**COMMONWEALTH OF MASSACHUSETTS CHAPTER 688 REFERRAL FORM**

**Directions**

All referrals should be submitted using the **electronic T22/Chapter 688 Referral Application** which is accessed through the EOHHS Virtual Gateway.

For more information please see the BTP website at [Bureau of Transitional Planning | Mass.gov](https://www.mass.gov/service-details/bureau-of-transitional-planning)

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| **STUDENT INFORMATION** | | | | | | | SASID#: | | | | |  | | | | | | | | Date Completed: | | | | | | | | /    / | | | | | | | | | | | | DOB: | | | /    / | | | | | | | | | Sex: | M | | F |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | Language Spoken: | | | | | | | | | | |  | | | | | | | | | | | | | |
|  | | (first) | | | | | | | | | | | (last) | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | |
| SSN: | –    – | | | | | | | | | | | | |  | Receives SSI/SSDI? | | | | | | | | | Yes | | | No | | | Unknown | | | | | | | | | | | | | | |  | | | | | | | | | | |
|  |  | | | | | | | | | | | | |  |  | | | | | | | | |  | | |  | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Disability Category: | | | | Primary | | | |  | | | | | | | | Secondary | | | | | | |  | | | | | | | | | | | | | | | | | | Level of Need: | | | | | | | high | | moderate | | | | low | |
|  | | | | | | | | |  | | | | | | |  | | | | | | | (optional) | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Parent/Guardian Name | | | | | |  | | | | | | | | | | | | | | | Legal Guardian? | | | | | | | | Yes | | | | | | No | | | Language Spoken: | | | | | | | |  | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | |  | | |  | | | | | | | |  | | | | | | | | | |
| Address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | (     )     – | | | | | | | | |
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| **SCHOOL DISTRICT/PROGRAM INFORMATION** | | | | | | | | | | | | | | | Is this student expected to graduate before age 22? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | Yes, expected date: | | | | | | | | | /    / | | | | | | | | | | No, expected date of SpEd termination: | | | | | | | | | | | | | | | | | /    / | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | |
| School District (LEA): | | | | |  | | | | | | | | | | | | LEA Address: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LEA Contact Person: | | | | |  | | | | | | | | | | | | | | Phone: | | | (     )     – | | | | | | | | | | | | | | Name of High School: | | | | | | | |  | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | |
| Type of Placement: | | | |  | | | | | | | | | | | | | | List All Funding Agencies: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| School/Educational Placement: | | | | | | | | | | |  | | | | | | | | | | | | | | | Address: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| ***Signature of Special***  ***Education Director/Designee*** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | *Date:* | |  | | | | | | | | *Phone:* | | (     )     – | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | |  | |  | | | | | | |

**REFERRAL SUBMISSION:** Send to ***ONLY ONE*** of the following:

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| Department of Children & Families (DCF) | Department of Developmental Services (DDS) |  | |
| Department of Mental Health (DMH) | MA Commission for the Deaf & Hard of Hearing (MCDHH) | |  |
| MA Rehabilitation Commission (MRC) | MA Commission for the Blind (MCB) | |  |
|  | | | |
| If you are unsure of agency, or more than one agency seems appropriate, please send to: | | | |
| The Bureau of Transitional Planning (BTP) | | | |
|  | | | |

**I hereby authorize the release of all personal information contained in this student’s records, including medical and educational evaluations, to the Bureau of Transitional Planning at EOHHS and to any member agencies for the purpose of eligibility determination and transition planning. I also authorize the release of any other personal information concerning this student that is required during the transitional planning process by any state agency to any other state agency.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of Student (18 or over) or Parent/Guardian** |  | **Date** |  |