

**NEBRASKA COMMISSION ON PROBLEM GAMBLING**



**GAMBLERS ASSISTANCE PROGRAM**

**PROBLEM GAMBLING TREATMENT  
CONTRACT PROVIDER MANUAL  
2014-2015**

**NEBRASKA COMMISSION ON PROBLEM GAMBLING**

**GAMBLERS ASSISTANCE PROGRAM**

**700 SOUTH 16TH STREET**

**LINCOLN NE 68508**

## **INTRODUCTION**

This manual describes the requirements adopted by the Nebraska Commission on Problem Gambling that apply to the contracts entered by the Commission with providers performing treatment services. The contents of this manual become part of those contracts by reference, and are therefore binding on the contractor.

The manual comprises the following contents:

Part 1: Provider Qualifications

Part 2: Service Definitions

Part 3: Clinic Records

Part 4: Audit

Part 5: Billing and Reporting Procedures

Part 6: Forms

## PART 1: PROVIDER QUALIFICATIONS

All problem gambling treatment services for which payment is sought by the contractor from the GAP must be provided by individuals who:

A. Hold a current active certificate as a Certified Disordered Gambling Counselor, issued by the Nebraska Commission on Problem Gambling; or

B. Have completed the minimum CDGC course work prescribed by the Nebraska Commission on Problem Gambling, **hold a Provisional Certificate**, and provide treatment under professional supervision by a supervisor having qualifications approved by the Commission.

All providers shall provide treatment services following generally accepted standards of care applicable to them as they perform disordered or problem gambling counseling therapy, and conforming to the standards of ethical practice adopted by the Nebraska Commission on Problem Gambling.

## PART 2: SERVICE DEFINITIONS & UTILIZATION GUIDELINES

The Gamblers Assistance Program pays providers to perform therapy for eligible consumers. To be eligible, a consumer must be a United States citizen or a qualified alien as described in Nebraska law, and be a resident of Nebraska, and have a current diagnosis of gambling disorder based on a clinical assessment following the diagnostic criteria in the current Diagnostic and Statistical Manual of the American Psychiatric Association, or be a concerned other in relation to a person to whom the diagnosis applies.

All services shall be strengths-based, culturally sensitive, trauma informed, recovery oriented, and consumer driven. Contract providers shall screen for co-occurring behavioral health issues and comorbidities, and make referral to appropriate local services whenever indicated for management.

The following service definitions and utilization guidelines apply to the treatment activities for which a contracted provider may receive payment from the Nebraska Gamblers Assistance Program. These definitions and guidelines correspond to the categories of rates specified in the current contract document.

**Service Definition: Crisis** This is a professionally directed emergency response to a consumer, either the gambler or concerned other, experiencing significant distress caused by problem gambling behavior. This may involve interaction between the contract provider and one or more persons not yet admitted to outpatient therapy.

### Utilization Guideline

This is an urgent response treatment service intended to intervene in a crisis and stabilize the individual. Whenever possible, this service shall be provided in a face-to-face encounter. The counselor providing this service shall take appropriate steps to minimize risk if there is imminent danger. The provider shall encourage the consumer to engage in appropriate therapy or take advantage of other community-based support. Screening for suicide should be conducted if applicable, using a valid suicide screening instrument. Severe threats or indications of imminent danger must be reported to appropriate local resources. Appropriate documentation in clinic records is required, but a complete assessment, evaluation and treatment plan is only performed if the client is admitted to outpatient therapy. This time-limited service shall not be a substitute for appropriate outpatient therapy. Service delivery by telephone is allowed for no more

than two hours of the total crisis service prior to an initial face-to-face interaction with the client. A maximum of six crisis hours will be paid by the Gamblers Assistance Program in a twelve month period for a consumer who is not admitted to outpatient therapy.

**Service Definition: Assessment/Evaluation** This is a professionally directed problem gambling assessment resulting in a comprehensive written summary of the consumer's pre-treatment assessment, evaluation and treatment plan recommendations. The assessment process must be conducted in person in a face-to-face session with the provider and the consumer. The evaluation must include collection of collateral information and documentation of consumer scores on the screening instruments specified in the Gamblers Assistance Program Intake Database.

