes ☐ No ☐ Don't Know

I am a DMH Regional Office client. ☐ Yes ☐ No ☐ Don't Know

Have you participated at your local Center for Independent Living (CIL)?

☐ Yes ☐ No ☐ Don't Know

Please describe your disability

Primary Disability (medical diagnosis):

Onset of Disability (age):

Please check **all** that apply:

<p>Deaf / Hard of Hearing:</p> <p><input type="checkbox"/> I use sign language</p> <p><input type="checkbox"/> I use assistive listening devices</p> <p><input type="checkbox"/> I use real time captioning</p> <p><input type="checkbox"/> I use lip reading</p> <p><input type="checkbox"/> I need interpreter services</p> <p><input type="checkbox"/> I use note takers</p> <p>Blind / Visually Impaired:</p> <p><input type="checkbox"/> I read with Braille</p> <p><input type="checkbox"/> I read with large print</p> <p><input type="checkbox"/> I need assistance with mobility</p> <p><input type="checkbox"/> I prefer electronic format</p> <p>Mobility Disability (e.g. spinal cord injury, muscular dystrophy, other):</p> <p><input type="checkbox"/> I use a wheelchair / scooter</p> <p><input type="checkbox"/> I cannot walk upstairs</p> <p><input type="checkbox"/> I use a walker, cane, or crutches</p> <p><input type="checkbox"/> I cannot walk long distances</p> <p>Immune Disability:</p> <p><input type="checkbox"/> Crohn's Disease</p> <p><input type="checkbox"/> Rheumatoid Arthritis</p> <p><input type="checkbox"/> Sickle Cell Anemia</p> <p><input type="checkbox"/> Other</p>	<p><input type="checkbox"/> Autism</p> <p><input type="checkbox"/> Asperger's syndrome</p> <p><input type="checkbox"/> Traumatic Brain Injury</p> <p><input type="checkbox"/> Down Syndrome</p> <p><input type="checkbox"/> Intellectual Disability</p> <p><input type="checkbox"/> Mental Health Disability (e.g. anxiety, depression, bipolar/mood disorder, obsessive compulsive disorder, other)</p> <p><input type="checkbox"/> Neuro/Muscular Disability</p> <p><input type="checkbox"/> Learning Disability (e.g. dyslexia, dyscalculia, ADD/ADHD, other...)</p> <p><input type="checkbox"/> Reading <input type="checkbox"/> Math <input type="checkbox"/> Written</p> <p><input type="checkbox"/> Multiple Disabilities</p> <p><input type="checkbox"/> Chronic Illness (e.g. cancer, cystic fibrosis, diabetes, heart disease, other)</p> <p><input type="checkbox"/> Chemical / Environmental Sensitivity</p> <p><input type="checkbox"/> Other (describe)</p>
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Please list all accommodations needed to participate (interpreter, captioning, etc.)

If unable to submit online you may email, fax, or mail your documents to:

Governor's Council on Disability
Missouri Youth Leadership Forum

PO Box 1668

Jefferson City, MO 65102

rachel.rackers@oa.mo.gov

<http://disability.mo.gov>

Phone: 800-877-8249

Fax: 573-526-4109

