Dear Families,

We are excited to bring the **Montana Youth Leadership Forum (MYLiFe) Mini** to the Browning area!

MYLiFe Mini will be held September 21–23, 2026, at Glacier Peaks Hotel in Browning. This 2½-day, two-night leadership experience is open to high school students with disabilities in the region, and **there is no cost for selected students to attend.**

At its core, MYLiFe is a structured leadership and independent living experience designed to build confidence, self-advocacy, and the real-world skills students need to thrive after high school. If your student is bringing this home with excitement, we encourage you to explore the opportunity together.

What Is MYLiFe?

For more than 25 years, the Montana Youth Leadership Forum has helped young people with disabilities build confidence, leadership skills, self-advocacy, and the tools they need to prepare for life after high school. MYLiFe brings young people with disabilities together to learn from one another, connect with successful adults with disabilities, discover resources, and recognize their own potential as leaders.

Traditionally, students from across Montana travel to our statewide residential Forum. **MYLiFe Mini brings that experience closer to home**, making it more accessible to students in rural communities who may face barriers to attending a longer program away from home.

MYLiFe Minis are offered in partnership with Montana Vocational Rehabilitation and Blind Services (VRBS) as a Pre-Employment Transition Services program. This partnership allows lodging, meals, program activities, accommodations, and other program costs to be provided at no cost to participating students and families.

What Happens at a MYLiFe Mini?

This isn't three days of sitting in a conference room listening to adults talk!

Students — who we call **delegates** — participate in interactive activities designed to build skills they can use in school, employment, and everyday life. Delegates will:

- Explore leadership, self-advocacy, disability history, and culture;
- Build communication, teamwork, problem-solving, and workplace-readiness skills;
- Learn about assistive technology and community resources;
- Connect with other young people with disabilities and adult mentors;
- Develop an individualized **Transition Empowerment Plan** based on their own goals for life after high school; and
- Practice independence in a supported environment while staying at the hotel, sharing meals, and participating in daily and evening activities.

And MYLiFe is supposed to be **fun!** The Mini includes team-building activities, Showcase Night, workshops, games, pool time, karaoke, improv, and plenty of opportunities to laugh, make friends, and connect with other young people.

Independence With Support

For some students, MYLiFe Mini may be their first overnight experience away from home. **Independence does not mean doing everything without help.** MYLiFe gives students opportunities to make choices, try new things, and build confidence while receiving the accommodations and individualized support they need.

Accessible lodging, disability-related accommodations, communication supports, and personal care assistance can be provided as needed. **Students who need additional support are absolutely welcome at MYLiFe.**

Empowered to Empower Others

More than 80% of our Forum staff are MYLiFe alumni who return as volunteers to **mentor delegates**. These are successful adults with disabilities who take time away from their jobs, studies, families, and everyday lives to volunteer with MYLiFe. They return not only out of gratitude for the difference MYLiFe made in their own lives, but because of the enduring MYLiFe community and their commitment to making sure the next generation of young people with disabilities finds that same connection, belonging, and possibility. **They once sat in the delegate chairs themselves; now they return to empower the young people sitting there today.**

MYLiFe Continues Beyond the Mini

After the Mini, delegates become part of the statewide MYLiFe alumni community. They receive **one year of mentoring and transition support**, are invited to monthly alumni Zoom gatherings and other activities, and have opportunities to stay involved with MYLiFe.

This is more than a three-day conference — it is the start of a lasting network of mentorship, leadership development, and community.

Ready to Apply?

Please complete the enclosed application and return it as soon as possible. **Applications will be accepted through September 16, 2026, or until available delegate spaces are filled.**

We know that families may have questions about overnight stays, transportation, medications, accommodations, meals, supervision, accessibility, or whether MYLiFe is the right fit for their student. **Please ask!** We would much rather talk through a concern or figure out an accommodation than have a student miss an opportunity that could work for them.

We Welcome Your Questions

As the Program Director — and as a parent of a child with a disability myself — I understand the questions and considerations that come with opportunities like this. I have been part of MYLiFe since 2006 and have had the privilege of watching young people arrive unsure of what to expect and leave with new friends, greater confidence, and a stronger understanding of what they are capable of. Please contact me anytime with questions or if I can help with the application process.

