

# INDIVIDUAL PROVIDER APPLICATION

Commonwealth of Massachusetts  
Autism Division of the Department of Mental Retardation  
APPLICATION TO QUALIFY AS A PROVIDER OF AUTISM SUPPORT SERVICES

Name:  
Address:  
SSN : #

E-Mail: @

Date:  
Phone:

## Waiver Program Services:

### **Expanded Habilitation, Education**

Please indicate your experience level (check all that apply):

**SENIOR LEVEL THERAPIST** (Expanded Habilitation only): Role is to oversee the development and implementation of the Expanded Habilitation, Education Intervention Plan ("HIP"). This includes the creation of the HIP as well as Quarterly Progress Reports.

#### Requirements

- Doctoral Degree
- Applicable License
- 1500 hours of Training, including course work in principles of child development theory and behavior analysis
- 2 years of experience in a lead role in designing and implementing behaviorally based therapies for children with ASD

Agencies must attest that copies of the following information are on file and available to the Autism Division if necessary:

**(Do not send with application)**

- Copy of Current Professional License
- Copy of Resume
- Any other relevant certification documents
- Copy of MA License or ID Card

**OR**

#### Requirements:

- Master's Degree
- 2000 hours of Training
- 2 years of experience
- 10 hours Professional Development

Agencies must attest that copies of the following information are on file and available to the Autism Division if necessary:

**(Do not send with application)**

- Copy of Current Professional License
- Copy of Resume
- Copy of Transcript (to confer training hours)
- Any other relevant certification documents
- Copy of MA License or ID Card

**THERAPIST** (Expanded Habilitation only): Families may choose to use a therapist to provide one-to-one staff support for the implementation of the Habilitation Plan (HIP) and related tasks as assigned by the Senior Therapist. However this is the choice of the family to hire either a therapist or a direct staff person for the implementation of the plan for the individual receiving Expanded Habilitation, Education.

#### Requirements

- Master's Degree
- 800 hours of Course Work including course work in relevant principles of behavior analysis
- Experience in Development and Implementation of Therapies
- One year Supervised Post Degree Experience
- 10 hours of Professional Development

Agencies must attest that copies of the following information are on file and available to the Autism Division if necessary:

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**OR**

<p><u>Requirements</u></p> <ul style="list-style-type: none"> <li>Bachelor's Degree in psychology, education or related field</li> <li>800 hours of Course Work/Training including course work in relevant principles of behavior analysis</li> <li>Experience in Development and Implementation of Therapies</li> <li>2 years Supervised Post Degree Experience</li> <li>10 hours of Professional Development</li> <li></li> </ul>	<p><u>Agencies must attest that copies of the following information are on file and available to the Autism Division if necessary: (Do not send with application)</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of Current Professional License (If Applicable)</li> <li><input type="checkbox"/> Copy of Resume</li> <li><input type="checkbox"/> Copy of Transcript (to confer training hours)</li> <li><input type="checkbox"/> Any other relevant certification documents</li> <li><input type="checkbox"/> Copy of MA License or ID Card</li> </ul>
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**OR**

<p><u>Requirements</u></p> <ul style="list-style-type: none"> <li>Bachelor's Degree in non-related field</li> <li>800 hours of Training Experience in the Development and Implementation of Therapies</li> <li>2 years Supervised Post Degree Experience</li> <li>15 hours Professional Development</li> </ul>	<p><u>Agencies must attest that copies of the following information are on file and available to the Autism Division if necessary: (Do not send with application)</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of Current Professional License (If Applicable)</li> <li><input type="checkbox"/> Copy of Resume</li> <li><input type="checkbox"/> Copy of Transcript (to confer training hours)</li> <li><input type="checkbox"/> Any other relevant certification documents</li> <li><input type="checkbox"/> Copy of MA License or ID Card</li> </ul>
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**DIRECT SUPPORT STAFF** (*Expanded Habilitation only*): Role is to implement the Habilitation, Intervention Plan as designated by the Senior Therapist including one-to-one behavioral interventions and skills training and community integration activities for individuals receiving Expanded Habilitation, Education Services.

<p><u>Requirements</u></p> <ul style="list-style-type: none"> <li>18 years or older</li> <li>Bachelor's Degree, High School Diploma or GED</li> <li>120 hours of Supervised Training, of which at least 30 hours, in behaviorally based therapies for children with ASD</li> <li>Direct Experience working one-to one with children with an Autism Spectrum Disorder if not 160 hours of supervised training required</li> <li>2 Personal or Professional References</li> </ul>	<p><u>Agencies must attest that copies of the following information are on file and available to the Autism Division if necessary:</u> <b>(Do not send with application)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of Resume</li> <li><input type="checkbox"/> Copy of Diploma or GED</li> <li><input type="checkbox"/> Copy of Transcript (to confer training hours)</li> <li><input type="checkbox"/> Names and Contact information of two references</li> <li><input type="checkbox"/> Copy of MA License or ID Card</li> </ul>
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**Waiver Program Services:**

- Habilitation/ADL/Independent Living Skills**
- Habilitation/Community Integration**
- Family Training**

<p><u>Requirements</u></p> <ul style="list-style-type: none"> <li>18 years or older</li> <li>Bachelor's Degree, High School Diploma or GED</li> <li>Direct Experience working one-to one with children with an Autism Spectrum Disorder</li> <li>Staff members shall have the ability to communicate effectively in the language and</li> </ul>	<p><u>Agencies must attest that copies of the following information are on file and available to the Autism Division if necessary:</u> <b>(Do not send with application)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of Resume</li> <li><input type="checkbox"/> Copy of Diploma or GED</li> </ul>
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communication style of the child to whom they provide services and his or her family <ul style="list-style-type: none"> <li>• If the individual is overseeing the Habilitation or Family Training activity he/she must meet all relevant state and federal licensure or certification requirements in their discipline</li> <li>• 2 Personal or Professional References</li> </ul>	<input type="checkbox"/> Copy of Transcript (to confer training hours) <input type="checkbox"/> Names and Contact information of two references <input type="checkbox"/> Copy of MA License or ID Card
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**Additional Waiver Program Services:**

