## The Department of Developmental Services



**The DESE/DDS Residential Prevention Program Interest Form 2022**

***The Department of Elementary and Secondary Education/The 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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Student | Click or tap here to enter text. | | | |
| Name of Parent/Guardian | Click or tap here to enter text. | | | |
| Student’s Date of Birth | Click or tap here to enter text. | | | |
| Student’s Primary Diagnosis | Click or tap here to enter text. | | | |
| Student’s Primary Address: | Address Line 1:Click or tap here to enter text.  Address Line 2:Click or tap here to enter text.  Town/City: Click or tap here to enter text. State: MA  Zip Code: Click or tap here to enter text. | | | |
| Parent/Guardian Primary Phone Number | Click or tap here to enter text. | | | |
| Parent/Guardian Primary Email Address | Click or tap here to enter text. | | | |
| In What Language Would You Prefer to Speak About Your Student?\* | English  Spanish  Portuguese  Arabic  Vietnamese  Haitian-Creole  Mandarin  Other: Click or tap here to enter text. | | | |
| In What Language Would You Prefer to Receive Written Materials About Your Student’s Care?\* | English  Spanish  Portuguese  Arabic  Vietnamese  Haitian-Creole  Mandarin  Other: Click or tap here to enter text. | | | |
| Where does your student currently attend school? *(Select One)* | Homeschool in the student’s home | Public School in the local school in your town | Out of District School  in a collaborative, therapeutic, or special needs school | Other |
| Is your student currently eligible for DDS Child Services? *(Select One)* | Yes  No (please contact a family support center for help applying) | | | |
| What Gender Does Your Student Identify As?  *(Select as many as your student needs)* | Female  Male  Nonbinary  Transgender  Prefer not to answer | | | |
| What is your student’s race/ethnicity?  *(Select as many as your student needs)* | Asian  Black/African American  Hawaiian/Pacific Islander  Hispanic/Latinx  Native American  White  Other: Click or tap here to enter text.  Prefer not to answer | | | |

**All Interest Forms must be postmarked between March 1, 2022 and March 31, 2022**

* Completion of this form is to express interest in the program, and does not guarantee acceptance or enrollment
* 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](mailto:DESEDDSPROGRAM@MassMail.State.MA.US).
* **DO NOT ATTACH IEP/MEDICAL RECORDS/ ANY OTHER DOCUMENTS AT THIS TIME. SEND ONLY THIS FORM.**

***I have completed this form accurately and truthfully to the best of my knowledge.***

|  |
| --- |
| **Signature of Parent/Guardian: Date:** |
| Click or tap here to enter text.Click or tap here to enter text. |

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