

## **Asperger Syndrome Team**

### **Eligibility Criteria**

In order to access the support offered by the Asperger Syndrome team at Balance, we require written documentation by a relevant clinical professional stating the diagnosis of Autism.

The diagnosis needs to state one of the following:

### **Aspergers Syndrome High functioning Autism ASD**

The nature of the service is to support individuals to live independently and access additional services. In order to do this, it is important that clients are motivated to take responsibility for the choices made with Balance staff. Clients must be able to work on a 1:1 basis with our staff and be able to attend appointments at Hollyfield House.

## Asperger Syndrome Team Referral form

**Referrals will not be accepted unless written evidence of a diagnosis of Asperger Syndrome, High Functioning Autism or ASD is presented with this referral.**

### Personal details

<b>Details of the individual being referred</b>	
Name	
Gender	
Date of birth	
Address	
Contact telephone number	
Email address	
Preferred method of contact (eg email/letter/phone/text)	
Will client answer a phone call?	
Has the individual given consent for this referral?	
Next of kin	
Contact number <i>Should this person be contacted?</i>	
GP name & address	
Does the client have the following:	
Personal budget	
Written evidence of diagnosis	
Are there any known risks associated with this client?	

## **Referrer details**

<b>Details of the individual making the referral:</b>	You do not need to complete this section if you are referring yourself
Name	
Job title	
Organisation	
Contact telephone number	
Email address	
Relationship to client	
How long have you known the client?	

## **Support required**

Which Balance service would you like to access?	Please tick
Weekly drop-in sessions	
Social groups	
Activities and workshops	
Training courses relating to diagnosis	
1:1 support with managing written correspondence (letters/emails)	
1:1 support to attend an appointment/s	
1:1 support to complete documentation/forms	
1:1 support to apply or appeal benefits	
1:1 support to understand the diagnosis of ASD	
1:1 support to identify and initiate housing options	
1:1 support for financial planning and budgeting	
1:1 support for developing general independent living skills	
1:1 support for developing personal safety and/or social skills	
1:1 support to find and access education/employment opportunities	
1:1 in-employment support	

Thank you for completing this form. We will respond to your request for support within 5 working days.

**Asperger Syndrome Team**