**Respite**

**REQUIREMENTS FOR RESPITE STAFF:**

<p><u>Requirements</u></p> <ul style="list-style-type: none"> <li>▪ 18 years of age or older</li> <li>▪ High School Diploma or GED</li> <li>▪ 2 Personal or Professional References</li> <li>▪ Ability to communicate in the language and style of Individual                         <ul style="list-style-type: none"> <li>○ (Not Applicable for Homemaker Services)</li> </ul> </li> <li>▪ History of working with children with an Autism Spectrum Disorder                         <ul style="list-style-type: none"> <li>○ (Not Applicable for Homemaker Services)</li> </ul> </li> </ul>	<p><u>Agencies must attest that copies of the following information are on file and available to the Autism Division if necessary:</u>  <b>(Do not send with application)</b></p> <input type="checkbox"/> Copy of Resume (to demonstrate history of working with children with ASD) <input type="checkbox"/> Copy of Diploma or GED <input type="checkbox"/> Names and Contact information of two references <input type="checkbox"/> Copy of MA License or ID Card
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**Homemaker**

**REQUIREMENTS:**

<p><u>Requirements</u></p> <ul style="list-style-type: none"> <li>▪ Tax Identification Number</li> <li>▪ Licensed and Bonded for working in someone's home</li> <li>▪ 18 years of age or older</li> <li>▪ 2 Personal or Professional References</li> </ul>	<p><u>Agencies must attest that copies of the following information are on file and available to the Autism Division if necessary:</u>  <b>(Do not send with application)</b></p> <input type="checkbox"/> Tax Identification Number <input type="checkbox"/> Names and Contact information of two references <input type="checkbox"/> Copy Licensure and Bondage Certification <input type="checkbox"/> Copy of MA License or ID Card
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**Service Area:**

Please indicate geographic region(s) where you are able to provide services (Check all that apply):

<input type="checkbox"/> West	<input type="checkbox"/> Southeast
<input type="checkbox"/> Central	<input type="checkbox"/> Metro
<input type="checkbox"/> Northeast	

If applicable, please list the town/s that you **do not** provide service to within a particular geographic area:

1.	3.	5.
2.	4.	6.

Please indicate if you have staff available who speak a language in addition to English:

Language One: \_\_\_\_\_ Language Two: \_\_\_\_\_ Language Three: \_\_\_\_\_

**Provider Directory:**

<input type="checkbox"/> I am applying to qualify to provide service/supports to _____ only. <div style="text-align: center;">Name of Individual</div>
<input type="checkbox"/> I am willing to be placed on a Master List of qualified providers to be considered by individuals/families.

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## **Background Information:**

Have you been convicted of a felony? YES  NO  (Conviction will not necessarily disqualify an applicant from employment.) If yes, please explain.\*

Have you been convicted of a misdemeanor other than a first misdemeanor conviction for drunkenness, simple assault, speeding, minor traffic violations, affray, or disturbance of the peace within the last 5 years? YES  NO  (Conviction will not necessarily disqualify an applicant from employment.) If yes, please explain.\*

\*"An applicant for employment with a sealed record on file with the Commissioner of Probation may answer 'no record' with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. In addition, any applicant for employment may answer 'no record' with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution."  
*MGL Ch. 276, Section 100A.*

## **CERTIFICATION**

I certify that the statements made by me on this application are true and complete to the best of my knowledge. I understand that if I knowingly make any misstatement of fact I am subject to disqualification and dismissal and to such other penalties as may be prescribed by law or personnel regulations. All statements made on this application, including employment information or conviction records, are subject to verification as a condition of employment. By signing this statement, I hereby give permission for the release of any and all information for the sole purpose of conducting an employment check. Further, I understand that this will include a mandatory criminal history background check (CORI).

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## **PLEASE MAIL ONLY TO ONE APPLICATION THE AUTISM SUPPORT CENTER IN YOUR AREA:**

(Please mail **only one** application even if you are interested in serving a large geographic area)

### **Autism Alliance of Metrowest:**

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

### **Autism Resource Center (HMEA):**

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

### **Community Resources for People with Autism (ACL):**

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 (SNCARC):**

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

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## CORI REQUEST MA ASD WAIVER PROGRAM

Public Partnerships, LLC has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessary disqualify me. The information below is correct to the best of my knowledge.

\_\_\_\_\_  
**APPLICANT SIGNATURE**

\_\_\_\_\_  
FIRST NAME                      LAST NAME                      MIDDLE NAME

\_\_\_\_\_  
MAIDEN NAME OR ALIAS (IF APPLICABLE)      PLACE OF BIRTH

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE OF BIRTH:      SOCIAL SECURITY NUMBER      MOTHER'S MAIDEN NAME

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_

**SUPPORT BROKER:**

I VERIFY THAT ALL PROVIDER QUALIFICATIONS HAVE BEEN REVIEWED AND COMPLETED

\_\_\_\_\_  
PRINT SUPPORT BROKER NAME

\_\_\_\_\_  
SIGNATURE OF SUPPORT BROKER                      AUTISM SUPPORT CENTER

**ASD WAIVER PROGRAM PARTICIPANT INFORMATION (If Applicable)**

FIRST NAME: \_\_\_\_\_      LAST NAME: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PPL AUTHORIZED REPRESENTATIVE

**Confidentiality Notice**

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