Temporary Contact Request

www.naminnesota.org

Statistics don't lie, and the chances of recovering alone are not good. If you would like to go to your first meeting with a new friend in recovery, do yourself a favor; complete this form. Someone will be in touch with you soon to help you attend a meeting after your discharge.
Send or email the completed form to:

Narcotics Anonymous
Bridging the Gap Program
6066 Shingle Creek Pkwy #113
Brooklyn Center, MN 55430
Email: bridgingthegap@naminnesota.org

Yes. My recovery is extremely important to me and I want to attend an NA meeting as soon as I get out. Please have a volunteer call me prior to my release so we can go to my first meeting together.
Congratulations. Your commitment to your recovery is key to your success.

PLEASE PRINT CLEARLY

Today's Date: 10-17-17

TREATMENT INFORMATION

Facility Name: Adolescent Treatment Center of Winnebago **Patient Phone #:** (507) 526-6111

Counselor's Name: Erica **Counselor's Phone #:** (507)893-3885

PATIENT INFORMATION **DISCHARGE DATE:** mid November

Name: Mackenzie Serbus **Birth Year:** 2000 **Sex:** (F) M

Home Phone: 320-522-3603 **Cell Phone:** 320-522-2504

Home Address: 1005 South 10th Street

City: Olivia **State:** MN **Zip:** 56277

Address & Phone # being released to if different from Home Information **Phone:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____