

ALTSA Office of Housing & Employment
Motel Interim Stay for Transitions (MIST) Program
Request Form



This program is only available to individuals receiving DSHS Long-Term Care Services & Supports. It is not a community resource. We can only respond to requests submitted by Long-Term Care Case Managers and staff.

Long-Term Care Case Managers: Send this request form to mistreferral@dshs.wa.gov. An ALTSA Housing Program Manager will review and respond within 48 business hours. Do not share this form outside of HCS/AAAs.

Date Request Submitted:	Client Name:	ACES ID:
Referring CM:	CM Supervisor:	DSHS Region: <input type="checkbox"/> R1 <input type="checkbox"/> R2 <input type="checkbox"/> R3

YES	NO	1. Does your client currently have or have they been approved for one of the following: <input type="checkbox"/> Bridge/Hospital Subsidy <input type="checkbox"/> GOSH Program <input type="checkbox"/> Other Voucher/Housing Resource <input type="checkbox"/> Civil Transitions Program (5440) <input type="checkbox"/> In-Home Short-Term Displacement* <input type="checkbox"/> Limited Residential**
<input type="checkbox"/>	<input type="checkbox"/>	2. Is there a contracted provider in place? (CCG/GOSH) Agency: Assigned Provider: Email:
<input type="checkbox"/>	<input type="checkbox"/>	3. Is the client currently enrolled in Roads to Community Living (RCL)?
<input type="checkbox"/>	<input type="checkbox"/>	4. Has this request been approved by your supervisor?
5. Where is the client currently staying?		
6. If the client is in a facility, what is their discharge date?		

Describe client's situation:

*Clients who have their own home and a short-term situation that requires them to vacate
 **Must be homeless with nowhere to stay (including homeless shelter) and a Residential move-in date ≤ 30 days