



**CARE (Comprehensive Autism Resource Education) Binder  
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) to obtain a form.*

***Please return completed form to:***

*Please allow up to four weeks for delivery.*

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

Autism Support of Alabama  
P. O. Box 661304  
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