

SPOCAAS Family Registration Form 2011

Supporting Parents Of Children with Autism & Asperger's Syndrome

A Committee of Community Living & Respite Services Inc



- ➔ It's FREE to join
- ➔ No Diagnosis Needed *
- ➔ All Ages & All levels of Ability
- ➔ For Families, Extended Families & Individuals



This form registers you for SPOCAAS membership. The information collected via this registration form enables SPOCAAS to assist families and individuals. All information is confidential. A SPOCAAS representative will be happy to assist you in completing this registration.

Name		Partner	
Postal Address	Postcode		
Home Phone		Mobile	
Work Phone		Email	

Please what best describes you:

- I am a Parent : Guardian : Regular Carer
- I am from the Extended Family (eg: Grand Parent, Aunt, Uncle, Cousin)
- I am an Individual over 18 years old and have Autism Spectrum Disorder
- I am an Individual over 18 years old and have High Functioning Autism / Asperger's Syndrome
- I am a sibling over 18 years

Your Children (Please include Adult Children & Siblings)

Please provide the following information for the children in your family. Please include diagnosis if it is known. Please add further lines if required.

Name of all children including adult children.	Date of Birth	Diagnosis: None, Pre-Diagnosis, Autism, Asperger's, PDD NOS etc	Schooling: Mainstream, Catholic, Specialist or Home schooled <u>OR</u> Day Program <u>OR</u> Working <u>OR</u> Other (please specify)

* If you are not actively seeking an assessment or if after assessment there is a decision that there is no Autism Spectrum Disorder you will be eligible to continue to receive SPOCAAS News and information, but due to funding restrictions, you will be unable to access subsidised events (eg coffee club, parents retreats etc)

• LOCAL SUPPORT SERVICES •

Relevant brochures and information will be forwarded to you as available

- ◆ Would you like to know more about the other services of Community Living & Respite Services Inc? Yes No
- ◆ Would you like to know more about Carer Support Services or Commonwealth Carelink? Yes No
- ◆ Would you like to know more about Carer Allowance? Yes No
- ◆ Would you like to know more about Early Intervention Services? Yes No
- ◆ Would you like to know more about the Helping Children with Autism Package? Yes No
- ◆ Would you like a referral to the CLRS Intake and Planning Co-ordinator? Yes No
(The Intake and Planning Coordinator will help determine eligibility for other disability services and spend some time with you discussing your options)

• EVENTS • NEWSLETTER • WORKSHOPS •

SPOCAAS Volunteers produce a regular newsletter and distribute information about ASD events and workshops. Families can choose to receive this information via email or regular post. Families also have the option of an SMS Text reminder.

I prefer to receive Information and Newsletters via Regular Post Email

I would like to be included in any SMS Text Reminders Yes No

Mobile number to send to:.....

• WHAT INTERESTS YOU? •

Please all that might interest you. This will assist SPOCAAS Committees with planning events each year.

- | | |
|---|---|
| <input type="checkbox"/> Casual catch up at a coffee shop | <input type="checkbox"/> Morning Tea with onsite child care |
| <input type="checkbox"/> ASD Specific Playgroup | <input type="checkbox"/> Being a part of SPOCAAS Committee |
| <input type="checkbox"/> ASD Resource Library | <input type="checkbox"/> Education Issues |
| <input type="checkbox"/> Parent Trips Away | <input type="checkbox"/> Personal Wellbeing (Mum’s Days Out/Dad’s Days Out) |
| <input type="checkbox"/> Family Events | <input type="checkbox"/> Something for siblings |
| <input type="checkbox"/> Partners with ASD | <input type="checkbox"/> Adult Children with ASD |
| <input type="checkbox"/> Teenagers with ASD | <input type="checkbox"/> Early Intervention |
| <input type="checkbox"/> Behaviour Management | <input type="checkbox"/> Communication Assistance |
| <input type="checkbox"/> Obsessions | <input type="checkbox"/> Toileting and Self Care |
| <input type="checkbox"/> Social Skills programs | <input type="checkbox"/> Diet |
| <input type="checkbox"/> ASD Awareness | <input type="checkbox"/> Other (Please provide details) |

• GETTING TOGETHER REGULARLY•

SPOCAAS generally meets weekly during school terms in different ways. Scheduling day and evening dates helps families from different circumstances access parent to parent support. In addition to regular catch up's SPOCAAS holds occasional social events. These are planned as required

Please all that interest you.

I would be interested in attending monthly Monday Morning Teas (with onsite child care)

I would be interest in casual morning catch ups at a coffee shop. (Coffee Club)

I would be interested in casual evening catch ups. (Coffee Club)

Depends

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

Yes

No

Occasional

• GETTING INVOLVED •

SPOCAAS is a Volunteer group. Parent Volunteer Assistance is important. Every little bit helps.

How might you be able to volunteer your time?

I am interested in being involved with the General Committee of SPOCAAS.

Commitment is generally around one hour a 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 or special project. Commitments vary depending on the event. Attendance at evening monthly Committee meeting is also expected for the duration of the planning, delivery and conclusions of the workshop/event/project.

I am interested in being a regular contributor to the monthly newsletter

Commitment of around one hour a month

I am interested in being involved in fundraising.

Financial Donations

I am interested in making a monetary donation.

All donations 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 (details will be sent by the CLRS Fundraising Co-ordinator)

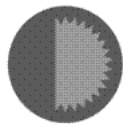
Please Sign x _____

Date ___/___/2011

THANK YOU for registering with SPOCAAS – we look forward to your involvement with the group!

OFFICE USE ONLY

Date Received			Received By					
Process Date			Processed By					
Coffee Club	Yes / No	No:	Library Member	Guidelines	Signed	Card	No:	Box
Morning Tea	Yes	No	SPOCAAS News	Post	Email			
Onsite Child Care	Yes	No	General Email List			Email Contacts		
Committee Interest	Yes	No	General Post List			Postal Labels		
SPOCAAS New Contributor			Mobile Phone Entry	Yes	N/A	SMS Text Lists	Yes	N/A
Other:			Send Information about services from:					
Flag:								



Community Living
& Respite Services Inc.