



## CARE (Comprehensive Autism Resource Education) Binder

### 2024 Request Form

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County \_\_\_\_\_

Age of individual diagnosed with ASD: \_\_\_\_\_

Your relationship to the individual diagnosed with ASD: \_\_\_\_\_

Would you like to be added to our newsletter?    Yes      No

If so, please add email address: \_\_\_\_\_

How do you plan to use this resource? \_\_\_\_\_

Are there specific resources you are interested in receiving? \_\_\_\_\_

How do you feel this resource can be helpful to you and your family? \_\_\_\_\_

How did you hear about the CARE Binder? \_\_\_\_\_

*Please note: The ASA CARE Binder Program is intended for individuals who have a diagnosis of ASD in the state of Alabama. As CARE Binders are limited, we request that forms NOT be*

*copied and distributed. If you have any questions, email [chenique@autism-alabama.org](mailto:chenique@autism-alabama.org).*

FOR OFFICE USE ONLY DATE
REC'D: _____
WAIT LIST: _____
DATE MAILED: _____

**Form will only be accepted by mail. Please return completed form to:**

*Please allow up to four weeks for delivery.*

Autism Support of Alabama  
P. O. Box 661304  
Birmingham, AL 35266