



Center for Autism and Related Disabilities (CARD)

Providing Support and Assistance to Optimize Potential

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. 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. We require your signature on the **Permission to Observe and/or Exchange Information Form** in order to exchange information with you or others.
3. Documentation of a diagnosis of Autism Spectrum Disorder (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 Individualized Education Plans (IEPs) indicating Autism/ASD as the educational exceptionality.
4. The intake forms can be returned via
 - **Email:** autism@med.fsu.edu
 - **Fax:** (850) 215-4337
 - **Mail:** 4900 Bayou Blvd., Suite 200, Pensacola, FL 32503-Attention: Intake Coordinator

Once received, our Intake Coordinator will contact you via email or phone.

FSU CARD has offices in Tallahassee, Panama City and Pensacola. For more information call the office closest to you.

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.

Catherine Zenko, M.S., CCC-SLP

Director, FSU CARD



FSU Center for Autism and Related Disabilities

Referral/Intake (Adult)



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) _____

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

Diagnosis: _____

By Whom: _____ Date: _____



FSU Center for Autism and Related Disabilities

Referral/Intake (Adult) (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.

- Communication
- Challenging behavior(s)
- Education/School/Academic
- Related Employment
- Housing
- Potty training
- Seeking a diagnosis
- Social Skills/Interaction
- Understanding autism spectrum disorder
- Other: _____

Where can we assist you? Check all that apply:

- Home
- School
- Community Work
- 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., Suite 200, Pensacola, Florida 32503

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1. Describe your communication abilities:

2. List a few of your strengths or assets:

3. List any concerns you have:

4. Is there anything else about you that you think is important to share with us?

5. Are you at risk for losing your job or your home placement?

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Mental Health Screening



1. Do you have other mental health diagnoses other than ASD? Please describe.

2. Have you received psychiatric treatment or been hospitalized due to mental health issues? When? Please describe.

3. Have you received counseling? When? Where?

4. Have you ever been charged or convicted of a sexual or violent offense? If so, please describe.

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
Permission to Observe and Exchange Information



I hereby authorize and request the Florida State University Center for Autism and Related Disabilities permission to exchange information about, _____, CARD client, 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)/Community Agencies/Work Site:

Doctor(s):

Other agencies/therapists/specialists:

Other family members:

(Signature)

(Date)

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

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