

## Interim Setting Agreement with GOSH Services

For more information using this document, please refer to the document titled "[Process for GOSH Interim Settings](#)" or contact a GOSH Program Manager.

It is the goal of Supportive Housing to transition clients directly into independent housing at the time of discharge from an institutional setting. However, it is sometimes necessary to find interim options.

**HCS Case Manager: Please complete the following information:**

Client name: \_\_\_\_\_ ACES number: \_\_\_\_\_

HCS Case Manager: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Office responsible for case management during interim stay: \_\_\_\_\_

Moving from: \_\_\_\_\_

Moving to: \_\_\_\_\_

Contact information for contact at interim facility: \_\_\_\_\_

**HCS Case Manager, please initial where indicated to verify that the following has been completed:**

1. I have spoken with this client and/or their authorized representative and explained the temporary nature of the interim option and they understand and agree with this plan.  
\_\_\_\_\_ (Initial here)
  
2. I have spoken with \_\_\_\_\_, owner/operator/manager of \_\_\_\_\_ and explained that the client will reside at this facility as an interim setting as they pursue independent housing and understand that this is temporary.
  
3. Interim facility staff understands client will be working with Supportive Housing team to find permanent housing. Provider also understands that once permanent housing is found, client will be moving out of this setting.  
\_\_\_\_\_ (Initial here)

***HCS Case Manager: When completed, please return this completed form to the GOSH Program Manager.***

Please see [Chapter 5b](#) of the Long-Term Care Manual for more information regarding AL TSA's GOSH, including program eligibility, service areas, referral process and case coordination.