



Hello,

Thank you for your referral 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 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. Also include your signature and the current date.
3. If you are the legal guardian of the person 18 years of age or older, we require your signature on the permission to observe and/or exchange information form in order to exchange information with you or others. A copy of your guardianship documentation must be included with the referral.
4. To comply with the legislative rule under which we function, documentation of a diagnosis of ASD or Related Disabilities must be submitted. Examples of appropriate documentation include: diagnostic evaluation reports from a neurologist, physician, psychiatrist, psychologist, or social worker. Documentation may also include school evaluations or IEP indicating exceptionality of Autism/ASD.
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 needs.

FSU CARD has offices in Tallahassee, Panama City and Pensacola. For more information or questions related to Autism Spectrum Disorder, CARD services, CARD eligibility, or the referral process, 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 (866) 863-0138

We look forward to meeting you.

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

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



FSU Center for Autism and Related Disabilities
Referral/Intake (Adult with Guardianship)



All of CARD services are FREE of charge.

Please fill out this referral packet as completely as possible, print, sign, and return via email, fax, or 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: _____

Gender: Male Female Transgender Do not identify as male, female, or transgender

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

Mailing Address: _____

City, State, Zip: _____

County: _____ Email: _____

Phone: (H) _____ (W) _____ (C) _____

Parent(s)/Guardian: _____

*** PLEASE INCLUDE GUARDIANSHIP DOCUMENTATION ***

Mailing Address (if different): _____

City, State, Zip: _____

County: _____ Email: _____

Phone: (H) _____ (W) _____ (C) _____

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

Diagnosis: _____

By Whom: _____ Date: _____

PLEASE SEND COPY OF EVALUATION REPORT DOCUMENTING DIAGNOSIS



FSU Center for Autism and Related Disabilities
Referral/Intake (Adult with Guardianship) (continued)



Other Health Concerns: _____

Medications: _____ Insurance: _____

Name of School (if applicable): _____

Place of Employment (if applicable): _____

Contact Name: _____ Phone: _____

Mailing Address: _____

City, State Zip: _____

Other Agencies/Service Providers: _____

What are your primary concerns? Check all that apply.

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

Where can we assist you? Check all that apply:

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

What is your Annual Household Income? (Optional) _____

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
 4900 Bayou Blvd., Ste. 200, Pensacola, Florida 32503

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



FSU Center for Autism and Related Disabilities
Crisis Screening



1. Is the referred individual in danger of injuring him or herself or others?

2. Has the referred individual injured him or herself or others? In what manner? Is her or she likely to continue?

3. Has property been damaged or destroyed and is it likely to continue?

4. Has or will this person's behavior interfere with their ability to remain and participate in their classroom/home/community?

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

Name/Title: _____

Agency: _____

Mailing Address: _____

City, State: _____ Zip: _____

Phone: _____

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FSU Center for Autism and Related Disabilities Profile



1. How does the referred individual communicate? (Check all that apply.)

- Vocalizations Sign Language/Gestures Single Words
- Pictures Two or three word phrases Communication Device
- Sentences Other _____

2. How does her or she let you know:

Wants/Needs? _____

When he or she needs help? _____

When he or she doesn't like something? _____

3. How do you provide information to him or her? (Check all that apply.)

- Objects Pictures Gestures Verbal
- Visual Schedules Social Stories Other _____

4. List some things he or she does well: _____

5. List some things that help him or her stay calm: _____

6. What are some of his or her favorite things, toys or characters? What are his or her interests?

7. List things or events that he or she doesn't like or finds difficult:

8. What are your concerns about him or her at this time?

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FSU Center for Autism and Related Disabilities Mental Health Screening



1. Has this individual intentionally hurt himself/herself or others? Please describe.

2. Has this individual ever talked about hurting himself/herself or others?

3. Does this individual have a mental health diagnosis other than Autism? Please describe.

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

5. Is this individual currently receiving counseling? Where?

6. Has this individual been charged or convicted of a sexual or violent offense? Please describe.

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



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

I hereby authorize and 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)/Work Site:

Two horizontal lines for listing school or work sites.

Doctor(s):

Two horizontal lines for listing doctors.

Other agencies/therapists/specialists:

Two horizontal lines for listing other agencies or specialists.

Other family members:

Two horizontal lines for listing other family members.

(Guardian Signature)

(Date)

(Signature of Adult Client if 18 or older)

(Date)

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

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