



EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES
DEPARTMENT OF DEVELOPMENTAL SERVICES
COMMONWEALTH OF MASSACHUSETTS
1000 WASHINGTON STREET, BOSTON, MA 02118
(617) 727-5608

MAURA T. HEALEY
GOVERNOR

MARY A. BECKMAN
ACTING SECRETARY

KIMBERLEY DRISCOLL
LIEUTENANT GOVERNOR

JANE F. RYDER
COMMISSIONER

DESE/DDS Residential Prevention Program
Notice of Open Interest Period

Dear Families,

The DESE/DDS Residential Prevention Program is a collaboration between the Department of Elementary and Secondary Education (DESE) and the Department of Developmental Services (DDS) for DDS-eligible students who are at risk of a future residential placement.

The program provides students and their families:

- The opportunity to have in-home supports, including senior level therapists and skills trainers
- A dedicated navigator agency to identify and hire staff
- Life-long skills development
- Opportunities to practice skills in their home setting and community

This Open Interest period is offered to refresh the list of interested students and families. The DESE/DDS Residential Prevention Program is near capacity; however, new participants are added from the Interest List as spaces become available.

It is a priority of the DESE/DDS Residential Prevention Program to ensure that the program participation request process is fully accessible to all families and children qualified for DDS services and is inclusive of linguistic and cultural diversity.

Written materials are available in the following languages:

- | | | |
|-----------------------|--------------------------|----------------------|
| • Arabic | • Haitian Creole | • Simplified Chinese |
| • Cantonese | • Khmer | • Somali |
| • Cape Verdean Creole | • Nepali | • Spanish |
| • English | • Portuguese (Brazilian) | • Vietnamese |

The DESE/DDS Program has moved to an online system for collecting the names of students who are interested in this Program. Please access the online interest submission here or through the QR code below:
<https://forms.office.com/g/QwjhjkQPzy>

Paper versions of the form can be accessed and printed from the Mass.gov website. Paper forms can be mailed or emailed. Instructions can be found on the form. Please access paper versions of the Interest Form here or through the QR code below: <https://www.mass.gov/dese-dds-program>

For more information on services your child can access, please visit your local Family Support Center. A current listing of centers can be found by visiting: <https://www.mass.gov/dds-family-support>

As a reminder: Expressing interest in the program is not a guarantee of acceptance or enrollment in the program, and all funding is subject to change.



DESE/DDS Program
Description and Paper
Open Interest Forms
QR Code



DESE/DDS Program
Online Open
Interest Submission
QR Code



Family Support
Center QR Code

*Expressing interest in the program is not a guarantee of acceptance or enrollment in the program,
and all funding is subject to change.*



DESE/DDS Residential Prevention Program Interest Form 2023

Department of Elementary and Secondary Education/Department of Developmental Services

Program Description: The DESE/DDS Program is a wraparound program designed to provide intensive home and family supports in order to reduce the need for a restrictive, residential placement for students. Students work in their homes with Skills Trainers and other therapists to develop life-long skills.

PLEASE COMPLETE IF YOUR STUDENT IS:

1. Currently enrolled in an approved school program through the local school district
2. Between the ages of 6 and 21
3. Currently living in the family or caregiver's home

ALTERNATIVELY:

Complete this Form Online



Before March 31, 2023

Please type responses or print clearly (use blue or black ink):

Name of Student				
Name of Parent/Guardian				
Student's Date of Birth				
Student's Primary Diagnosis				
Student's Primary Address:	Address Line 1:			
	Address Line 2:			
	Town/City:	State: MA		
	Zip Code:			
Parent/Guardian Primary Phone Number				
Parent/Guardian Primary Email Address				
In what language would you prefer to speak about your student?*	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Portuguese <input type="checkbox"/> Arabic <input type="checkbox"/> Vietnamese <input type="checkbox"/> Haitian-Creole <input type="checkbox"/> Mandarin <input type="checkbox"/> Other:			
In what language would you prefer to receive written materials about your student's care?*	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Portuguese <input type="checkbox"/> Arabic <input type="checkbox"/> Vietnamese <input type="checkbox"/> Haitian-Creole <input type="checkbox"/> Mandarin <input type="checkbox"/> Other:			
Where does your student currently attend school? (Select One)	<input type="checkbox"/> Homeschool in the student's home	<input type="checkbox"/> Public School in the local school in your town	<input type="checkbox"/> Out of District School in a collaborative, therapeutic, or special needs school	<input type="checkbox"/> Other
Is your student currently eligible for DDS Child Services? (Select One)	<input type="checkbox"/> Yes <input type="checkbox"/> No (please contact a family support center for help applying)			
What gender does your student identify as? (Select as many as your student needs)	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Nonbinary <input type="checkbox"/> Transgender <input type="checkbox"/> Prefer not to answer			
What is your student's race/ethnicity? (Select as many as your student needs)	<input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Hispanic/Latinx <input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> Other: <input type="checkbox"/> Prefer not to answer			

All paper interest forms must be postmarked or received by email by March 31, 2023

- Completion of this form is to express interest in the program, and does not guarantee acceptance, enrollment, or funding
- If you have completed an Interest Form in the past, and you are still interested, please complete another form
- Form must be typed or printed clearly. If dropping off form, put it in a sealed envelope marked **DESE/DDS Interest Form**
- **Drop off forms:** at local DDS Area Offices, Autism/Family Support Centers **not at the DDS Central Office**
- **Mail forms:** DDS-Central Office, Att. DESE/DDS Program, 1000 Washington Street 4th Floor, Boston, MA 02118
- **Email forms:** DESEDDSProgram@MassMail.State.MA.US.
- **DO NOT ATTACH IEP/MEDICAL RECORDS/ ANY OTHER DOCUMENTS AT THIS TIME. SEND ONLY THIS FORM.**

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