



## Center for Autism and Related Disabilities (CARD)

*Providing Support and Assistance to Optimize Potential*

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. 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. Documentation of a diagnosis of Autism Spectrum Disorder (ASD) or Related Disabilities must be submitted for individuals ages 9 and up or by the completion of 2nd grade, whichever occurs first. Examples of appropriate documentation include: diagnostic evaluation reports, school evaluations or Individualized Education Plans (IEPs) indicating Autism/ASD as the educational exceptionality.
4. FSU CARD does not require a diagnosis of Autism Spectrum Disorder (ASD) for children who are under 9 years of age or have not completed 2nd grade. 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 9 or the completion of 2nd grade to remain a CARD client.
5. The intake forms can be returned via
  - **Email:** [autism@med.fsu.edu](mailto: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 and your child.

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



# FSU Center for Autism and Related Disabilities

## Referral/Intake (Child)



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
- Transgender
- Female
- Do not identify as male, female, or transgender

**Race:**

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

**Ethnicity:**

- Hispanic or Latino
- Not Hispanic or Latino
- I prefer not to answer

**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: \_\_\_\_\_

**\*\*\* A COPY OF AN EVALUATION REPORT DOCUMENTING DIAGNOSIS IS REQUIRED \*\*\***



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? 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: \_\_\_\_\_

**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 23<sup>rd</sup> Street, Panama City, Florida 32405

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

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# FSU Center for Autism and Related Disabilities Referral/Intake (Child) (continued)



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: \_\_\_\_\_

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 & Related Disabilities



## 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:**

\_\_\_\_\_  
\_\_\_\_\_

**Doctor(s):**

\_\_\_\_\_  
\_\_\_\_\_

**Other agencies/therapists/specialists:**

\_\_\_\_\_  
\_\_\_\_\_

**Other family members:**

\_\_\_\_\_  
\_\_\_\_\_

Was your child ever a client of the FIRST Words Project?  Yes  No

If yes, do you give consent to share information with the FIRST Words Project?  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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