



Aging and Long-Term Support Administration (AL TSA)
 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](#). 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 to 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
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ACES Number	ProviderOne Number	Social Security Number	Referring CM
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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.

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 AL TSA consent form.

Client assessment / case notes / additional information.