



ALTSA Office of Housing & Employment
WA Roads Emergency Rental Assistance (ERA)
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 emergencyrentalassistance@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 of Request:		Region: <input type="checkbox"/> R1 <input type="checkbox"/> R2 <input type="checkbox"/> R3
LTC CM Name:	Phone #:	LTC Office Name:
Client Name:	DOB:	ACES:
Amount Requested: \$	ERA has been approved by my supervisor: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Is this client enrolled in Roads to Community Living (RCL)? <input type="checkbox"/> YES <input type="checkbox"/> NO	If so, what is the RCL enrollment period:	
Why does the client need ERA? Is it eviction prevention or motel/hotel stay?		
Dates rent or motel/hotel payment this request will be covering (ex: 3/1/24 - 3/31/24):		
ERA is a one-time intervention. How will housing be sustained after assistance is provided?		
Has ERA ever been provided for this client before? <input type="checkbox"/> YES: Date assistance was last authorized: _____ <input type="checkbox"/> NO		

NOTE: Please document request, outcome, and plan on Sustainability Screen in CARE.