



**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:**

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

**Housing Plan:**

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

**Discharge Supports:**

- GOSH
- Other:
- PACT
- TCAT
- ORCS

**Peer Bridger Contacts**

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

*Katelyn Sherrill, CPC  
(Peer Bridger)  
Cell: 360-819-6548  
Email: katelyn.sherrill@tmbho.org*

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

*Tammy Giaque, CPC  
(Peer Bridger)  
Cell: 360-764-6319  
Email: tammy.giaque@tmbho.org*