



Community Integrated Health Services

Peer Bridger Referral Form

Peer Bridger's will be using their lived experience to provide support, guidance and hope to those discharging from the State Hospital. A Peer Bridger develops a relationship of trust with the participant. In developing this trust, the Peer Bridger may function as a role model, peer support, a mentor, a teacher, an advocate, and an ally as he or she communicates hope and encouragement. Peer Bridger's help set the stage and lay the ground work for independence. Peer Bridger's work with the peer in identifying their skills and assisting in the development of skills that are needed to succeed in the community. Peer Bridger's support the peer in establishing a wider circle of support .This is a voluntary program for individuals who are eligible for Medicaid, who have a primary behavioral health diagnosis, and who meet program eligibility standards.

Instructions:

- Please complete this referral form in all areas that apply. Attach a copy of your insurance card if available.
- Submit this referral form and any attachments in person or via:
 - Email 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 (1) business day of receipt of request.
- Check the county where you anticipate services being provided:
 - Cowlitz Lewis Grays Harbor Pacific Wahkiakium
- How did you hear about us? _____

Referent Information

Agency Name: _____ Date: _____

Contact Name: _____ Phone: _____

Contact Email Address: _____

Individual Requesting Services

First & Last Name _____ Date: _____

Birthdate: _____ Preferred Gender Pronoun: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Cell Phone: _____ Home Phone: _____

Reason for Referral

(Examples: homicidal and/or suicidal ideations, substance use/abuse, depression, trauma stressors, multi-system involvement, family functional difficulties, etc.)

Housing Plan

Independent AFH ESF Assisted Living/Skilled Homeless

Nursing Facility GOSH: Yes No

Community Integrated Health Services Mailing Addresses:

Cowlitz County: 1116 14th Ave, Longview, WA 98632

Grays Harbor County: 618 W. Market Street, Aberdeen, WA 98520

Lewis County: 1616 S Gold Street, Suite #4, Centralia, WA 98531

Pacific County: 335 Third Street, Raymond, WA 98577

Pacific County: 152 First Ave N, Ilwaco, WA 98624

Wahkiakum County: PO Box 1447, Chehalis WA 98532

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 # _____

Avatar ID # _____