We would be honored to welcome your student to MYLiFe Mini.

Jennifer Hermanson
Program Director, Montana Youth Leadership Forum
JKHermanson@ncils.org
(406) 442-2576
MYLiFe is What? Dynamite!

MYLiFe IS COMING TO YOUR COMMUNITY!
The Montana Youth Leadership Forum (MYLiFe) is bringing a Mini Forum to Browning!

MYLiFe Mini brings the Montana Youth Leadership Forum experience closer to home, giving students with disabilities an opportunity to build leadership and self-advocacy skills, connect with peers, and prepare for life after high school.

Monday, September 21 through Wednesday, September 23, 2026
Glacier Peaks Hotel - Browning, MT

- Open to eligible students with disabilities in grades 9–12.
- There is no cost to selected delegates- *lodging, meals, program materials, and travel expenses are provided.*
- All sections of this application must be completed. Applicants are encouraged to use accommodations or ask for assistance as needed.
- **Space is limited.** Applications will be reviewed as they are received.

1. Last Name **First** **Middle**

2. Address **City, State** **Zip**

3. Your Email Address

4. Your Phone Number

5. Name of High School

6. Current Grade Level

7. Expected Graduation Date

8. Birth date (MM/DD/YYYY)

9. Biological Sex (required for overnight rooming)

10. Preferred Pronouns

11. T-Shirt Size (Adult Unisex)

12. Preferred Nickname (if any)

13. Please describe your disability. This information assists us in ensuring that we include delegates with a diversity of disabilities and are ready to provide appropriate accommodations.

Disability (medical diagnosis) _____

_____

Onset of disability: _____

Check all that apply:

Deaf _____
Hard of Hearing _____
I use sign language _____
I use real time captioning _____
I use lip reading _____

Developmental Disability _____
Describe _____
_____
Autism _____
Traumatic Brain Injury _____

Blind _____
Visual Impairment _____
I read with Braille _____
I read with large print _____

Mental Health Disability _____

Neuromuscular Disability _____

Orthopedic Disability_____
I use a wheelchair _____
I cannot walk upstairs _____
I cannot walk long distances _____

Learning Disability _____

Multiple Disabilities _____

Other disabilities: _____

Other needed accommodations (including any need for personal care attendant services):

_____

_____

_____

14. Information on Vocational Rehabilitation
If you are currently a client of Vocational Rehabilitation, please tell us your Counselor's Name _____

15. School and Community Involvement

Below, please briefly list your involvement with your school and community. This may include any offices held, club memberships, after school activities or work experience.

Activity	Adult Contact	Dates Involved

16. Letter of recommendation

Please ask an adult to submit a letter of recommendation describing your demonstrated leadership skills or leadership potential. OR, instead of a traditional recommendation letter, a school or community professional may complete the enclosed Educator Endorsement Form.

Please list the name and contact information of the person providing your recommendation or endorsement.

Name:_____ Title:_____

Organization: _____ Phone/Email:_____

17. Personal Statement

Your responses help us learn more about you, your experiences, and what you hope to gain from participating in MYLiFe. Please respond to each of the four topics below on a separate sheet of paper. Written responses should not exceed two (2) double-spaced pages total. Verbal or video responses are also welcome.

A. **You & MYLiFe –** Tell us what makes you a great candidate for MYLiFe. What strengths, qualities, experiences, or talents would you bring to the group, and what do you hope to gain from attending?

B. **Positive Influences** – Tell us about one or two people who inspire you. How have they influenced your life? Why is your life better because you have known or admired them? *(Family members, teachers, counselors, friends, public officials, or celebrities are possible examples.)*

C. **Experiences as a person with a disability** – Tell us about one or two experiences that have been important to you as a person with a disability. How did these experiences affect you, and what did you learn from them?