**Utilization Guideline**

The assessment, evaluation and development of a treatment plan is performed for each client admitted to outpatient therapy. This process is conducted by a Nebraska-certified compulsive gambling counselor, or by a provisional counselor under supervision as provided in the Nebraska certification standards. The scoring on DSM-V, Gamblers Anonymous 20 Question, or GAM-ANON instruments must be documented in the clinic record at the time of the assessment and evaluation. This is a single episode procedure which is performed at the beginning of the outpatient therapy. The procedure includes completion of the intake and assessment elements of the Gamblers Assistance Program database. A provider may develop their own format for other clinic records. The final result of this process must be documented in the clinic record, signed and dated by the provider.

**Service Definition: Assessment/Evaluation Addendum** This is a professionally directed process to supplement diagnostic impressions, modify a treatment plan, or document other changes to the clinic record of a consumer admitted to outpatient therapy, or to add information following a period of time intervening since prior treatment services. The addendum is a written clinic record that includes an explanation of the circumstances leading to the decision that the addendum process is indicated.

**Utilization Guideline**

This supplemental document is prepared when needed to update an earlier assessment and evaluation, either because of an alteration in the consumer's status or diagnosis, or because of the passage of an interval of six months or more since the last contact. A change of diagnosis must be documented by the score from a Gamblers Assistance

Program approved instrument. The final result of this process must be documented in the clinic record, signed and dated by the provider.

**Service Definition: Outpatient Treatment** This is professionally performed and directed outpatient problem gambling treatment services for persons admitted to treatment who are experiencing the consequences of the diagnosed gambling disorder. The admitted consumer may be the gambler, family, or concerned other. The services shall be provided according to generally accepted standards of care for professional therapy given to persons in these circumstances. Treatments may include individual, family, or group counseling sessions, and may in appropriate, but limited, circumstances be provided by distance treatment methods that include video and audio communication between the therapist and the admitted client. Treatment is provided based upon the assessment, evaluation and treatment plan that is documented in the clinic record. Consumers admitted to outpatient treatment must have been given a score on the applicable instrument that indicates the need for the treatment.

#### Utilization Guideline

To be admitted, the consumer must present symptoms of Gambling Disorder based on the diagnostic criteria in DSM-V, or be the significant other presenting symptoms of significant life disruption due to another's gambling. A gambler's score of 4 or higher on DSM-V criteria is the usual basis for admitting the client. A DSM-V score of 3 or lower requires narrative justification for admission to outpatient care. The consumer must not present other symptoms that interfere with psychiatric stability and safety. Individuals presenting actual or potential danger to self or others, or requiring a more intensive level of care, structure or supervision, are not admitted. Outpatient treatment is not intended to treat social, economic or physical health disorders without a concurrent gambling disorder diagnosis based on the Gamblers Assistance Program standards.

Continued care is provided so long as the presenting disorder exists, and the consumer does not require a level of care that is either more or less intensive. The clinic record must show progress toward meeting treatment goals, and reasonable likelihood of benefit from continued care. Therapeutic progress is demonstrated by objective measures of behavior. The consumer must be making progress and be actively participating in the treatment. Treatment is individualized and evolves as the consumer's presentation evolves during the course of therapy. The clinic record shows active and continuously updated discharge planning, including relapse and crisis prevention plans.

The consumer is discharged from therapy:

1. When no treatment services are provided during a continuous period of ninety days, unless authorized by the Program; or

2. When the consumer and counselor agree that discharge is appropriate; or
3. When the consumer self-discharges or leaves treatment; or
4. When in the opinion of the counselor the goals and objectives of the treatment plan have been substantially met.

