

## *Patient Information*

One slippery place in the journey to sobriety happens between the door of treatment and AA. Bridge the Gap connects the gap between. It is a temporary contact program designed to help the alcoholic in treatment make the transition.

The temporary contact will take a newcomer to A.A. meetings; introduce him or her to other A.A.s; insure that he or she has the phone number of several A.A. members, and share the experience of sponsorship and a home group.

A.A. experience suggests attending meetings regularly is critical. In order to bridge the gap, A.A. members have volunteered to be temporary contacts and introduce newcomers to Alcoholics Anonymous in their home town.



### HELPFUL INFORMATION:

Denver Central Office  
Attn: Bridge the Gap  
2926 Zuni St, #202  
Denver, CO 80211  
303.322.4440  
Email: [btg@daccaa.org](mailto:btg@daccaa.org)

## BRIDGING THE GAP

### TREATMENT INFORMATION

MAIL TO:  
DENVER CENTRAL OFFICE  
ATTN: BRIDGE THE GAP  
2926 ZUNI ST, #202  
DENVER, CO 80211  
303.322.4440  
EMAIL: [btg@daccaa.org](mailto:btg@daccaa.org)

# Bridging The Gap

## Patient Information

*Alcoholics Anonymous is a fellowship of men and women who share their experience strength and hope with each other that they may solve their common problem and help others to recover from alcoholism.*

Suggested AA pamphlets you may find helpful:

- Bridging the Gap
- AA at a Glance
- Information on AA
- Primary Purpose Card

*Return the form to your meeting leader or your facility*

*You will be contacted by an AA member of the Bridge the Gap team to introduce you to Alcoholics Anonymous.*

*You may also complete this form online at [www.daccaa.org](http://www.daccaa.org), click the Bridge the Gap tab and look for the Treatment patient form, email the completed form to: [btg@daccaa.org](mailto:btg@daccaa.org)*

Bridge the Gap – AA, Treatment Patient form

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_  
Sobriety Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Best Phone:# \_\_\_\_\_  
Discharge Date: \_\_\_\_\_  
Facility Name \_\_\_\_\_