## 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: MAZip 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 Schoolin 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.
* **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.*