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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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. | | | | | | | | | |