



PLEASE COMPLETE IF YOUR STUDENT IS:

- 1. Currently eligible as a Child for the Department of Developmental Services (DDS)
2. Currently enrolled in an approved school program through the local school district
3. Is between the ages of 6 and 17
4. Is currently living in the family home

Please type responses or print clearly:

Form with fields for: Name of Student, Name of Parent/Guardian, Student's Date of Birth & SSN, Mailing Address, Phone, Insurance, Language, Diagnosis, IEP, ARICA, CBHI, PCA, Coordinated Case Management, AFC, etc.

All Interest Forms must be postmarked between November 4, 2019 and December 31, 2019 Questions? 617-624-7518

- Form must be typed or printed clearly. If dropping off form put it in a sealed envelope marked Interest Form.
You may drop off forms at local DDS Area Offices, Autism/Family Support Centers-not at the DDS Central Office.
Mail forms to: DDS-Central Office, Att. DESE/DDS Program, 500 Harrison Ave, Boston, MA 02118
Forms may also be emailed to 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.
The services and support listed above for my Student are current as of the date signed.

Signature of Parent/Guardian: _____ Date: _____

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