D. **Future Plans** – Tell us about your goals or plans for life after high school.

MONTANA YOUTH LEADERSHIP FORUM (MYLIFE)

EDUCATOR ENDORSEMENT FORM

To help simplify the application process, MYLiFe may accept this endorsement form in place of one traditional recommendation letter.
This form should be completed by a teacher, counselor, case manager, administrator, paraprofessional, transition coordinator, or other school professional familiar with the student.

Student Information:

Student name: _____

School: _____ Grade: _____

Educator Information:

Educator name: _____

School/Organization: _____

Position/Role: _____

Phone: _____ Email:_____

Endorsement:

Please check all statements that apply:

□ I recommend this student for participation in MYLiFe.

□ I believe this student would benefit from leadership and self-advocacy development opportunities.

□ I believe this student would benefit from increased confidence, independence, and connection.

□ I believe this student can successfully participate in a structured, supportive multiday program with appropriate accommodations and supports.

□ I believe this student shows leadership potential.

Optional Comments:

Please share anything else you would like the MYLiFe staff to know about this student:

_____

_____

_____

_____ _____

Signature Date

Request Form for Pre-Employment Transition Services
Montana Vocational Rehabilitation and Blind Services

Student Name _____ Date of Birth: _____

Address_____ Phone number: _____

Social Security Number: _____ School ID Number: _____

Student's Race: ☐American Indian ☐ Asian ☐ Black ☐ Native Hawaiian ☐ White

Student's Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Student's Disability Status: ☐ 504 Accommodation ☐ IEP ☐ Has a Disability (No 504 or IEP)

Primary Disability: _____

School Name: _____ School Contact _____:

Student's Grade Level: _____ Expected Graduation Date: _____

Pre-Employment Transition Services Requested: (See Definitions and Check all that apply)

☒ Job Exploration Counseling

☒ Work Based Learning

☒ Counseling on comprehensive transition or postsecondary educational programs

☒ Workplace readiness training

☒ Instruction in self-advocacy

By signing this form, I am requesting Pre-Employment Transition Services. I understand that if I wish to apply for vocational rehabilitation services, I may do so at any time. For the specific purpose of participation in Pre-Employment Transition Services, I grant permission for Vocational Rehabilitation and Blind Services (VRBS) to exchange information with my school and service providers. I understand that VRBS requests my Social Security Number for federal reporting purposes. All information will be kept in the strictest confidence and used solely for program purposes. Information that I have provided is to the best of my knowledge true, correct and complete.

_____ _____
Signature of Student Date

_____ _____
Signature of Student's Parent or Legal Guardian (if student is under 18) Date

Request Form for Pre-Employment Transition Services
Montana Vocational Rehabilitation and Blind Services

Student with a Disability Verification

Definition:
A student with a disability is an individual with a disability in a secondary, postsecondary, or other recognized education program who is not younger than 14 and not older than 21. The student is eligible for, and receiving, special education or related services under Part B of the Individuals with Disabilities Education Act (20 U.S.C. 1411 et seq.); or is an individual with a disability, for purposes of section 504; or is an individual with a disability who is not receiving a 504 accommodation or services under an Individualized Education Program(IEP).

If this request form is being completed by school personnel, please verify the following:

By signing this form, I verify that this individual meets the definition of a student with a disability and there is available documentation supporting that the student is:

☐ A student with a disability for the purposes of section 504; or

☐ A student with a disability and is receiving transition services under an Individualized Education Program (IEP); or

☐ A student with a documented disability who is not receiving a 504 accommodation or services under an Individualized Education Program (IEP).

School Personnel Name: _____
(Printed)

_____ Date: _____
(Signature)

If this request form is being completed by non-school personnel, one of the following supporting documents must be included with the submitted request form:
Copy of Individualized Education Program (IEP) or 504 Accommodation
School records/statement from school personnel
Proof of receipt of SSI/SSDI benefits based on individual's own disability
Medical or psychological documentation signed by a licensed professional

VRBS Office Use Only:
☐ Required verification has been reviewed and individual is confirmed to be a student with a disability

☐ The student has reviewed information about the available Pre-ETS and requested specific services.

☐ VRBS is in agreement that the requested Pre-Employment Transition Services are appropriate and necessary for the student to prepare for life after high school.

