

APPLICATION FOR INCLUSION IN THE AUTISM SOCIETY OF SOUTHEASTERN WISCONSIN RESOURCE DIRECTORY



To be considered for the Resource Directory, email this form to info@assew.org

Today's Date: _____

Resource/Business Name: _____

Address including city, state, and zip code: _____

Telephone including area code: _____

Email: _____

Website and Social Media: _____

Accept Medicaid? Yes No

Forms of payment accepted (select all that apply)

CLTS-waiver IRIS Family Care Private Pay Alternate Funding

Foreign Language Speaking Staff Available? Or Interpretation provided? Yes No

Please specify which languages: _____

Eligibility requirements (ages served, diagnosis required, etc.): _____

Counties served or area of coverage: _____

Briefly describe the type of work of your place of business: _____

Please identify names and contact information (email and phone) for two references of existing members of the Autism Society of Southeastern WI who have utilized and would recommend your services: _____

How did you hear about us?: _____

Inclusion in the Resource Directory does not constitute endorsement of products or services.

If you are to be listed in our Resource Directory, in which section(s) would you like to be identified? Please specify (select from categories listed below).

RESOURCE DIRECTORY CATEGORIES

- ABA Behavior Therapy- Parent Training
- ABA Behavior Therapy Providers
- Adaptive Remodeling
- Adult Day Programs and Recreation
- After School Programs
- Aquatic Therapy
- Attorneys- Advocacy
- Attorneys- Educational Law
- Attorneys- Estate Planning and Special Needs Trusts
- Attorneys- Family Law
- Attorneys- Guardianship
- Attorneys- Social Security
- Behavioral Consultants
- Behavioral Therapists
- Benefits Contacts by County
- Berard Auditory Integration Training (AIT)
- Biomedical Interventions
- Birth to Three Program Contacts
- Camps (Adults and/or Children)
- Case Management
- Child Care
- Chiropractors
- College Guidance/Support
- Counseling/Psychotherapy
- Craniosacral Therapy
- Crisis
- Daily Living Skills Training
- DAN! Practitioners
- Day Programs- Adults
- Day Treatment/Programs- Child/Adolescent
- Dentists
- Diagnosis/Assessment
- Diagnostic Imaging
- Disability
- Driving
- Education Advocacy
- Employment/Employment Counseling for Developmentally Disabled
- Epilepsy in Children
- Family and Marriage Therapy (See Counseling/Psychotherapy)
- Financial Assistance/Grants
- Financial Planning/Special Needs Trust Planning
- Financial Services, Insurance
- Floortime/DIR Therapy
- Gastroenterology
- Group Therapy
- Guardianship
- Gymnastics
- Hair Salons
- Handwriting without Tears
- Hippotherapy/Therapeutic Horseback Riding
- Independent Living Skills Training
- In-Home Health Care Support Services
- MRI
- Music Therapists
- Neurologists
- Occupational Therapists
- On-line Autism Courses
- Ophthalmologists
- Optometrists
- Parent Advocacy Training and Information
- Pediatricians
- Photographers
- Physical Therapy
- Physician (Primary Care/General Practitioners for Adults)
- Program and Treatment Services
- Psychiatrists
- Psychologists
- Psychotherapy
- Rapid Prompting Method
- RDI (Relationship Development Intervention)
- Religion
- Residential/Housing
- Respite
- School Consultants
- School to Work Transition
- Schools
- Sensory Integration Therapy (See Occupational Therapists)
- Service Dogs
- Sexuality Education Consultants
- Sibling Resources
- Social Security (See also Attorneys- Social Security)
- Social Skills Groups or Training
- SOMA RPM (See Rapid Prompting Method)
- Speech & Language Therapists
- Sports for Special Needs
- Summer Programs (See Camps)
- Support
- Support and Social Groups
- Supported Employment
- Swimming
- Toilet Training
- Tracking Systems/Devices
- Transportation
- Tutoring
- Vision Therapy
- Vocational Evaluation/Training for Developmentally Disabled
- Weighted Blankets
- Yoga

Contact Information of person completing application:

Name: _____ Phone: _____ Email: _____