

• **SUPPORT SERVICES** •

- ◆ Are you a client of Community Living & Respite Services Inc? Yes No Unsure
- ◆ Have you been to see Carer Support Services or Commonwealth Carelink? Yes No Unsure
- ◆ Do you receive Homecare through Shire Services? Yes No Unsure
- ◆ Are you a client of Murray Human Services? Yes No Unsure
- ◆ Are you linked into Child & Adolescent Mental Health Services (CAMHS)? Yes No Unsure
- ◆ Would you like to see further ASD specific services introduced into the region? Yes No Unsure

I give permission for information sharing between the SPOCAAS and these above service providers, as appropriate and as required, to help enhance your families services Yes No Unsure

• **EVENTS • NEWSLETTER • WORKSHOPS** •

I would like to receive S.P.O.C.A.A.S News

This is a newsletter created and distributed by SPOCAAS monthly.

I would like to be kept informed of ASD Events.

SPOCAAS forwards information about events in the region and generally in the States of Victoria & NSW. These events include those organised by SPOCAAS and other independent and government organisations and groups.

❖ I prefer to receive Information and Newsletters via Regular Post Email

• **WHAT INTERESTS YOU?** •

Please all that might interest you.

This will assist us with planning; grant applications and development of SPOCAAS future and partnerships.

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Casual Chats | <input type="checkbox"/> Workshops | <input type="checkbox"/> Coffees at coffee shop | <input type="checkbox"/> Playgroup |
| <input type="checkbox"/> Sibling Events | <input type="checkbox"/> Committee Meetings | <input type="checkbox"/> Library | <input type="checkbox"/> Education Issues |
| <input type="checkbox"/> Parent Trips Away | <input type="checkbox"/> Family Events | <input type="checkbox"/> Christmas Party | <input type="checkbox"/> School Holiday Programs |
| <input type="checkbox"/> Behaviour | <input type="checkbox"/> Scheduling | <input type="checkbox"/> Personal Wellbeing | <input type="checkbox"/> One on one chats |
| <input type="checkbox"/> Research | <input type="checkbox"/> Early Intervention | <input type="checkbox"/> Funding | <input type="checkbox"/> Communication Issues |
| <input type="checkbox"/> Obsessions | <input type="checkbox"/> Toileting | <input type="checkbox"/> Teenagers with ASD | <input type="checkbox"/> Adults with ASD |
| <input type="checkbox"/> Partners with ASD | <input type="checkbox"/> Diagnoses process | <input type="checkbox"/> ASD in the workplace | <input type="checkbox"/> Social Skills |
| <input type="checkbox"/> Speech Therapy | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Psychology/Counselling | <input type="checkbox"/> Diet |
| <input type="checkbox"/> ASD Awareness | <input type="checkbox"/> Alternative Therapies | <input type="checkbox"/> Mums Days Out | <input type="checkbox"/> Dad's Days Out |
| <input type="checkbox"/> Other (Please include other disabilities and associated issues.) | | | |

• GETTING TOGETHER •

SPOCAAS recognises families require different levels of support. This is the reason that getting together occurs in different ways. Please ALL that suits your situation to assist us in planning.

When would you prefer to participate in SPOCAAS events, meetings, workshops and programs?

- I prefer daytime I prefer night time Day or Night is fine Depends

Is there any days that you can NOT attend? _____

Are there any nights that you can NOT attend? _____

How often would you like to get together, for support, company or experience and learning?

- Weekly Fortnightly Monthly Occasionally

Would you utilise onsite fee free childcare (preschool age) when available?

- Yes No Occasionally Undecided

• GETTING INVOLVED •

SPOCAAS is a not for profit group and requires volunteer assistance. Every little bit helps.

VOLUNTEER YOUR TIME

- I am interested in being involved with the General Committee of SPOCAAS. Commitment of around one hour a week plus attendance at an evening monthly Committee meeting.
- I am interested in being considered for the Executive Committee of SPOCAAS. Commitment of around 3 hours per week plus attendance at an evening monthly Committee meeting.
- I am interested in assisting with workshops, annual events and special projects. Commitment is generally 3 hours per week when planning and delivering a workshop, annual event and special project. Commitments vary and all interested persons will be given a role of sorts based on the nature of the current workshop, event or project.
- I am interested in being a regular contributor to the monthly newsletter
- I am interested in being involved in fundraising.

FINANCIAL DONATION

- I am interested in making a monetary donation. All donation over \$2.00 are tax deductible, with cheques to be made to "Community Living & Respite Services Inc / SPOCAAS".
 - Please find cheque enclosed
 - Please send me further details

Please Sign x _____ Date ___/___/200

THANK YOU for registering with S.P.O.C.A.A.S – we look forward to your involvement with the group!

SPOCAAS Family Registration Form

OFFICE USE ONLY

Date Received				Date Processed				Authorised			
S-File Created				S-Welcome Kit							
S-Coffee Club	Yes : No			S-Library Member	Guidelines	Card	Committee Interest	Yes : No			
Onsite Child Care (OSCC)	Yes	No		OSCC- Form Given				OSCC-Form Received			
Existing CLRS Family	Yes	No		CLRS Membership Form				C-Welcome Kit			
Club Teen Info Given	Yes	No	N/A	Respite Info Given	Yes	No	N/A	Adult Group Info Given	Yes	No	N/A
SPOCAAS News	Post	Email		General Email List				General Post List			
Donation				Visual Service Map				S- Merchandise Form			
S - Current Calendar				Other				Phone Entry	Book	Mobile	
Referred By:				Referrals Needed?							
Flag:											