

OKLAHOMA YOUTH LEADERSHIP FORUM (YLF)

**DELEGATE INFORMATION AND REQUEST FOR ACCOMMODATIONS**

**PART 1. GENERAL INFORMATION.**

Delegate's last name	First	Middle	Date of birth	Sex
Residence address	City	State	Zip	
Mailing address, if different from above	City	State	Zip	
Home phone and area code (    )	E-mail address	Social Security number		

**PART 2. REQUEST FOR SPECIAL NEEDS.**

Describe your disability or medical condition and how it may require special arrangements. Check all appropriate boxes and give details.

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Blind/visual impairment:</b>          | <input type="checkbox"/> <b>Deaf/hearing impairment:</b>                |
| <input type="checkbox"/> Use Braille                              | <input type="checkbox"/> Use sign language interpreter                  |
| <input type="checkbox"/> Use large print, font size needed: _____ | <input type="checkbox"/> Use other communication method, specify: _____ |
| <input type="checkbox"/> Other, specify: _____                    |   |

**Speech impairment.** Tell us how we can help to communicate with you.  
\_\_\_\_\_

**Learning disability.** Tell us what kind and how we can help you.  
\_\_\_\_\_

**Mobility limitation.** Tell us what kind.  
\_\_\_\_\_

- Can you easily walk up stairs to second floor lodging?     Yes     No
- Do you use a wheelchair?     Yes     No
- If so, what kind?     Manual     Motorized
- I need wheelchair accessible lodging.     Yes     No

**Special equipment, including service animals, needed that I will bring.** List all:  
\_\_\_\_\_

**Special equipment needed that I will not bring.** List all.  
\_\_\_\_\_

**Personal care attendant needed?**     Yes     No

If yes, complete the information below. Specify in detail any needs or services, such as feeding, dressing, or overnight assistance.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If your personal care attendant(s) plans to attend the YLF with you, list the attendant(s)' name(s):

\_\_\_\_\_

Immediate family members may not serve as personal care attendants.

Check the appropriate response, providing specific details so that we can ensure that your attendant will appropriately meet your individualized needs.

**Mental status:**

- Alert
- Confused

**Bathroom:**

- Use bathroom without assistance
- Use bathroom with assistance
- Use bedside commode
- Incontinent

**Personal hygiene,** check all that apply:

- Shower independently
- Shower with minimal assistance
- Shower with total assistance
- Bath with assistance
- Bed bath only
- Brush teeth independently
- Brush teeth with assistance
- Groom hair independently
- Groom hair with assistance
- Dress independently
- Dress with minimal assistance
- Dress with total assistance

**Mobility:**

- Propel wheelchair independently
- Propel wheelchair with assistance
- Use walker
- No assistance needed

**Eating meals,** check all that apply:

- Feeding tube
- Assistance getting to table
- Minimal assistance with eating
- Total assistance
- Independent
- Chopped diet
- Pureed diet
- Assistance with cutting up food
- Gluten-free diet
- Diabetic diet
- Other \_\_\_\_\_

**Allergies,** check all that apply:

- Grass
- Mold
- Pollen
- Weeds
- Trees
- Other: \_\_\_\_\_

What amount of time does it take for you to get ready in the morning? For example, 30 minutes or one hour.

What amount of time does it take for you to get ready to retire for the evening?

**PART III. MEDICAL INFORMATION.**

**Primary medical insurance:**

Insurance company	Policy number	Policy holder
Address	City	State Zip

**Secondary medical insurance:**

Insurance company	Policy number	Policy holder
Address	City	State Zip

**Personal physician:**

Name			Phone (    )
Address	City	State	Zip

**Prescription medication:** List all prescribed medications, regular and as needed. Attach additional sheets, if needed.

Name of medication	Strength or dosage	When or how often taken

**Non-prescription medication:** List all non-prescribed medications, regular and as needed.

Name of medication	Strength or dosage	When or how often taken

**Person to notify in case of an emergency:**

Name		Relationship
Address	City	State      Zip
Home phone (    )	Other phone (    )	

**PART IV. MISCELLANEOUS INFORMATION.**

If there is any additional information you feel the YLF should know, please specify:

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What is your T-shirt size?  XS  S  M  L  XL  XXL

Regarding your travel to University of Science and Arts of Oklahoma, please check one:

- I will drive myself.  
 My parent or guardian will drive me.  
 I will need assistance in making travel arrangements.

**PART V. SIGNATURES REQUIRED.**

I understand that each student delegate is responsible for any lost or loaned property used during the Oklahoma YLF and for damages to YLF facilities. We also understand that each student delegate is responsible for abiding by the rules and guidelines of the Oklahoma Developmental Disabilities Council (ODDC) and University of Science and Arts of Oklahoma.

I, as parent or guardian, authorize medical professionals of the Oklahoma YLF to act on my behalf in case of a medical emergency.

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Signature of parent or guardian

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Date

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(     )

Day phone

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(     )

Night phone