

Bridging the Gap Participant Form

Participant Name: _____

Age: _____

Gender: _____

Enter Telephone Number if available: _____

Participant Email Address: _____

Address where you will be living upon release:

Street: _____

City: _____

State: _____

Zip
Code: _____

Is this member of A.A. currently living in a facility, treatment center, hospital, rehabilitation center, nursing home, etc and like to be contacted before leaving?(required)

Department of Corrections (DOC) number (if applicable)

DOC # _____

Estimated Date of Release: _____

Enter
Comments: _____

RETURN TO PHIL M., District 72 BTG CHAIR PROMPTLY