MYLiFe Step II Application

June 21st through June 25th, 2027 at Comfort Inn & Suites in Helena, MT

MYLiFe Step 2 offers specialized workplace readiness training as well as work-based learning. Job Shadowing enables students to spend time visiting a workplace that matches their interests. This is an opportunity to underscore the connection between school and work, evaluate personal goals, target career skills for improvement, and explore career options.

Mail Completed Applications to:

Montana Youth Leadership Forum
1617 Euclid Ave. Suite 1
Helena, MT 59601
or applications may be faxed to 406-443-3796.
Signed electronic applications will also be accepted to
JKHermanson@ncils.org

Applications are due in the MYLF office by April 23, 2027

GENERAL INFORMATION

Name: _____

Nickname: _____

Date of Birth: _____

Address: _____

City, State, Zip: _____

Phone number: _____

Email address: _____

MYLiFe year attended (Summer, mini): _____

Shirt size (adult unisex sizing) _____

REASONABLE ACCOMMODATION REQUESTS

I need the following accommodations: _____

_____

_____

Allergies and Dietary restrictions: _____

_____

GOALS, INTERESTS, AND HOBBIES

1. What are your long-term career goals? What kind of work do you hope to be doing in the future? (if undecided about future careers, write down the top 2 or 3 jobs or career areas that interest you the most.)

2. What are you most interested in? What are your hobbies?

3. What kind of work experiences have you had?

4. Describe job-related skills that you have or hope to gain in the future?

5. What are occupations or industries that interest you? (you may have more than one.):

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)