

GOSH Referral

DATE

Initial Transfer

HCS / AAA Case Manager (CM) to send completely filled-out Referral form, with all documents attached, to [Regional GOSH PM](#). AL TSA'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 secure independent housing and maintain that housing ongoing through targeted tenancy support.

Please see [Chapter 5b of the Long-Term Care Manual](#) for more information regarding AL TSA's GOSH service.

CLIENT'S NAME		CLIENT'S PREFERRED NAME	PREFERRED PRONOUN	DATE OF BIRTH
ACES NUMBER	PROVIDER ONE NUMBER	SSN	REFERRING CM	

What city / county does the client want to live in? Include secondary location, if one.

PREFERRED	SECONDARY / ADDITIONAL	<input type="checkbox"/> Has an apartment; if checked: LOCATION OF APARTMENT
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ADDITIONAL INFORMATION FOR PROVIDER ASSIGNMENT CONSIDERATION

What should the SHP know? Language, gender, or cultural preferences? Please note if the client has criminal background (if yes, is it captured in CARE)?

Referral Type

- Discharge: ESH WSH
 Psychosocial Assessment and Ward Social Worker notes attached
- Diversion / Facility:
 Judge / Commissioner – signed court commitment paperwork attached
- Signed DSHS Consent form attached Assessment Detail attached Service Summary attached

Eligibility

Functional Financial

FINANCIAL ELIGIBILITY NOTES (IS CLIENT OVER-RESOURCED? IF YES, WHAT IS THE SPENDDOWN PLAN? ETC.)

Client Currently has:

Social Security card Current ID Birth certificate

Level of Behavioral Health Services client is / will be referred:

PACT Intensive Outpatient Other (specify):

Is there a discharge plan?

Yes No

DISCHARGE NOTES (INCLUDE DATE / TIMELINE, LOCATION, ETC.)



Client Team (to be completed by assigned HCS / AAA case manager)

TYPE	NAME	EMAIL	PHONE
HCS / AAA CM			
HCS / AAA Supervisor			
HCS Public Benefits Specialist			
Psychiatric Facility Discharge SW			
Ward SW (applicable to ESH / WSH)			
Psychiatric Facility SW Supervisor			
MCO / MCO Liaison			
Behavioral Health Provider			
Behavioral Health Provider Supervisor			
Peer Bridger			
Assigned DOC Contact			

GOSH Program Manager completes

TYPE	NAME	EMAIL	PHONE
Supportive Housing Provider			
Supportive Housing Provider Supervisor			
ALTSA Supportive Housing Program Manager			
AAA CM			
AAA Supervisor			

ADDITIONAL NOTES

Governor's Opportunity for Supportive Housing (GOSH): Referral Instructions

I. Purpose

To refer an ALTSA client to GOSH. The GOSH Program Manager will confirm eligibility upon receipt of the GOSH Referral Form. If the client is eligible for GOSH, the Program Manager will process the referral. If the client is not eligible for GOSH, the Program Manager will email the referring CM and enter a SER with this information.

II. Instructions

1. This form is to be completed electronically by the Home and Community Services (HCS) or Area Agency on Aging (AAA) Case Manager working with the client.
2. Fill out all information and answer all applicable questions.
3. When submitting the referral, make sure to attach or send all supporting documentation, including signed DSHS Consent form, Assessment Detail, Service Summary, Psychosocial Assessment and Ward Social Worker Notes for Eastern or Western State Hospital discharges and/or Judge / Commissioner signed court commitment paperwork for community diversion referrals.
4. The GOSH Program Manager will submit eligible referrals, along with supporting documentation attached, to a GOSH Provider. Upon acceptance by a GOSH Provider, the Program Manager will fill out their section of the referral form and send out to the team. The HCS / AAA Case Manager will submit the GOSH Referral to DMS at that time.
5. For more information regarding GOSH referrals or services, see Long-Term Care Manual [Chapter 5b: Housing Resources for ALTSA Clients](#).