



## 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.
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](mailto:autism@med.fsu.edu)
  - **Fax:** (850) 644-3644
  - **Mail:** One Pensacola Plaza, 125 West Romana Street, Suite 222, Pensacola, FL 32502-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

Phone: (850) 644-4367 or Toll-free (800) 769-7926

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 autism-related issues at home, in the community, at work, upon request.
- ❖ Help develop and create [visual supports](#) (schedules, social narratives, etc.) for registered CARD clients. Contact the CARD office to request assistance.
- ❖ Provide [Professional and Programmatic Assistance](#) to schools, agencies, employers and providers in a variety of areas including instructional strategies, behavior management, communication, social skills...
- ❖ Provide a free [e-library](#) with books on autism, communication, behavior, educational issues and more.
- ❖ Participate in community-based [autism awareness events](#) to enhance public education about autism and CARD.
- ❖ Provide [training](#) for families, teachers, caregivers, clients, other related providers, community organizations and employers on a variety of topics.
- ❖ Provide an **electronic newsletter** listing upcoming **events** and **trainings** in your area. If you would like to be added to our email list, visit [fsucard.com](#) or send an email to [autism@med.fsu.edu](mailto:autism@med.fsu.edu).
- ❖ Maintain a **website** that describes upcoming trainings, conferences, and provides current resources and information. View our website at [fsucard.com](#).
- ❖ Work with local businesses to expand their customer base and provide opportunities to employ individuals with autism with our [Autism-Friendly Business Initiative](#).

While CARD can provide a variety of supports to clients and families, CARD does **NOT** provide evaluations, diagnoses, therapies, or respite care.

For more information about **FSU CARD**, contact us, or visit our [Frequently Asked Questions \(FAQs\)](#).

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Toll Free: (800) 769-7926  
Fax: (850) 644-3644  
Email: [autism@med.fsu.edu](mailto:autism@med.fsu.edu)



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)



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: \_\_\_\_\_

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



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, Other: \_\_\_\_\_, Community, Work

What is your Annual Household Income? (Optional) \_\_\_\_\_

FSU Center for Autism and Related Disabilities
2312 Killlearn Center Blvd., Bldg. A, Tallahassee, Florida 32309

(850) 644-4367 – Phone

FSU Panama City Center for Autism and Related Disabilities
4750 Collegiate Dr., Barron Bldg., Rm A303, Panama City, Florida 32405

(800) 769-7926 – Toll-free

FSU Pensacola Center for Autism and Related Disabilities
One Pensacola Plaza, 125 W Romana St., Ste. 222, Pensacola, Florida 32502

(850) 644-3644 – Fax



# FSU Center for Autism and Related Disabilities

## Profile



1. Describe your communication abilities:

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2. List a few of your strengths or assets:

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3. List any concerns you have:

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

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

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FSU Center for Autism and Related Disabilities  
Mental Health Screening



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

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

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3. Have you received counseling? When? Where?

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

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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 & Related Disabilities
Permission to Observe & 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:

Two horizontal lines for listing school/agencies/work sites.

Doctor(s):

Two horizontal lines for listing doctors.

Other agencies/therapists/specialists:

Two horizontal lines for listing other agencies/therapists/specialists.

Other family members:

Two horizontal lines for listing other family members.

(Signature)

(Date)

I understand that I may revoke my permissions at any time.

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