



# Application Request Form 2018

# The Autism Waiver Program

The Autism Division of the Department of Developmental Services

617-624-7518

**PLEASE TYPE INTO FORM OR PRINT CLEARLY IN PEN**

Name of Child	
Child's Date of Birth	
Child's Social Security # <b>REQUIRED</b>	
Child's MassHealth # <b>REQUIRED</b>	
Child's MassHealth Insurance Type: <i>(Standard, Premium Assistance, CommonHealth, etc.)</i>	
Child's Gender: <i>Please Write - Male or Female</i>	
Mailing Address	
City, State, Zip Code	
Name of Parent/Guardian	
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?*	
Parent/Guardian Phone Numbers (Mobile & Alternate)	
Parent Email	

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

**Does the child have a verified written diagnosis of an Autism Spectrum Disorder from a doctor or psychologist?**

YES  NO **DO NOT ATTACH MEDICAL RECORDS/ ANY OTHER DOCUMENTS AT THIS TIME.**

Please list other related medical, cognitive or psychiatric conditions affecting your child:

*I (the parent/guardian of child named above) have completed this form accurately and truthfully to the best of my knowledge.*

<b>Signature of Parent/Guardian Required:</b>	<b>Date:</b>
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### How to Participate in the Request Process:

**ONLY ONE APPLICATION PER CHILD**—Multiple forms will be discarded. **Send in only this form to apply** – do not send in anything else at this time. We will reach out to you if more information is needed.

### **Submit the Application Form: By Mail**

- **All Applications must have a Postmark/Date Stamp between October 17 - October 31, 2018**
- Please complete the form in Pen and **Print Clearly**
- Please mail form to: *(The Autism Division is not able to accept hand delivered forms)*  
**AUTISM DIVISION of DDS, Att. Autism Waiver Program Open Interest Form**  
**500 Harrison Avenue, Boston, MA 02118**

### **Submit the Application Form: By Email**

- All Applications must be emailed to [AutismDivision@state.ma.us](mailto:AutismDivision@state.ma.us) between **October 17, 2018 - October 31, 2018**
- **All Application must be sent directly from the Parent/Guardian Only**
- Form can be completed electronically or printed, filled out clearly in pen and scanned into an email
- Form may be sent in the following formats: PDF (preferred), JPG if clearly visible
  - If completing on a smart phone/tablet-download a free scanner app and send via a PDF file