

# 2026 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 # <b>REQUIRED</b>                                                |                                              |
| Child's MassHealth # <b>REQUIRED</b>                                                     |                                              |
| Child's MassHealth Insurance Type: (please circle)                                       | CommonHealth    Standard    Private    Other |
| 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.*

**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 16, 2026 – October 30, 2026**
- 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**  
40 Broad St, 4<sup>th</sup> Floor, Boston, MA 02109

### Submit the Application Form: By Email or Fax:

- All Applications must be emailed to [DDS-ChildrensAutismWaiverProgram@mass.gov](mailto:DDS-ChildrensAutismWaiverProgram@mass.gov) between **October 16, 2026 – October 30, 2026**
- All Applications must be fax to **1-857-323-8379**
- **All Applications 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

### Complete the Application Online:

- Application can be completed by using the following link: [2026 Open Interest Request Form](#)
- Application can be completed by scanning the QR code:

