

**Jodie Hommer Counseling, PLLC 509-635-3061
112 N University Road, Suite 300
Spokane Valley, WA, 99206**

**Support Group for Parents of Children with Autism
Registration Form**

Please enter demographics

First Name	Last Name	Legal Gender M/F
Date of Birth DD/MM/YY	Phone Number	Email
Mailing Address	City, State	Zip Code

Please circle which one applies to you

Parent of a child with Autism	Guardian of a child with Autism	Foster Parent of a child with Autism
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Please circle 6 topics of interest regarding raising a child with Autism

Diagnosis of Autism Spectrum Disorder	Childcare/Respite	Additional Special Need Services/Resources
Referral for services (i.e. speech and occupational therapy)	Family/Siblings	IEP's/504 plans in public school
Self-Care/social support for caregivers	Stress Management	Prescription Medications
Independent Living	Anxiety/Depression/Mood	Bullying
Autism Non-profits	Food allergies, food intolerances, and/or picky eating	Puberty and hormones

Please enter anything additional you would like us to know

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Please circle yes or no

Can we contact you by email? YES NO

Can we contact you by phone? YES NO

Do you want to be notified of future groups or support opportunities? YES NO

Printed Name _____ Signature _____ Date _____