VRBS Staff Name: _____/_____ Date: _____
(Printed) (Signature)

MYLiFe Medical Information

Student First Name **Middle Name** **Last Name**

Parent/Guardian or other Person to be contacted in case of injury or illness

Name:_____

Relationship to Delegate: _____ E-Mail: _____

Phone Number: _____ ___ Secondary Phone Number: _____

Second emergency contact

Name: _____

Relationship to Delegate: _____ E-Mail: _____

Phone Number: _____ Secondary Phone Number: _____

Allergies

____ No known allergies ____ Delegate is allergic to
_____Food
_____Medicine
_____Environmental factors

*If the delegate has allergies please explain: _____

Diet / Nutrition

_____ Delegate eats a regular diet _____ Delegate eats a regular vegetarian diet

_____ Delegate eats a gluten free diet _____ Delegate has special food needs – please explain below:

_____

Health-Related Restrictions or Accommodations

◯ The delegate has no health-related restrictions or accommodations.

◯ The delegate has the following health-related restrictions or accommodations. Please explain below:

_____

_____

Medication:

_____ Delegate will not take any daily medications while attending.

_____ Delegate will take the following daily medication(s):

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies.

Name of medication _____

Date started: _____ Reason for taking it: _____

When it is given: _____ How often: _____

Amount or dose given _____ How it is given: _____

Assistance Needed: _____

Name of medication _____

Date started: _____ Reason for taking it: _____

When it is given: _____ How often: _____

Amount or dose given _____ How it is given: _____

Assistance Needed: _____

Name of medication _____

Date started: _____ Reason for taking it: _____

When it is given: _____ How often: _____

Amount or dose given _____ How it is given: _____

Assistance Needed: _____

Name of medication _____

Date started: _____ Reason for taking it: _____

When it is given: _____ How often: _____

Amount or dose given _____ How it is given: _____

Assistance Needed: _____

- *Please use additional paper if needed to list all medications accurately*
- *A Personal Care Attendant (PCA) will be available to provide medication assistance, such as opening medication containers, assisting with pill splitting, or helping delegates follow medication instructions. The PCA cannot administer injectable medications.*
- *MYLiFe staff cannot administer medications but will provide medication reminders as needed.*

The following non-prescription medications are stocked in the MYLiFe medical kit and used on an as-needed basis to manage illness and injury.

- Acetaminophen (Tylenol)
- Ibuprofen (Advil, Motrin)
- Generic cough drops
- Antibiotic cream
- Calamine lotion / Aloe
- Laxatives for constipation (Ex-Lax)
- Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol)

Please indicate in the below box those items the delegate <u>SHOULD NOT</u> be given.

General Health History: ***Check "Yes" or "No" for each statement. Explain "Yes" answers***

Has/does the delegate:

1. Ever been hospitalized?	☐ Yes	☐ No
2. Had fainting or dizziness?	☐ Yes	☐ No
3. Ever had surgery?	☐ Yes	☐ No
4. Passed out/had chest pain during exercise?	☐ Yes	☐ No
5. Have recurrent/chronic illnesses?	☐ Yes	☐ No
6. Had a serious or extended illness in the past year?	☐ Yes	☐ No
7. Had a recent infectious disease?	☐ Yes	☐ No
8. Need any accommodations related to menstruation?	☐ Yes	☐ No
9. Had a recent injury?	☐ Yes	☐ No
10. Have problems with falling asleep/sleepwalking?	☐ Yes	☐ No
11. Had asthma/wheezing/shortness of breath?	☐ Yes	☐ No
12. Ever had back/joint problems?	☐ Yes	☐ No
13. Have a history of or current issues with incontinence?	☐ Yes	☐ No
14. Had seizures?	☐ Yes	☐ No
15. Have problems with diarrhea/constipation?	☐ Yes	☐ No
16. Suffer from migraines?	☐ Yes	☐ No
17. Have any skin or dermatological issues?	☐ Yes	☐ No
18. Wear glasses, contacts, or protective eyewear?	☐ Yes	☐ No
19. Have a history of an eating disorder?	☐ Yes	☐ No
20. Have a history of self-harm or suicidal ideation?	☐ Yes	☐ No
21. Had a significant life event that continues to affect daily life? *(Examples may include abuse or trauma, death of a loved one, family changes, foster care, legal or justice-system involvement, surviving a disaster, etc.)*	☐ Yes	☐ No

Please explain "Yes" answers in the space below, noting the question number. Include any current concerns, accommodations, support strategies, or other information MYLiFe should be aware of.

