



# OHRS Thurston Mason Peer Bridger Referral

612 Woodland Square Loop SE Suite 401 Lacey, WA 98503

Phone: 360-763-5828 Fax: 360-489-1435

## Discharging to Thurston/Mason County

*\*\*\*Individual must be on a 90/180-day civil commitment to receive Peer Bridger Services\*\*\**

Referring Provider:

Date of referral:

Referring organization/Facility:

Name of referent:

Referent phone:

Location of participant:

Facility phone:

Discharge Planner/Social Worker:

DC Planner/SW Phone:

Participant Name:

Preferred Name:

Date of birth:

Preferred Pronouns:

Provider One Number:

Social Security Number:

Estimated discharge date:

Insurance :

### Participant Interests:

- |                                    |                                       |   |                                    |
|------------------------------------|---------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Music     | <input type="checkbox"/> Art          | <input type="checkbox"/> Outdoors       | <input type="checkbox"/> Reading   |
| <input type="checkbox"/> Food      | <input type="checkbox"/> Motor Sports | <input type="checkbox"/> Friends/Family | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Community | <input type="checkbox"/> Traveling    | <input type="checkbox"/> Video Games    | <input type="checkbox"/> Church    |
| <input type="checkbox"/> Other:    |                                       |   |                                    |

### Housing Plan:

- |                                  |                                  |                              |                                      |
|----------------------------------|----------------------------------|------------------------------|--------------------------------------|
| <input type="checkbox"/> AFH/ALH | <input type="checkbox"/> ESF/RTF | <input type="checkbox"/> SNF | <input type="checkbox"/> Independent |
| <input type="checkbox"/> Other:  |                                  |                              |                                      |

### Discharge Supports:

- |                                 |                               |                               |                               |
|---------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> GOSH   | <input type="checkbox"/> PACT | <input type="checkbox"/> TCAT | <input type="checkbox"/> ORCS |
| <input type="checkbox"/> Other: |                               |                               |                               |

## Peer Bridger Contacts

*Justina Nieciag, LICSW  
(Hospital Diversion Program Manager)  
Cell: 360-401-9006  
Email: justina.nieciag@tmbho.org*

*Isaac Watts, CPC  
(Peer Bridger)  
Cell: 360-628-4427  
Email: isaac.watts@tmbho.org*

*ReDonda Gibbons, CPC  
(Peer Bridger)  
Cell: 360-628-2395  
Email: redonda.gibbons@tmbho.org*

*Emily Shippee, CPC  
(Peer Bridger)  
Cell: 360-791-4481  
Email: emily.shippee@tmbho.org*