

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



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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Email: autism@med.fsu.edu



All CARD services are FREE of charge!



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.

- | | |
|--|---|
| <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 related | <input type="checkbox"/> Understanding autism spectrum disorder |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Housing | _____ |
| <input type="checkbox"/> Potty training | |

Where can we assist you? Check all that apply:

- | | |
|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Home | <input type="checkbox"/> Community |
| <input type="checkbox"/> School | <input type="checkbox"/> Work |
| <input type="checkbox"/> Other: _____ | |



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.

- | | |
|---|--|
| <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: _____ |

Emergency Contact

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

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 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
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.