

## YOUTH LEADERSHIP FORUM FOR STUDENTS WITH DISABILITIES

### STUDENT INFORMATION FORM AND REQUEST FOR SPECIAL NEEDS

#### PART 1: GENERAL INFORMATION

Student \_\_\_\_\_

*Last Name*

*First Name*

*Middle Name*

Home Address \_\_\_\_\_

*No. and Street*

*City*

*Zip Code*

Home Telephone (\_\_\_\_\_) \_\_\_\_\_ Social Security Number: \_\_\_\_\_

*Area Code*

*Number*

Do you currently have a Department of Rehabilitation Counselor?  Yes  No  Not sure

If yes, please specify the following: Counselor's Name \_\_\_\_\_

Counselor's Telephone (\_\_\_\_\_) \_\_\_\_\_

*Area Code*

*Number*

#### PART II: REQUEST FOR SPECIAL NEEDS

Describe your disability or medical condition and how it may require special arrangements.

*Check all appropriate boxes and give details.*

**Blind/Visual Impairment**

Use Braille

Use LARGE PRINT (font size\_\_\_\_)

Other (specify)\_\_\_\_\_

**Deaf/Hearing Impairment**

Use sign language interpreter

Use other communication method

(please specify) \_\_\_\_\_

**Speech Impairment.** Please tell us what kind and how we can help to communicate with you:

**Learning Disability.** Please tell us what kind and how we can help you (such as with writing):

**Mobility Limitation.** Please tell us what kind: \_\_\_\_\_

Can you easily walk up stairs (to second floor lodging)?

Yes

No

Wheelchair user (circle one)

Manual

Motorized

Yes, I need wheelchair accessible lodging

**Special Equipment** needed on-site that I will not be bringing (please list): \_\_\_\_\_

**Special Equipment** needed that I will be bringing (please list all, including type of wheelchair):

**Personal Care Attendant** needed. (Specify in detail any needs or services, such as feeding, dressing, over-night assistance): \_\_\_\_\_

**NOTE: We will provide whatever appropriate assistance you request to accommodate your disability.**

**PART III: MEDICAL INFORMATION**

Medical Plan: \_\_\_\_\_  
*Name Address City*

Policy Holder \_\_\_\_\_ Policy Number \_\_\_\_\_

Family Physician \_\_\_\_\_ ( ) \_\_\_\_\_  
*Name Area Code Telephone*

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

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ ( ) \_\_\_\_\_  
*Address City Zip Code Area Code Telephone*

Are you currently under a doctor's care? If yes, please explain: \_\_\_\_\_

Are you currently taking any medications? If yes, what kind and what amount? \_\_\_\_\_

Please list any medication(s) you are allergic to \_\_\_\_\_

**PART IV: MISCELLANEOUS INFORMATION**

If there is any additional information you feel we should know, please specify: \_\_\_\_\_

**SIGNATURES REQUIRED BELOW:**

We understand that each student delegate is responsible for any loaned property used during this Forum and for damages to the Forum facilities. We also understand that each student delegate is responsible for abiding by the rules and guidelines of the Governor's Committee and the CSU, Sacramento Residential Life Program!

☆ I, as parent/guardian, authorize medical professionals of the California Governor's Committee Youth Leadership Forum to act in my behalf in case of a medical emergency.

\_\_\_\_\_  
*Signature of Parent/Guardian*

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

( ) \_\_\_\_\_  
*Area Code Day telephone*

( ) \_\_\_\_\_  
*Area Code Night telephone*

I understand that I must abide by the "**Rules and Guidelines for Student Delegates**" and that any serious violation of the rules may result in me being sent home at my parents'/guardians' expense.

\_\_\_\_\_  
*Signature of Student Delegate*

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