



# Program Inquiry

## Contact Information

Child's Name	
Diagnosis of ASD	Yes ( ) No ( )
Date of Birth/Age	
Number of Siblings/Age	
Address	
Caregiver Name	
Home/Cell Phone	
E-Mail Address	

## Programs

Which AAF Program are you seeking further information or application for? (May check more than one)

- |   |   |
|---|---|
| <input type="checkbox"/> Richards Program Summer Camp     | <input type="checkbox"/> Taylor'ed For Autism |
| <input type="checkbox"/> Richards Program Employment      | <input type="checkbox"/> Hope Floats          |
| <input type="checkbox"/> Richards Program Saturday Outing | <input type="checkbox"/> Project Lifesaver    |
| <input type="checkbox"/> Saturday Social Club             | <input type="checkbox"/> Munson Program       |

## Tell Us More

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, or degree of disability. Please complete the checklist below by marking those that apply to your child. Completing the information will provide the Autism Advocate Foundation with essential information pertaining specifically to your child's needs to assure maximum potential and benefit of programming.

- requires regular medication
- has food allergies and/or special diet
- needs assistance in ambulation
- needs assistance in toileting
- utilizes physical adaptive equipment
- engages in aggressive or violent behaviors
- has seizures or history of seizures
- has visual or hearing impairment
- is nonverbal or has limited communication
- Other-Specify:

## Agreement

An Autism Advocate Foundation Representative will contact you as soon as possible regarding your specified program choices. By submitting this inquiry, you are affirming that the facts set forth in it are true and complete. The completion of this inquiry by no means assures a place in the specified program. You may be required to complete additional information or meet with an Autism Advocate Foundation Representative to complete specific program application requirements/forms for participation and/or addition to program waiting lists.

Autism Advocate Foundation Inc.  
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