

BRIDGING THE GAP

A TEMPORARY CONTACT PROGRAM OFFERED BY ALCOHOLICS ANONYMOUS AREA 15 DISTRICT 6

This program is to assist those clients; who wish to do so, make the transition from treatment to the A.A. Program. A member of A.A. from the area closest to your residence will be in touch with you to make arrangements for attending meetings in your community. Those of us that were previously in treatment have found that probably the "wettest" and most "slippery" place in the journey to lifelong sobriety is the distance between the door of the treatment facility and the nearest A.A. group or meeting. Many of us can tell you that, even though we were aware of A.A. while in treatment, we were too hesitant and fearful to attend A.A. meetings on our own.

The purpose of ***Bridging The Gap*** program is to provide a hand, reached out in the spirit of our ***Twelve Steps*** of recovery, to assist the newcomer find the same help in ***staying sober*** that we ourselves found. We do not offer jobs, housing, family or personal counseling, money, clothing, etc.

Our primary purpose is to stay sober and help other alcoholics to achieve sobriety.

If you are interested in "Bridging the Gap" fill out the information below and turn it in to the group bringing this meeting to your facility. Alternately, if you have access to an e-mail account or telephone, contact the Bridging the Gap coordinator directly at: BridgeTheGap@district6aa.org or call 772-49-SOBER. Once, a member of A.A. from the area closest to your residence will be in touch with you to make arrangements for attending meetings in your community. Please make sure to provide City, State and Zip code, a contact phone number, and date of discharge. If you do not know the exact date of discharge, please estimate it.

All information will be kept "Confidential" except to your A.A. contact.

Today Date: _____

Facility Name: _____

Your Name: _____

Home Street Address: _____

City: _____ State: _____ Zip Code: _____ Age: _____ Sex: _____

Home/Cell Phone: _____ Alternate Phone: _____ Release Date: _____

Providing these forms is offered as a service of recovery. It does not imply any affiliation of ALCOHOLICS ANONYMOUS with this treatment or recovery service.