

# BRIDGING THE GAP

## A TEMPORARY CONTACT PROGRAM OFFERED BY ALCOHOLICS ANONYMOUS AREA 15 DISTRICT 1

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This program is to assist those clients who wish to make the transition from treatment to the A.A. program.

A local member from A.A. will make contact with you to help arrange attendance to your first meeting in your area.

Those of us who previously were in treatment found the most “slippery” place in our search for lifelong sobriety was between the doors of the treatment facility and the front door of A.A. Many of the folks in A.A. will tell you that “we were too hesitant and fearful to attend A.A. on our own.”

The purpose of “Bridging the Gap” (BTG) program is to provide a welcoming hand in the spirit of our Twelve Steps of recovery - to assist the Newcomer in the same search we ourselves sought for sobriety. 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 BTG, fill out the following form and email it to [BTGpinellas@gmail.com](mailto:BTGpinellas@gmail.com) or call 727-755-8BTG (8284). In order that we may successfully reach you, please leave detailed contact information of the facility you are currently in, including your counselor/case worker, first name & last initial, client ID number and date of discharge. If you or someone you know needs immediate assistance, please contact one of the national hotlines directly below.

- SAMHSA 24/7 Treatment Referral Line:

**(800) 662-HELP**

- National Sexual Assault Hotline:

**(800) 656-HOPE**

- National Suicide Prevention Hotline:

**(800) 273-8255**

- Veterans Crisis Line:

**(800) 273-8255, press 1**

- National Alliance on Mental Illness

Helpline:

**(800) 950-NAMI**

- National Runaway Safe line:

**(800) RUNAWAY**

- National Domestic Violence Hotline:

**(800) 799-SAFE**

- National Human Trafficking:

**(888) 373-7888**

For Bridging the Gap, please provide your information.

All information is Strictly Confidential:

Today's Date \_\_\_\_\_ Facility Name \_\_\_\_\_

Case Worker & Phone \_\_\_\_\_

Your First Name & Last Initial \_\_\_\_\_

Phone/Cell \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Release Date \_\_\_\_\_

Special Contact Information/ Client # \_\_\_\_\_

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