_____

_____

_____

_____

Health Care Providers

Name of Delegate's primary doctor(s): _____

Address: _____

Phone: _____

Name of dentist(s): _____

Address: _____

Phone: _____

Authorization for Health Care:
This health history is correct to the best of my knowledge and accurately reflects the health status of the delegate to whom it pertains. I give permission to the physician selected by MYLiFe to order X-rays, routine tests, and treatment as medically necessary for my/my child's care. If I cannot be reached in an emergency or if I am incapacitated, I give permission to the physician to hospitalize, secure proper treatment for, and order the administration of medication, anesthesia, or surgery for me/my child. I understand that information on this form will be shared with MYLiFe staff on a "need-to-know" basis. I give permission to photocopy this form if needed. If medical care is needed during MYLiFe, I give permission for MYLiFe to obtain relevant health information from providers treating me/my child and for those providers to communicate with MYLiFe staff as needed during the course of care. I further agree to be responsible for all costs incurred for medical treatment.

Delegate Signature: _____

Parent/Legal Guardian Signature *(if applicable):* _____

Relationship to Delegate: _____ Date: _____

Medical Insurance Information:
This delegate is covered by family medical/hospital insurance ☐ Yes ☐ No

Insurance Company_____

Subscriber_____

Policy Number/Subscriber ID: _____

Group number (if applicable): _____

Insurance Company Phone Number (_____) _____

PHOTO & VIDEO RELEASE

Delegate Name: _____

I give permission for photographs and/or video footage of the above-named delegate taken during MYLiFe activities to be used by the Montana Youth Leadership Forum (MYLiFe) for program, educational, and promotional purposes. This may include program materials, brochures, posters, presentations, promotional videos, the MYLiFe website, social media, and other MYLiFe communications.

I release and hold the Montana Youth Leadership Forum harmless from liability arising from the authorized use of these photographs and/or videos. I understand that I waive any proprietary interest in the photographs and/or videos and any benefits resulting from their use by the Montana Youth Leadership Forum.

I acknowledge by signing this release that I understand its meaning and intent and certify that I have the authority to grant the permissions and releases described above.

If there are specific safety or privacy concerns regarding photographs or video of the delegate, please contact MYLiFe staff to discuss appropriate restrictions.

_____ _____

Delegate Signature Date

_____ _____

Parent/Legal Guardian Signature *(if applicable)* Date

Please use the checklist below to make certain your application packet is complete. All questions must be answered and requested letters and information provided.

- ☐ Complete Application form (*pages 1-3*)
- ☐ Complete Letter of recommendation or Educator Endorsement Form
- ☐ Personal statement responding to four topics (*listed on page 3*)
- ☐ Request Form for Pre-Employment Transition Services (*page 5*)
- ☐ Disability Verification form (*page 6*)
- ☐ Medical Information Packet (*pages 7-10)*
- ☐ Photo release *(page 11)*
- ☐ Sign this page! (*page 12*)

_____ _____

Delegate Signature Date

_____ _____

Parent/Legal Guardian Signature *(if applicable)* Date

APPLICATION DEADLINE:

Applications will be accepted through September 16, 2026, or until available delegate spaces are filled. Early submission is encouraged.

SUBMIT YOUR COMPLETED APPLICATION

Email signed electronic applications to:
JKHermanson@ncils.org

Mail completed applications to:
Montana Youth Leadership Forum
1617 Euclid Ave., Suite 1
Helena, MT 59601

Fax completed applications to:
406-443-3796

Questions?

Contact Jen with MYLiFe at 406-442-2576 or JKHermanson@NCILS.org