|  |  |  |
| --- | --- | --- |
| Text  Description automatically generated | Aging and Long-Term Support Administration (ALTSA)Home and Community Services (HCS)Governor’s Opportunity for Supportive Housing (GOSH)**Early Engagement GOSH Referral** |  |
| Date |
| HCS / AAA Case Manager (CM) to send completely filled-out GOSH Referral form, with all documents attached, to [Regional GOSH PM](https://www.dshs.wa.gov/sites/default/files/ALTSA/stakeholders/documents/RCL/ALTSA%20Housing%20Regional%20Map.pdf). ALTSA’s GOSH service supports in-home transitions for those discharging / diverting from Eastern or Western State Hospital by connecting them with a Supportive Housing Provider (SHP). The SHP works to assist a client to secure independent housing and maintain that housing ongoing through targeted tenancy support.Please see [Chapter 5b of the Long-Term Care Manual](https://www.dshs.wa.gov/sites/default/files/ALTSA/hcs/documents/LTCManual/Chapter%205b.docx) for more information regarding ALTSA’s GOSH service. |
| Client’s Name | Client’s Preferred Name | Preferred Pronoun | Date of Birth |
| ACES Number | ProviderOne Number | Social Security Number | Referring CM |
| What city / county does the client want to live in? Include secondary location, if one. |
| Preferred | Secondary / Additional | [ ]  Has an apartment, if checked.Location of apartment: |
| **Additional information for provider assignment consideration**.Preferred language if other than English: General or cultural preferences: Known triggers, topics to avoid, or communication preferences? What else should the SHP know?  |
| **Housing barriers; if applicable, please explain**.Does the client have a history of violent crime? Is the client a registered sex offender? [ ]  Yes [ ]  No If yes, what level: Any other safety issues for the SHP to know?  |
| **Before submitting this form, please ensure the following are attached**:[ ]  Signed ALTSA consent form. [ ]  Client assessment / case notes / additional information.  |