Upon discharge, there is an appropriate aftercare plan with identified informal supports and appropriate referrals recommended. If at any time during outpatient therapy the consumer presents symptoms of a mental health or substance abuse disorder for which a more intensive level of care is indicated, or that interferes with problem gambling therapy, the consumer is discharged with a referral to the appropriate service.

Within thirty days after discharge, the database worksheets for the Program discharge report must be completed.

### **PART 3: CLINIC RECORDS**

Clinicians shall create and maintain permanent records that document the clinic services for which payment is requested. The records may be typewritten, legibly hand-written, or in an electronic form. All records shall be dated and signed by the clinician, either in writing on hard copy or electronically. Records shall be as follows:

1. For crisis only consumers, not admitted to outpatient therapy, the record must show that the consumer meets the eligibility standards of the Gamblers Assistance Program, and include a brief summary of the consumer's need for the service.

2. For each consumer admitted to therapy services, at a minimum, each consumer's record must contain:

A. Documentation showing that the consumer meets the eligibility standards of the Program.

B. Documentation showing that the consumer received a formal orientation to the Program including information concerning consumer rights, confidentiality and privacy.

C. Intake and assessment data compiled as required by the Gamblers Assistance Program database manual.

D. A treatment plan based on the assessment and evaluation, completed within thirty days of the start of services. The treatment plan is a consumer oriented document developed by the clinician in partnership with the consumer and includes at a minimum:

- (i) An assessment of the consumer's strengths.
- (ii) Short and long term goals of the treatment with corresponding measurable objectives.
- (iii) Documentation that the consumer participated in the development of the treatment goals and objectives.
- (iv) Type and frequency of services to be received and identity of the clinician primarily responsible.
- (v) Anticipated criteria for discharge readiness and projected time to discharge.
- (vi) Documentation of treatment plan review with the consumer at least every ninety days.

E. Progress notes that describe the service provided, duration, and assess progress toward meeting the goals of the treatment plan. Progress notes must be dated and signed by the responsible clinician, and should be written promptly after the therapy session. If the clinician is under supervision, the progress notes must reflect regular review by the Gamblers Assistance Program approved supervising clinician.

F. Documentation of efforts to involve the consumer's family and concerned others (as defined by the consumer) in the treatment and recovery process, and reasons for lack of involvement if applicable.

G. A discharge summary completed within thirty days of discharge that includes:

(i) Intake and discharge dates.

(ii) Initial diagnosis, and any changes in the diagnosis during therapy.

(iii) A narrative summary of services provided and the consumer's progress toward achieving the goals of the treatment plan.

(iv) Recommendations and referrals given upon discharge that support recovery and the continued after-care plan.

(v) The data required to be provided for the Gamblers Assistance Program database.

H. Documentation showing that the consumer's case has been properly registered in the Gamblers Assistance Program database, if admitted to therapy care.

3. For all consumers receiving services paid for by the Gamblers Assistance Program, the Citizenship attestation required by Nebraska Revised Statutes Sections 4-106 to 4-114. The form supplied with this manual, or a comparable document, shall be used for this purpose and the hard-copy original, signed and dated by the consumer, shall be kept in the clinic record.

4. For all consumers receiving services paid for by the Gamblers Assistance Program, evidence that the consumer has been advised of the opportunity to register to vote, and supplied with a voter registration application or informed of the means to obtain one through the Nebraska Secretary of State.

## **PART 4: AUDIT**

### ***General Information***

The Nebraska Commission on Problem Gambling has adopted audit procedures to assure that services paid for by the Program were delivered as required by the contracts, Commission policies, and Nebraska state law.

Audits cover two general subject areas: verification of services purchased, and verification of compliance with general standards adopted by the Commission. Each audit will include steps covering both subject areas.

An audit is a test of a selected number of records. Each contractor will be audited annually, at a time selected by Gamblers Assistance Program staff. The date of the audit will usually be determined in advance, although audits may be conducted without advance notice.

It is a condition of the contract with each vendor that clinical records pertaining to the services and items for which payment has been made by the Gamblers Assistance Program must be available for examination by the auditor.

