



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. 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.
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.



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. Please visit [fsucard.com/contact/training-request-form/](http://fsucard.com/contact/training-request-form/) to request a specific training or contact the CARD office closest to you.
- ❖ Provide a free e-**library** with books on autism, communication, behavior, educational issues and more.
- ❖ Provide an **electronic newsletter** listing upcoming **events** and **trainings** in your area. If you would like to be added to our email list, please visit [fsucard.com](http://fsucard.com) or send an email 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 [fsucard.com](http://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 closest to you or visit our website.*

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

**Panama City**  
**(850)215-4330**  
Toll Free **(866)863-0138**

**Pensacola**  
Toll Free **(866)863-0138**

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



# AUTISM INSTITUTE

**The Florida State University College of Medicine**



SCAN ME



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 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 23<sup>rd</sup> 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, FL 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?

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

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

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

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**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.)

- |                                        |                                                    |                                               |
|----------------------------------------|----------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Vocalizations | <input type="checkbox"/> Sign Language/Gestures    | <input type="checkbox"/> Single Words         |
| <input type="checkbox"/> Pictures      | <input type="checkbox"/> Two or three word phrases | <input type="checkbox"/> Communication Device |
| <input type="checkbox"/> Sentences     | <input type="checkbox"/> 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.)

- |                                           |                                         |                                      |                                 |
|-------------------------------------------|-----------------------------------------|--------------------------------------|---------------------------------|
| <input type="checkbox"/> Objects          | <input type="checkbox"/> Pictures       | <input type="checkbox"/> Gestures    | <input type="checkbox"/> Verbal |
| <input type="checkbox"/> Visual Schedules | <input type="checkbox"/> Social Stories | <input type="checkbox"/> 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.

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

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

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

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5. Is this individual currently receiving counseling? Where?

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

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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:**

_____	_____
_____	_____

**Doctor(s):**

_____	_____
_____	_____

**Other agencies/therapists/specialists:**

_____	_____
_____	_____

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

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