2026 Open Request Application

Children's Autism Waiver Program

The Autism Division of the Department of Developmental Services

617-624-7778

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: (please circle)	CommonHealth Standard Private Other
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 Autism Spectrum Disorder from a doctor or psychologist?

☐ **Please circle: YES** ☐ **NO**

DO NOT ATTACH MEDICAL RECORDS or 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 or Guardian:

Date:

How to Participate in the Autism Waiver Open Request Process:

ONLY ONE APPLICATION PER CHILD—Multiple forms will be discarded. **Send in only the application form to apply** – do not send in anything else at this time. We will reach out to you if more information is needed.

CHOOSE *ONE* OF THE OPTIONS BELOW:

Submit the Application Form: By Mail

- **All Applications must have a Postmark/Date Stamp between October 16, 2026 – October 30, 2026**
- Please mail form to*:*

  DDS AUTISM DIVISION
  Attn. Children's Autism Waiver Program Open Request
  40 Broad St, 4th Floor
  Boston, MA 02109

Submit the Application Form: By Email

All Applications must be emailed to: DDS-ChildrensAutismWaiverProgram@mass.gov between **October 16, 2026 – October 30, 2026**

- **All Applications 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

Submit the Application form by Fax:
1-857-323-8379

Complete the Application Online:

- Application can be completed by using the following link:
  2026 Open Interest Request Application
- Application can be completed by scanning the QR code:

All Applications must be completed online between October 16, 2026 – October 30, 2026.
The Autism Division is not able to accept hand delivered forms.

All forms are available on the DDS website in multiple languages. DDS Children's Autism Waiver Service Program Overview | Mass.gov