

**REQUEST FOR CHANGES TO THE RESOURCE
DIRECTORY LISTING FOR
AUTISM UNITED OF WISCONSIN**



If you are already listed in the Resource Directory and need to make changes, please indicate below the contact info and changes requested then email this form to info@autism-united.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 (age, diagnosis, etc.): _____

Service locations or area of coverage (Counties served): _____

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

How did you hear about us?: _____

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

In which section(s) would you like your listing to be update and included in? Please specify (select categories listed below).

RESOURCE DIRECTORY CATEGORIES

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

Contact Information of person completing application:

Name: _____ Phone: _____ Email: _____