

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 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. 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) 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 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 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](http://fsucard.com/faqs).*

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



All CARD services are FREE of charge!



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: _____

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Referral/Intake (Child) (continued)

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.

- | | |
|--|---|
| <input type="checkbox"/> Communication | <input type="checkbox"/> Seeking a diagnosis |
| <input type="checkbox"/> Challenging behavior(s) | <input type="checkbox"/> Social Skills/Interaction |
| <input type="checkbox"/> Education/School/Academic | <input type="checkbox"/> Understanding autism spectrum disorder |
| <input type="checkbox"/> Related Employment | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Housing | |
| <input type="checkbox"/> Potty training | |

Where can we assist you? Check all that apply:

- Home
- School
- Community Work
- Other: _____



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.

- | | |
|---|--|
| <input type="checkbox"/> Agency for Persons with Disabilities (APD) | <input type="checkbox"/> Housing Assistance |
| <input type="checkbox"/> Child Care Assistance | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> Disability Benefits like SSI (Supplementary Security Income) | <input type="checkbox"/> Phone or Fuel Assistance |
| <input type="checkbox"/> Early Intervention for your Infant or Toddler | <input type="checkbox"/> TANF (Temporary Assistance for Needy Families) |
| <input type="checkbox"/> Food stamps (SNAP) | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Group Home/Intermediate Care Facility (ICF)/Institutional Care | <input type="checkbox"/> Visiting Nurse or other Home Visiting like Healthy Families |
| <input type="checkbox"/> Head Start or Early Head Start | <input type="checkbox"/> WIC (Women, Infants, & Children Nutrition Program) |
| | <input type="checkbox"/> Other: _____ |

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

Name/Title: _____

Agency: _____

Mailing Address: _____

City/State: _____ Zip: _____

Phone: _____



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?



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/Baby Navigator? Yes No

If yes, do you give consent to share information with the FIRST Words Project/Baby Navigator? 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.