

Area 14 Bridging the Gap/Temporary Contact Request Form

I am within three months of my discharge date. I would like to have an A.A. Temporary Contact who will provide a link for me to the A.A. community through meetings and introduction to other A.A.s.

Name: _____

SEX: Male Female

Doc Number: _____

Facility: _____

City: _____

Province or State: _____

Zip or Postal Code: _____

Discharging to: (Town or Area): _____

Date of Discharge: _____

City: _____

State: _____

Zip or Postal Code: _____

Daytime Phone : _____

Please email to Area 14 corrections or treatment service coordinator at:

treatment@aanorthflorida.org or corrections@aanorthflorida.org