



Community Integrated Health Services

Trueblood Mental Health Diversion Program Referral Form

The Trueblood Diversion Team will engage and assess the participant pre-release to establish wrap-around services and assist them in setting up basic needs services. We will continue to guide and assist participants post release by supporting them to meet court requirements and develop healthy practices to utilize over their 6-20 month program.

This is a voluntary program for individuals, who have a primary behavioral health diagnosis, and who meet program eligibility standards.

Instructions:

- Potential Participant (PP) must be 18 years or older and consent to services
- Must be currently charged with a criminal offense that contains a nexus connection to PP's diagnosed chronic mental illness **AND** meet the requirements of **RCW 2.30.030**.
- Please complete this referral form and attach a copy of your insurance card and any additional information if available.
- Submit this referral form and any attachments in person or via:
 - Email Trueblood@cihealthservices.com
 - Fax: (844) 810-6422 or (360) 356-1832
 - Postal Mail (see last page for mailing addresses.)
- CIHS will confirm receipt of the referral and will contact you within one business day of receipt of request.
- Check the county where you anticipate services being provided:
 - Cowlitz Lewis Grays Harbor
- How did you hear about us? _____

Referent Information

Are you Self Referring? Yes No (if yes skip to next section)

Agency Name: _____ Date: _____

Contact Name: _____ Job Title: _____

Contact Email Address: _____ Phone: _____

Individual Requesting Services

First & Last Name: _____ Date: _____

Birthdate: _____ Preferred Gender Pronoun: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Cell Phone: _____ Home Phone: _____

Legal Information

Pending Charges:

Community Integrated Health Services Mailing Addresses:
Cowlitz County: 1116 14th Avenue, Longview, WA 98632
Grays Harbor County: 618 W. Market Street, Aberdeen, WA 98520
Lewis County: 1616 S. Gold Street Suite #4, Centralia, WA 98531

Phone: (360) 261-6930 or (855) 303-4834 | Fax: (360) 748-4480 or (844) 554-3370

Website: www.cihealthservices.com

For Office Use Only:

Received By: _____ Date: _____

Received Via: Email Fax Mail In-Person Other _____

Provider One # _____