2024 Open Request Application

Children's Autism Waiver Program

The Autism Division of the Department of Developmental Services

617-624-7778

PLEASE TYPE INTO FORM OR PRINT CLEARLY IN PEN

Name of Child				
Child's Date of Birth				
Child's Social Security # REQUIRED				
Child's MassHealth # REQUIRED				
Child's MassHealth Insurance Type: (please circle)	CommonHealth	Standard	Private	Other
Child's Gender: Please Write - Male or Female				
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?

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.

Signature of Parent/Guardian Required:

Date:

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 18, 2024 November 1, 2024
- 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. Children's Autism Waiver Program Open Request 1000 Washington Street, Boston, MA 02118

Submit the Application Form: By Email

- All Applications must be emailed to <u>AutismDivision@mass.gov</u> between October 18, 2024 November 1, 2024
- \circ $\,$ All Applications must be sent directly from the Parent/Guardian Only $\,$
- o Form can be completed electronically or printed, filled out clearly in pen and scanned into an email
- o Form may be sent in the following formats: PDF (preferred), JPG if clearly visible
 - o If completing on a smart phone/tablet-download a free scanner app and send via a PDF file