

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

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: (____) ____-____

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:

- | | |
|--|---|
| ☐ 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** _____