



Florida State University Center for Autism & Related Disabilities Information Update



Please fill out this information update as completely as possible, print, sign, and return via email, fax, or mail to CARD.

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

Client Name: _____

* Race: American Indian/Alaskan Native Asian Native Hawaiian or Other Pacific Islander
 Black or African American White More than one race I prefer not to answer

* Ethnicity: Hispanic or Latino Not Hispanic or Latino I prefer not to answer

Current Address: _____

Phone: (H) _____ (W) _____

(C) _____ Email: _____

May we leave a voice message? () Yes () No

If so, which number(s) () Home () Work () Cell

Client's School (if applicable): _____

Teacher(s): _____ Grade: _____

Client's Employment (if applicable): _____

**We've updated our database to current NIH (National Institutes of Health) standards. We are asking all clients to provide this new information.*

FSU Center for Autism and Related Disabilities
2312 Killearn 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, Florida 32405

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

FSU Pensacola Center for Autism and Related Disabilities
5154 Bayou Blvd., Pensacola, Florida 32503

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



**Florida State University Center for Autism
& Related Disabilities
Information Update Continued**



What are your primary concerns? Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Communication | <input type="checkbox"/> Seeking a diagnosis |
| <input type="checkbox"/> Challenging behavior(s) | <input type="checkbox"/> Social skills/Interaction |
| <input type="checkbox"/> Education/School/Academic related | <input type="checkbox"/> Understanding autism spectrum disorder |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Housing | _____ |
| <input type="checkbox"/> Potty training | _____ |

Where can we assist you? Check all that apply.

- | | |
|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Home | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> School | _____ |
| <input type="checkbox"/> Community | |
| <input type="checkbox"/> Work | |

*What is your Annual Household Income? (Optional) _____

Does your family receive help from any of the following programs or services? Check all that apply.

- Agency for Persons with Disabilities (APD)
- Child Care Assistance
- Disability Benefits like SSI (Supplementary Security Income)
- Early Intervention for your Infant or Toddler
- Food stamps (SNAP)
- Group Home/Intermediate Care Facility (ICF)/Institutional Care
- Head Start or Early Head Start
- Housing Assistance
- Medicaid
- Phone or Fuel Assistance
- TANF (Temporary Assistance for Needy Families)
- Unemployment
- Visiting Nurse or other Home Visiting like Healthy Families
- WIC (Women, Infants, & Children Nutrition Program)
- Other: _____

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Florida State University 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 information.

Doctor(s):

Two horizontal lines for listing doctor information.

Other agencies/therapists/specialists:

Two horizontal lines for listing other agencies or 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)

(Date)

I understand that I may revoke this authorization at any time.

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