**Application Request Form 2019 The Autism Waiver Program**

The Autism Division of the Department of Developmental Services 617-624-7518

### *PLEASE TYPE INTO FORM OR PRINT CLEARLY IN PEN*

|  |  |
| --- | --- |
|  Name of Child |  |
| Child’s Date of Birth |   |
| Child’s Social Security # **REQUIRED** |  |
| Child’s MassHealth **# REQUIRED** |  |
| Child’s MassHealth Insurance Type: *(Standard, Premium Assistance, CommonHealth, etc.)* |  |
| Child’s Gender: *Please Write - Male or Female* |  |
| Mailing Address  |  |
| City, State, Zip Code |  |
| Name of Parent/Guardian |  |
| In What Language Would You Prefer to Speak About Your Child?\* |  |
| In What Language Would You Prefer to Receive Written Materials About Your Child’s Care?\* |  |
| Parent/Guardian Phone Numbers (Mobile & Alternate) |  |
| Parent Email  |  |

***\*****Translation and Interpretation are free of charge to participants.*

**Does the child have a verified written diagnosis of an Autism Spectrum Disorder from a doctor or psychologist**?

**[ ]  YES** **[ ]  NO DO NOT ATTACH MEDICAL RECORDS/ ANY OTHER DOCUMENTS AT THIS TIME.**

 [ ]  Please list other related medical, cognitive or psychiatric conditions affecting your child:

|  |
| --- |
|  |

*I (the parent/guardian of child named above) have completed this form accurately*

*and truthfully to the best of my knowledge.*

**Signature of Parent/Guardian Required:**  **Date:**

**How to Participate in the Request Process:**

***ONLY ONE APPLICATION PER CHILD***—Multiple forms will be discarded. **Send in only this form to apply** – do not send

in anything else at this time. We will reach out to you if more information is needed.

**Submit the Application Form: By Mail**

* **All Applications must have a Postmark/Date Stamp between October 17 - October 31, 2019**
* Please complete the form in Pen and **Print Clearly**
* Please mail form to*: (The Autism Division is not able to accept hand delivered forms)*

 **AUTISM DIVISION of DDS, Att. Autism Waiver Program Open Interest Form**

 **500 Harrison Avenue, Boston, MA 02118**

**Submit the Application Form: By Email**

* All Applications must be emailed to **AutismDivision@state.ma.us**between **October 17, 2019 - October 31, 2019**
* **All Application must be sent directly from the Parent/Guardian Only**
* Form can be completed electronically or printed, filled out clearly in pen and scanned into an email
* Form may be sent in the following formats: PDF (preferred), JPG if clearly visible
	+ If completing on a smart phone/tablet-download a free scanner app and send via a PDF file