



**OKLAHOMA DEPARTMENT OF HUMAN SERVICES**

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 street address             |            |   | City   | State                  | Zip |
| Mailing street address, if different |            |   | City   | State                  | Zip |
| Area code                            | Home phone | E-mail address - own <input type="checkbox"/> parent <input type="checkbox"/> |        | 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.

**Blind/visual impairment:**

- Use Braille
- Use large print
- Other

Font size needed: \_\_\_\_\_

Specify: \_\_\_\_\_

**Deaf/hearing impairment:**

- Use sign language interpreter
- Use other communication method

Specify: \_\_\_\_\_

**Speech impairment:**

Tell us how we can help to communicate with you.

\_\_\_\_\_

**Cognitive or 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
- 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 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?

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**Part 3. Medical information.**

**Primary medical insurance:**

|                   |               |               |     |
|-------------------|---------------|---------------|-----|
| Insurance company | Policy number | Policy holder |     |
| Street address    | City          | State         | Zip |

**Secondary medical insurance:**

|                   |               |               |     |
|-------------------|---------------|---------------|-----|
| Insurance company | Policy number | Policy holder |     |
| Street address    | City          | State         | Zip |

**Personal physician:**

|                |      |           |       |
|----------------|------|-----------|-------|
| Name           |      | Area code | Phone |
| Street address | City | State     | Zip   |

**Prescription medication:** List all prescribed medications, regular and as needed. Attach additional sheets, if needed. Delegates are responsible for bringing sufficient quantities of medication to YLF.

| Name of medication | Strength or dosage | When or how often taken |
|--------------------|--------------------|-------------------------|
|                    |                    |                         |
|                    |                    |                         |
|                    |                    |                         |

**Non-prescription medication:** List all non-prescribed medications, regular and as needed. Please include information on pain-relievers that are acceptable and tolerated by the delegate and provide these for the delegate at check-in, in case they are needed.

If a delegate needs any other non-prescription medication during the YLF, we will call the emergency contact for verbal authorization.

| Name of medication | Strength or dosage | When or how often taken |
|--------------------|--------------------|-------------------------|
|                    |                    |                         |
|                    |                    |                         |
|                    |                    |                         |

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

|                |            |           |              |
|----------------|------------|-----------|--------------|
| Name           |            |           | Relationship |
| Street address |            | City      | State<br>Zip |
| Area code      | Home phone | Area code | Other phone  |

**Part 4. Miscellaneous information.**

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

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 5. 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.

|                                 |            |           |             |
|---------------------------------|------------|-----------|-------------|
| Signature of parent or guardian |            |           | Date        |
| Area code                       | Day phone  | Area code | Night phone |
| Area code                       | Cell phone |           |             |