



# 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 [Scheduling@cihealthservices.com](mailto:Scheduling@cihealthservices.com)
  - Fax: (844) 554-3370 or (360) 748-4480
  - 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     Pacific     Wahkiakum
- 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 14<sup>th</sup> Avenue, Longview, WA 98632  
**Grays Harbor County:** 618 W. Market Street, Aberdeen, WA 98520  
**Lewis County:** 1616 S. Gold Street, Centralia, WA 98531  
**Pacific County:** 335 Third Street, Raymond, WA 98577  
**Pacific County:** 152 First Ave North, Ilwaco, WA 98624  
**Wahkiakum County:** 427 Columbia Street, Cathlamet, WA 98612

Phone: (360) 261-6930 or (855) 303-4834 | Fax: (360) 748-4480 or (844) 554-3370  
Website: [www.cihealthservices.com](http://www.cihealthservices.com)

**For Office Use Only:**

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Received Via:  Email  Fax  Mail  In-Person  Other \_\_\_\_\_

Provider One # \_\_\_\_\_