



Department of Developmental Services

The DESE/DDS Residential Prevention Program Interest Form 2017

The Department of Elementary and Secondary Education/The Department of Developmental Services

PLEASE COMPLETE IF YOUR STUDENT IS:

1. Currently eligible as a Child for the Department of Developmental Services (DDS)
2. Currently enrolled in an approved school program through the local school district
3. Is between the ages of 6 and 17
4. Is currently living in the family home

Please type responses or print clearly:

Name of Student	
Name of Parent/Guardian	
Student's Date of Birth & SSN	
Mailing Address: Street, City, State, ZIP	
Phone (List Main # and Alternate)	
Student's Insurance Primary & Secondary (if applicable)	
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?*	
Student's Primary Diagnosis	
Student's other Diagnostic Information (if applicable)	
Does your Student have an IEP (Yes or No)	
Does your Student have a year round Program (Yes or No)	
Is your Student in an after-school program (Y/N)	
<i>If yes, how many hours a week</i>	
Does your Student have in-home services from the school (Y/N)	
<i>If yes, how many hours a week</i>	
Does your Student receive services through ARICA (Y/N)	
<i>If yes, how many hours a week?</i>	
Does your Student receive CBHI services? (Y/N)	
<i>If yes, how many hours a week?</i>	
Does your Student receive Personal Care Attendant (PCA)? (Y/N)	
<i>If yes, how many hours a week?</i>	
Does your Student receive Coordinated Case Management? (Y/N)	
<i>If yes, how many hours a week?</i>	
Does your Student get Adult Foster Care Services (AFC)? (Y/N)	
<i>If yes, Level I or Level II</i>	

All Interest Forms must be postmarked between January 9, 2015 and January 31, 2017

Questions? 617-624-7518

- Form must be typed or printed clearly. If dropping off form put it in a sealed envelope marked Interest Form.
- You may drop off forms at local DDS Area Offices, Autism/Family Support Centers **not at the DDS Central Office.**
- **Mail forms to:** DDS-Central Office, Att. DESE/DDS Program, 500 Harrison Ave, Boston, MA 02118
- Forms may also be emailed to DESEDDSPROGRAM@MassMail.State.MA.US.

*I have completed this form accurately and truthfully to the best of my knowledge.
The services and support listed above for my Student are current as of the date signed.*

Signature of Parent/Guardian:

Date:

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