

LETTER TO THE TREATMENT PATIENT

Dear AA Member,

AA in this Area has a Program available for you when you are released. Upon your release, we offer the Bridging The Gap Program.

The Bridging The Gap Program is offered to you to help you make the transition back into the outside. This means that you can sign up to be matched to an AA member on the outside in your home community upon release. This AA member will take you to meetings, and introduce you around to help you get acquainted and become comfortable among your new friends in A.A. During this time you learn about sponsors, home groups, working the steps, and service. Your BTG Volunteer is temporary (maximum of six meetings or visits is suggested), and will not follow up or try to control you. Nor will they provide housing, food, clothing, jobs, money or other such services.

Past experience has shown that attending an A.A. meeting on the outside as soon after release as possible (in the first 24 hours) is one of the most effective tools in making a sober transition into the free world. Many of us have been where you are and know what the program of A.A. and its fellowship can do for you and countless others.

If you are within three weeks of release and wish to participate in the Bridging The Gap Program, please complete the attached "Patient Application." Mail it to the address below. When the committee receives it they will contact a BTG Volunteer who will in turn contact you to arrange to meet with you on the day of your release. If you do not receive a letter for this volunteer within two weeks, please contact us, and we will have someone get in contact with you.

I am interested in having someone in the AA program meet me when I am released. I understand the importance of making contact with people in the A.A. program on the day of my release and getting to a meeting.

Date: _____ Gender: Male ___ Female ___ Release Date: _____
Name: _____
Facility: _____ Address: _____
City: _____ State: _____ Zip Code: _____
Release City: _____ Phone No.: _____
State: _____ Zip Code: _____
Signature: _____

Mail to: Area Treatment Committee, P.O. Box 147, Moab, UT 84532