



### Autism Family Support Center Application

Parent/Caregiver Name:

Email Address:

Name of Individual with ASD:

Individual's DOB:

Phone Number:

County of Residence:

Home Address:

Are you receiving ABA?  Yes  No

Please list all therapy/services the individual is currently receiving:

Are you receiving consultation through the DDSN Autism Division? If yes, who is your consultant?

Yes  No Consultant

Are you receiving Early Intervention and/or DDSN Case Management? Yes No  
If yes, who is your Early Interventionist and/or DDSN Case Manager?

Early Interventionist

Case Manager

What track of the Family Support Center are you interested in (please select one)?

Track 1 – Challenging Behavior (this track focuses on addressing problematic behaviors)

Track 2 - Skill Acquisition (this track focuses on teaching functional or adaptive skills such as communication, social skills, and self-help skills)

Please describe the primary concern with which you would like support:

When would you like to receive training (please check all that apply)?

Monday:	9:00-10:00 AM	2:00-3:00 PM	Thursday:	9:00-10:00 AM
	10:00-11:00 AM	3:00-4:00 PM		10:00-11:00 AM
	11:00-12:00 AM	4:00-5:00 PM		11:00-12:00 AM
	12:00-1:00 PM	5:00-6:00 PM		12:00-1:00 PM

I understand that both I and the individual with autism spectrum disorder will need to be present for all scheduled sessions.

Yes  No

I can commit to up to 8 weeks of training at DDSN - Midlands Center. Yes No  
8301 Farrow Rd Poplar Building Columbia, SC 29203

Please email this completed application to [autismfamilycenter@ddsn.sc.gov](mailto:autismfamilycenter@ddsn.sc.gov)