



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

301 West High Street, Room 620 PO Box 1668 Jefferson City, MO 65102
800-877-8249 email: gcd@oa.mo.gov <http://disability.mo.gov/gcd/ylf.htm>

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