

Motel Interim Stay for Transitions (MIST) Program Request Form

Long-Term Care Case Managers should send this request form to: mistreferral@dshs.wa.gov. An AL TSA Housing Program Manager will review and respond within 48 business hours.

Please Note: Client will need a valid ID for motel stay.

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	<p>1. Does your client currently have or have they been approved for one of the following:</p> <p> <input type="checkbox"/> Bridge Subsidy <input type="checkbox"/> GOSH Program <input type="checkbox"/> Other voucher/housing resource <input type="checkbox"/> Civil Transitions Program <input type="checkbox"/> Emergency Situation </p> <p><i>If no, your client is not currently eligible for MIST.</i></p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>2. Is there a contracted provider in place?</p> <p>Agency: Assigned Provider: Email:</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>3. Is client currently enrolled in Roads to Community Living (RCL)?</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>4. Has this request been approved by your supervisor?</p>
<p>5. Where is the client currently staying? _____</p>		
<p>6. If the client is in a facility, what is their discharge date? _____</p>		

Describe client's situation: