**Application Request Form 2016**

**The Autism Waiver Program**

## The Autism Division of the Department of Developmental Services

### *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 **#** |  |
| Child’s Insurance Type: *(Standard, Premium Assistance, CommonHealth, etc.)* |  |
| 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 Phone Numbers (Mobile & Alternate) |  |
| Parent Email |  |

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

### You will need a written diagnosis of an Autism Spectrum Disorder from a doctor or psychologist.

**Does the child have a verified diagnosis of an Autism Spectrum Disorder**?  **YES**  **NO**

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

**Submit the Application Form: By Mail**

* **All Applications must have a Postmark/Date Stamp between October 17, 2016 - October 31, 2016**
* 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 Enrollment**

**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)
* All Applications must be emailed between **October 17, 2016 - October 31, 2016**
* **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
* Attached Forms 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