



ASD Early Step Referral Form

Family to Family Network of Virginia/Tidewater Autism Society of America

Parent Name: _____		Home Phone: _____	
Address: _____ _____		Cell Phone: _____	
		Email: _____	
Child's Name:		DOB: ____ / ____ / _____	
<input type="radio"/> Male <input type="radio"/> Female			
Diagnosis: _____ Screening Date: _____ Diagnosis Date: _____		Race/Ethnicity: <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Indian <input type="checkbox"/> Pacific Island <input type="checkbox"/> Other _____	
Referring Person's Comments or Special Instructions: 			
Referring Person's Name:		Referral Agency Name	
Signature: _____		Date: _____	

Fax/email referral form to:

Dana Yarbrough (804) 827-0107 or dvyarbrough@vcu.edu



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AUTISM SOCIETY
Improving the Lives of All Affected by Autism
Tidewater Virginia



ASD Early Step: Why Refer?

When parents learn from their child's doctor or child care teacher that there are some developmental delays, they often ask to speak to another parent who has "walked in their shoes."

The Family to Family Network of Virginia, located at the Center for Family Involvement, and the Tidewater chapter of the Autism Society of America are working together to support families in the Tidewater and Hampton Roads regions who are having their child screened and/or diagnosed for a developmental delay or Autism.

Through this support, families will receive at no charge:

- emotional support from another parent 'who has been there'
- information on services in Virginia for children with developmental delays or Autism
- help in problem solving, goal planning and skill building so they can become a good advocate for their child

When a referral form is sent to the Center for Family Involvement by a child's doctor or teacher, the family will receive a call from the Center for Family Involvement explaining the process. If the diagnosis is Autism, someone from the Tidewater chapter of the Autism Society of America will call the family to set up an appointment to talk about supports and services. Again, there is no charge for any of the supports provided to families.

Questions? Call or email Dana Yarbrough at (804) 828-0352 or dvyarbrough@vcu.edu

www.centerforfamilyinvolvement.org

www.tidewaterasa.org



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Referral Process

Step 1: Referral Form

Provider/Practice:

1. Discusses referral with family (provides brochure)
2. Completes referral form (w/parent permission)
3. Sends form to CFI Office



Referral Form

Provider/Practice Info

Parent's name _____

Address _____

Phone/Email _____

Child's Name _____

Child's DOB ____/____/____

Reason for Referral: _____

(Consent Language)

Parent Signature _____ Date _____

CFI Logo TASA Logo

Step 2: TASA Support

Within 48 hours, CFI enters information into database, contacts family to explain process and faxes referral form to TASA

Within 48 hours, TASA contacts family to provide:

1. 1:1 support
2. TASA materials
3. F2F roadmap and resource guide

TASA Staff also

1. Completes F2F data form and faxes to CFI within 5 days of family support



Step 3: CFI/F2F Support & Data

CFI's F2F Local Network Coordinator:

1. Receives notice from CFI main office of referral
2. Follows up with TASA staff and/or family as needed to complete data entry or provide additional resources or 1:1 support
3. Maintains up to date information in database



Step 4: CFI/F2F Evaluation

8 weeks from initial referral, the CFI Evaluator:

1. Contacts family to gauge satisfaction and impact
2. Discusses need with family about the process and permission for long term data collection from family



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