FSU CENTER FOR AUTISM & RELATED DISABILITIES AUTISM INSTITUTE

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**
   - **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

CENTER FOR AUTISM & RELATED DISABILITIES
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) - fsucard.com/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!

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 *****

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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

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

What is your Annual Household Income? (Optional)____

Do you or your loved one 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: ________________________

Emergency Contact

First Name: ______________________ Last Name: ______________________

Mailing Address: ____

City: ________________ State:_____ Zip: _____________

Phone: __________________ Email: ____________________________________

FSU CENTER FOR AUTISM & RELATED DISABILITIES
AUTISM INSTITUTE

FSU Center for Autism and Related Disabilities
Profile

1. Describe your communication abilities:

____

____

2. List a few of your strengths or assets:

____

____

3. List any concerns you have:

____

____

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

____

____

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

____

____

FSU CENTER FOR AUTISM & RELATED DISABILITIES AUTISM INSTITUTE

FSU Center for Autism and Related Disabilities
Mental Health Screening

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

   ____

   ____

   ____

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

   ____

   ____

   ____

3. Have you received counseling? When? Where?

   ____

   ____

   ____

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

   ____

   ____

   ____

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

Name/Title: ____

Agency: ____

Mailing Address: ____

City, State: ______________________________ Zip: ___________

Phone: ______________________________

FSU CENTER FOR AUTISM & RELATED DISABILITIES AUTISM INSTITUTE

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:

________________________________ ________________________________

________________________________ ________________________________

Doctor(s):

________________________________ ________________________________

________________________________ ________________________________

Other agencies/therapists/specialists:

________________________________ ________________________________

________________________________ ________________________________

Other family members:

________________________________ ________________________________

________________________________ ________________________________

____ ________________

(Signature) (Date)

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