



Commonwealth of Massachusetts
Department of Developmental Services (DDS)
Assistive Technology Center Referral Form

Office use only - Referral Code

Project Status

Section 1
Individual/Agency Information

Referral Date

Last Name		First Name and Initial		
Home Address (number and street)			Apt. No.	
City, town			Zip Code	
Residential Status Family <input type="checkbox"/> State <input type="checkbox"/> Vendor <input type="checkbox"/>		Residential Service Provider (if applicable)		
Phone at Residence		Ext.	Phone 2 (please specify) or email	
Communication Method Speech <input type="checkbox"/> Sign <input type="checkbox"/> Comm. Device <input type="checkbox"/> non-verbal <input type="checkbox"/>		Primary Language	Interpreter needed yes <input type="checkbox"/> No <input type="checkbox"/>	

Section 2
Individual/Agency Support & Contact Information

Is the individual supported by DDS? yes <input type="checkbox"/> No <input type="checkbox"/>	Service Coordinator (SC) / QDDP		Phone	Ext.
	Area Office		Email	
If yes, list all SC/ QDDP information.	Submitted by		Phone	Ext.
	Please state relation to individual/agency		Phone 2 / Email	
For referrals not generated by the SC/QDDP please provide the following of the referring party.	Contact Name		Phone	Ext.
	Please state relation to individual/agency		Phone 2 / Email	
Primary Contact The assigned DDS staff will contact this person directly to coordinate all services.	Day Program/School/Work-Site		Phone	Ext.
	Please state relation to individual/agency		Phone 2 / Email	
Individual's Dayprogram/ School/ Worksite Only include if relevant	Day Program/School/Work-Site		Phone	Ext.
	Please state relation to individual/agency		Phone 2 / Email	

Section 3
Service Requested

Please submit a brief summary of the issue(s) the individual/agency is experiencing and/or the service(s) that is being requested. Also include any additional contact person(s) relevant to the service(s) being requested.

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Have community resources (vendor, commercially available products) been explored? (If yes, please list resources explored) Yes ☐ No ☐

	ISP Date		
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