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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*

*Email:* *redonda.gibbons@tmbho.org*

*Isaac Watts, CPC (Peer Bridger)*

 *Cell: 360-628-4427*

*Email:* *Isaac.watts@tmbho.org*

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

*Cell: 360-401-9006*

*Email:* *erica.dennehy@tmbho.org*