



OHRS Peer Bridger Referral

670 Woodland Square Loop SE Suite 301 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

Please submit all referrals to the following email: peerbridger.referrals@tmbho.org

Date of Referral:

Referring Provider:

Referring organization/Facility:

Location of participant:

Discharge Planner/Social Worker:

Referent phone:

Facility phone:

DC Planner/SW Phone:

Participant Name:

Date of birth:

Provider One Number:

Estimated discharge date:

Preferred Name:

Preferred Pronouns:

Social Security Number:

Insurance:

Participant Interests:

- | | | | |
|------------------------------------|---------------------------------------|---|------------------------------------|
| ☐ Music | ☐ Art | ☐ Outdoors | ☐ Reading |
| ☐ Food | ☐ Motor Sports | ☐ Friends/Family | ☐ Volunteer |
| ☐ Community | ☐ Traveling | ☐ Video Games | ☐ Church |
| ☐ Other: | | | |

Housing Plan:

- | | | | |
|----------------------------------|----------------------------------|------------------------------|--------------------------------------|
| ☐ AFH/ALH | ☐ ESF/RTF | ☐ SNF | ☐ Independent |
| ☐ Other: | | | |

Discharge Supports:

- | | | | |
|---------------------------------|-------------------------------|-------------------------------|-------------------------------|
| ☐ GOSH | ☐ PACT | ☐ TCAT | ☐ ORCS |
| ☐ Other: | | | |

Peer Bridger Contacts

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