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| --- | --- |
|  | 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:

**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**

*ReDonda Gibbons, CPC (Peer Bridger)*

*Cell: 360-628-2395*

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*Email:* [*Isaac.watts@tmbho.org*](mailto:Isaac.watts@tmbho.org)

*Erica Dennehy, MSW, LICSW, SUDP (Hospital Diversion Program Manager)*

*Cell: 360-401-9006*

*Email:* [*erica.dennehy@tmbho.org*](mailto:erica.dennehy@tmbho.org)