

## 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 : \_\_\_\_\_

### **INSTRUCTIONS:**

Download the form to your device, fill out and email to:  
treatment@aanorthflorida.org and/or corrections@aanorthflorida.org