



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				
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 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:

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