

AUTISM WAIVER PROGRAM ELIGIBILITY REQUEST FORM

REQUEST FORM

THE CHILDREN'S AUTISM SPECTRUM DISORDERS HOME AND COMMUNITY-BASED SERVICES WAIVER PROGRAM MASSACHUSETTS DEPARTMENT OF MENTAL RETARDATION

PLEASE COMPLETE THE ENTIRE REQUEST FORM. PRINT CLEARLY

Name of Child: _____
First Middle Initial Last

Name of Parent/Legal Guardian: _____
(Circle one) First Middle Initial Last

Street Address: _____

Apt. #, P.O. Box, etc.: _____ City: _____ State: _____ Zip: _____

Home Phone: □□□ - □□□ - □□□□ Phone (other): □□□ - □□□ - □□□□

Child's Social Security Number: □□□ - □□ - □□□□

Child's Gender: Male Female Child's Date Of Birth: □□, □□, □□□□
Month Day Year

Primary Language of Parent/Guardian if not English: _____ Interpreter Needed? YES NO

Please answer the following questions:

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

If YES, what is the diagnosis? (Check one):

Autistic Disorder Pervasive Developmental Disorder – Not Otherwise Specified (PDD-NOS)

Childhood Disintegrative Disorder Rhetts's Syndrome OR Asperger's Syndrome

SIGNATURE OF PARENT/LEGAL GUARDIAN: _____

INSTRUCTIONS: There are two ways to get this Waiver Program Eligibility Request Form to the Autism Division of DMR:

1. Hand Delivered* or Mailed to your local Autism Support Center:

*If Hand delivered to a Center, it must be between 9:00 AM TO 5:00 PM ONLY

Autism Alliance of Metrowest: 14 East Central St. Natick, MA 01760 # 508-652-9900: Serving: Metrowest

Autism Resource Center: 71 Sterling Street, West Boylston, MA 01583 #508-835-4278: Serving: Central, MA

Community Resources for People with Autism: 116 Pleasant St. Easthampton, MA 01027 #413-529-2428: Serving: Western, MA

Community Autism Resources: 2315 GAR Highway, Swansea, MA 02777 #508-379-0371: Serving: Southeast

TILL and Boston Families for Autism: 20 Eastbrook Rd. Dedham, MA 02026 #781-302-4600 x 4835: Serving: Greater Boston

The Family Autism Center: 789 Clapboardtree Street, Westwood, MA 02090 #781-762-4001, X. 310 Serving: Norfolk County Area

NSARC: The Autism Support Center: 6 Southside Road, Danvers, MA 01923 #978-777-9135 x, 2301 or 2302: Serving: Northeast

2. Waiver Program Eligibility Request Forms can also be MAILED (NOT HAND DELIVERED) to the AUTISM DIVISION. Att. Waiver Program Eligibility Request Forms.500 Harrison Ave. Boston, MA 02118

- **ALL FORMS MUST HAVE A POSTMARK OR DATE STAMP BETWEEN NOVEMBER 5, 2007 AND NOVEMBER 16, 2007. NO WAIVER PROGRAM ELIGIBILITY REQUEST FORMS WILL BE ACCEPTED FOR THIS INITIAL ELIGIBILITY PROCESS WITH POSTMARKS OR DATE STAMPS OUTSIDE OF THIS PERIOD.**
- **REMEMBER TO FILL OUT THE FORM COMPLETELY AND CLEARLY – PLEASE PRINT**
- **SIGN THE FORM IN PEN**
- **ONLY ONE APPLICATION PER CHILD WILL BE ACCEPTED, MULTIPLE FORMS WILL BE DISCARDED.**