



Dear Parents,

Thank you for referring your child to the Center for Autism and Related Disabilities (CARD). CARD is a state funded agency whose purpose is to serve individuals with Autism Spectrum Disorder (ASD) or Related Disabilities, their families, schools, and community. Please review the materials in your packet as they provide more information on ASD, Related Disabilities, and CARD services. The referral process is as follows:

1. Complete the enclosed forms.
2. Complete the permission to observe and/or exchange information form including all agencies or individuals with whom we can exchange information about your child. Include your signature and the date.
3. To comply with the legislative rule under which we function, documentation of a diagnosis of ASD or Related Disabilities must be submitted for individuals 6 years of age or older. Examples of appropriate documentation include: diagnostic evaluation reports, school evaluations or IEP indicating exceptionality of Autism/ASD.
4. FSU-CARD does not require a diagnosis of ASD for children who are under 6 years of age. Eligibility for these children is determined through a screening process that may include use of questionnaires, interviews, and/or direct observation. Children determined eligible through the screening process will be required to obtain a formal diagnosis of ASD by age 6 in order to remain a CARD client.
5. Return all information in the enclosed envelope.
6. Once your referral is received and eligibility is established, a CARD consultant will contact you to discuss our services as they relate to you and your need.

FSU CARD has offices in Tallahassee, Panama City and Pensacola. For more information, please call the office closest to you. Contact information is listed below:

Tallahassee (850) 644-4367 or (800) 769-7926

Panama City (850) 215-4330 or (866) 863-0138

Pensacola (850) 416-4495

We look forward to meeting you and your child.

A handwritten signature in cursive script that reads "Catherine Zenko".

Catherine Zenko, M.S., CCC-SLP  
Director, FSU CARD

## **CARD Can...**

- ❖ Provide short term consultation to individuals and families to help with specific, autism-related issues at home, in the community, at work, etc., upon request.
- ❖ Help develop and create **visual supports** (schedules, social narratives, etc.) for registered CARD clients. Please contact the CARD Office closest to you to schedule a visit.
- ❖ Provide technical assistance to schools, agencies, employers and providers in a variety of areas including: instructional strategies, behavior management, communication, social skills, etc.
- ❖ Work with local businesses to expand their customer base and provide opportunities to employ individuals with autism.
- ❖ Provide training for families, teachers, caregivers, clients, other related providers, community organizations and employers on a variety of topics. [Click here](#) to request a specific training or contact the CARD Office closest to you.
- ❖ Provide a free **library** with books on autism, communication, behavior, educational issues and more. You may check out as many as **two** books for 30 days at a time.
- ❖ Provide an **electronic newsletter** listing upcoming **events** and **trainings** in your area. If you would like to be added to our e-mail list, [click here](#) or send an e-mail to [autism@med.fsu.edu](mailto:autism@med.fsu.edu).
- ❖ Offer a website that describes **upcoming trainings, conferences** and **provides current resources and information**. View our site at [www.fsucard.com](http://www.fsucard.com) and look for us on FACEBOOK (FSUCARD) and TWITTER (AutismFSU).

**While CARD is able to provide a variety of supports to clients and families, CARD does NOT provide evaluations, diagnoses, therapies, or respite care.**

*For more information about **What CARD Can Do** for you, contact the office closet to you or visit our website.*

**Tallahassee**  
**(850)644-4367**  
Toll Free (800)769-7926

**Panama City**  
**(850)215-4330**  
Toll Free (800)863-0138

**Pensacola**  
**(850)416-4495**

**All CARD services are FREE of charge!**



# **AUTISM INSTITUTE**

**The Florida State University College of Medicine**



FSU Center for Autism and Related Disabilities
Child Referral/Intake



All of CARD services are FREE of charge.

Please fill out this referral packet as completely as possible, print, sign, and mail to CARD. You will be contacted by CARD staff when your referral packet has been received in our office.

Please type directly into this form, or print and complete in ink.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male/Female: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Parent(s)/Guardian: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

May we leave a voice message? \_\_\_\_\_ If so, which number(s): \_\_\_\_\_

Parent (if different): \_\_\_\_\_

E-mail: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone: (H): \_\_\_\_\_ (W): \_\_\_\_\_ Cell: \_\_\_\_\_

May we leave a voice message? \_\_\_\_\_ If so, which number(s)? \_\_\_\_\_

Diagnosis: \_\_\_\_\_

By Whom: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*PLEASE SEND COPY OF DIAGNOSTIC EVALUATION/DIAGNOSIS\*\*\*

FSU Center for Autism and Related Disabilities
2312 Killlearn Center Blvd, Bldg A, Tallahassee, Florida 32309

(800) 769-7926 / (850) 644-4367
(850) 644-3644 – Facsimile

FSU Panama City Center for Autism and Related Disabilities
2611-A West 23rd Street, Panama City, FL 32405

(866) 863-0138 / (850) 215-4330
(850) 215-4337 – Facsimile

FSU Pensacola Center for Autism and Related Disabilities
5190 Bayou Blvd. Seton Medical Office Park Bldg. 2
Pensacola, FL 32503

(850) 416-4495
(850) 416-7776 – Facsimile



FSU Center for Autism and Related Disabilities  
Child Referral/Intake



Other Health Concerns: \_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_

School Name: \_\_\_\_\_ Teacher/School Contact: \_\_\_\_\_

Type of Class: \_\_\_\_\_ Grade: \_\_\_\_\_

School Therapy Services: \_\_\_\_\_  
\_\_\_\_\_

Other Therapy Services/Agencies: \_\_\_\_\_  
\_\_\_\_\_

What are your primary concerns? \_\_\_\_\_  
\_\_\_\_\_

Were you referred to CARD? If so, by whom?

\_\_\_\_\_

Name/Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

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# FSU Center for Autism & Related Disabilities



## Mental Health Screening

### Mental Health Screening

1. Has your child intentionally hurt himself/herself or others? Please describe.

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2. Has your child ever talked about hurting himself/herself or others?

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3. Does your child have a mental health diagnosis other than Autism? Please describe.

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4. Has your child received psychiatric treatment or been hospitalized due to mental health issues? When? Please describe.

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5. Is your child currently receiving counseling? Where?

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FSU Center for Autism & Related Disabilities
Permission to Observe & Exchange Information



I hereby authorize & request the Florida State University Center for Autism and Related Disabilities permission to observe CARD client, \_\_\_\_\_

I hereby authorize & request the Florida State University Center for Autism and Related Disabilities permission to exchange information about the CARD client listed above with the school, agencies, and individuals listed below. I also grant the agencies listed below permission to exchange information and release educational, medical, psychological, psychiatric, or other records to the Florida State University Center for Autism and Related Disabilities.

Please list below individuals and agencies with whom CARD may exchange information:

School(s)/County School Systems:

Two horizontal lines for listing school or county school systems.

Doctor(s):

Two horizontal lines for listing doctor(s).

Other agencies/therapists/specialists:

Two horizontal lines for listing other agencies/therapists/specialists.

Other family members:

Two horizontal lines for listing other family members.

Was your child ever a client of the FIRST Words Project? YES NO
Do you give consent to share information? YES NO

(Signature of Legal Guardian or Adult Client if 18 or older)
I understand that I may revoke this authorization at any time.

(Date)

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