



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 using questionnaires. 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
 - **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

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/ 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 or send an email to autism@med.fsu.edu.
- ❖ Offer a website that describes **upcoming trainings, conferences** and **provides current resources and information**. View our site at 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 (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 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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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.

2. Has your child ever talked about hurting himself/herself or others?

3. Does your child have a mental health diagnosis other than Autism? Please describe.

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

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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