



MSCA 09 BRIDGING THE GAP TEMPORARY CONTACT REQUEST FORM

NOTE: If possible, please use the QR code contained in the logo above to reach our online help request form. **ALL INFORMATION IS PRIVATE AND SECURE. YOUR CONTACT REQUEST FORM WILL BE DELETED AFTER CONTACT HAS BEEN MADE.** This paper form is provided as an alternative to be given to the Bridging the Gap Volunteers following their presentation at your facility, mailed to MSCA 09 BTG Treatment Facilities Committee, P.O Box 51446, Irvine, CA 92619-1446 or emailed to treatment@Area9btg.org. You can also reach us by leaving a voicemail at 949-346-4697. Two weeks advance notice is recommended so we can make arrangements for an A.A. Temporary Contact to connect with you. If you are incarcerated, please note any additional information required to reach you prior to release.

First Name _____ Last Name _____

Current Facility & Location _____

Type of Facility Correctional Treatment Other (_____)

Anticipated Release Date _____

Location & Zip code where you will be living upon release: _____

Age: Under 30 30-50 Over 50

Gender: Female Male Other _____

Typers or Preference of A.A. Meeting: *(Mens, Women's, LGBTQ, Open, Closed, Speaker, Discussion, etc.)*

Best way to contact you:

Email _____ Phone _____