

Letter to the Treatment Client

Dear A.A. Member,

Alcoholics Anonymous in this area offers a program called Bridging the Gap. It is available for you when you are released from your treatment facility and return to the outside world.

The Bridging the Gap program is offered to help you make the transition back to your outside life. You can sign up now to be matched with an A.A. member in your home community. This member will accompany you to meetings, introduce you and help you get acquainted among new friends in A.A. During this time you will learn more about sponsors, home groups, working the steps and service. Your BTG volunteer is temporary only; a maximum of six meetings or visits. They will not follow up or try to control you, nor will they provide housing, food, clothing, jobs, money or other such services.

Experience has shown that attending an A.A. meeting on the outside as soon as possible, preferably in the first twenty four hours after release, is one of the most effective tools in making a sober transition after your treatment program. Many of us have been where you are now, at least in our drinking, and know that the program of A.A. and its Fellowship can do for you what it has done for us.

If you are within three weeks of release and wish to participate in the Bridging the Gap program, please complete the attached request form and mail it to the address below. When the committee receives it they will contact a BTG volunteer who will in turn contact you and arrange to meet with you on the day of your release. If you do not receive contact from a volunteer within a week prior to your release, contact us again so we may follow up on your request.

District _____ BTG or Treatment Coordinator

Or:

Area 69 Treatment Chair

P.O. Box 648

Sandy, Utah 84091-648

web site: www.utahaa.org

I am interested in the Bridging the Gap program and would like to have a Temporary Contact. I understand the importance of making contact with people in the A.A. program and of going to a meeting on the day of my release.

Date: _____ Gender: Male: _____ Female: _____ Release Date: _____

Name: _____ Facility Name: _____

Phone: _____ Address: _____

City: _____ State: _____ Zip: _____

Home Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

Return To: District BTG or Treatment Coordinator

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