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. As the legal guardian of a 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.

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) 644-3644**
   - **Mail: One Pensacola Plaza, 125 West Romana Street, Suite 222, Pensacola, Florida 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

Catherine Zenko, M.S., CCC-SLP

Director, FSU CARD

2312 Killearn Center Blvd, Bldg A
Tallahassee, Florida 32309 Telephone 850.644.4367 Fax 850.644.3644

CENTER FOR AUTISM & RELATED DISABILITIES
FSU AUTISM INSTITUTE

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**.
- 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)**.*

Phone: (850) 644-4367
Toll Free: (800) 769-7926
Fax: (850) 644-3644
Email: 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 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)

CARD
CENTER FOR AUTISM & RELATED DISABILITIES
FSU AUTISM INSTITUTE
FSUCARD.COM

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 Killearn Center Blvd., Bldg. A, Tallahassee, Florida 32309

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

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

(850) 644-4367 – Phone

(800) 769-7926 – Toll-free

(850) 644-3644 – Fax

FSU Center for Autism and Related Disabilities
Crisis Screening

CARD
CENTER FOR AUTISM & RELATED DISABILITIES
FSU AUTISM INSTITUTE
FSUCARD.COM

1. Is the referred individual in danger of injuring him or herself or others?

_____

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

_____

_____

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

_____

_____

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

_____

Were you referred to CARD? If so, by whom?

Name/Title: _____

Agency: _____

Mailing Address: _____

City, State: _____ Zip: _____

Phone: _____

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

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

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

(850) 644-4367 – Phone

(800) 769-7926 – Toll-free

(850) 644-3644 – Fax

FSU Center for Autism and Related Disabilities

Profile

1. How does the referred individual communicate? (Check all that apply.)

   ☐ Vocalizations ☐ Sign Language/Gestures ☐ Single Words
   ☐ Pictures ☐ Two or three word phrases ☐ Communication Device
   ☐ Sentences ☐ 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.)

   ☐ Objects ☐ Pictures ☐ Gestures ☐ Verbal
   ☐ Visual Schedules ☐ Social Stories ☐ 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?

   _____

   _____

FSU Center for Autism and Related Disabilities
2312 Killearn 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
Mental Health Screening

1. Has this individual intentionally hurt himself/herself or others? Please describe.

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

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

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

5. Is this individual currently receiving counseling? Where?

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

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

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

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

(850) 644-4367 – Phone

(800) 769-7926 – Toll-free

(850) 644-3644 – Fax

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.

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

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

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

(850) 644-4367 – Phone

(800) 769-7926 – Toll-free

(850) 644-3644 – Fax