



Area 78 Alberta / Northwest Territories
www.area78.org

FOR CLIENT -- BRIDGING THE GAP Request

Date: _____
Name: _____
Address: _____
City: _____
Phone # Home: _____ Cell: _____
Age: _____ Male: _____ Female: _____
Facility your in: _____ Release from Facility Date: _____ Date Required: _____ Please give a minimum of 3 days notice
Special Conditions, Comments or Additional Information you would like to give us: _____
<u>For Client or Counselor:</u> For 780 Area Code Please phone in or deliver this request to Edmonton Central Office: Phone 780-424-5900 For 403 Area Code Please phone in or fax or deliver this request to Calgary Central Office: Phone 403-777-1212 Fax 403-287-6540 <i>For other locations please contact Chair of Treatment tfchair@area78.org (do not email form)</i>
For Office Use: Date: _____
Bridging the Gap Liaison: _____ Phone: _____
Office Volunteer processing the request: _____
Feedback: Was the liaison in contact with the client? Y / N Date: _____
Results: _____