### ***Basic Conditions of the Audit***

All client information obtained by the auditor will be kept confidential, and will not be revealed without prior written informed consent given by the therapy client.

The auditor will determine the sample size for selection of vendor records for examination. Compliance will be scored based on a simple Yes/No scoring method.

The auditor will exercise independent judgment about expansion of the audit sample based on the scoring of records in the initial sample, field interview with the vendor, and the other information that the auditor believes is applicable.

The audit of services purchased will include examination of the records of the vendor that support the monthly invoices submitted to the Gamblers Assistance Program. Records that will be examined will include clinical records, progress notes, financial records of the vendor's professional practice, invoices from suppliers for which reimbursement was requested, and other records of the vendor that the auditor requests that contain information about the items

on the selected invoices. The purpose of this part of the audit is to determine whether there is appropriate documentation to support the items for which payment was made by the Gamblers Assistance Program.

The audit of compliance with general standards adopted by the Commission will include examination of the vendor's records to verify that the vendor has complied with the requirements of this manual, the professional certification standards adopted by the Commission, the general terms of the vendor's contract, and applicable Nebraska laws.

### ***The Conduct of the Audit***

An audit will be conducted as follows:

1. The audit appointment is established, usually three days in advance.
2. Two days before the field visit, the auditor notifies the vendor of the records that will be examined.
3. The vendor provides the records on the date of the field visit.
4. The vendor is available to answer questions posed by the auditor at the time of the field visit, and at any time thereafter until the date of the final audit report.

An audit field visit will include the following:

1. Verification that the records selected for audit are available at the time of the appointment.
2. Examination of the requested records.
3. Interview with the vendor and vendor's staff on subjects determined by the auditor.
4. Comparison of vendor records with Gamblers Assistance Program records for the items selected for audit.
5. If the auditor concludes that the audit sample is to be expanded, the vendor provides the added records upon request.
6. The auditor and the vendor sign and date documents on forms issued by the auditor confirming the conduct of the audit and listing the records that were examined.

7. If, in the judgment of the auditor, a return field visit is necessary, the appointment will be established within a reasonable time at the request of the auditor.

***The Results of the Audit***

The auditor completes the examination and issues a report to the vendor promptly after the field visit. The vendor is allowed a reasonable time to respond to auditor comments and criticisms, and the response will be included in the final audit report.

If the audit reveals material discrepancies or violations of Gamblers Assistance Program standards or state law, the Gamblers Assistance Program may, in its discretion, require the vendor to submit a corrective action plan. Such a plan must include specific steps that the vendor will take to promptly correct the issues described by the auditor.

If the audit reveals evidence of a violation of a penal law applicable to contracts made with the State of Nebraska, the auditor shall forward the evidence to the appropriate authority.

If the audit reveals that documentation does not exist to support payment for items, the Nebraska Commission on Problem Gambling may, in its discretion, terminate the vendor's contract, and seek repayment of amounts paid, and take any other action that the Commission deems appropriate.

## **PART 5: BILLING AND REPORTING PROCEDURES**

### ***General Information***

Monthly invoices are submitted using the Gamblers Assistance Program -specified forms:

GAP-1 Claim Voucher summarizes the items claimed in the service categories.

GAP-2 provides detail of the education and outreach services.

GAP-3 provides detail of crisis session claims.

TAD lists clients for whom services were provided.

By completing, signing and submitting the invoice, the provider certifies to the Gamblers Assistance Program and to the State of Nebraska that the services were provided as itemized on these forms.

Invoices will be processed for payment promptly upon receipt at the office of the Program.

Invoices may be submitted electronically, by fax, or by mail.

As explained in the schedule of rates for the year 2014-2015, requests for reimbursement for public education and information materials produced for the contracted provider by other suppliers must include an invoice from the supplier of the materials and a copy or facsimile of the item.

### ***GAP-1 Claim Voucher***

There are four basic categories of contracted service. The GAP-1 claim voucher is an Excel spreadsheet document that computes the sub-totals when the items are correctly entered into the form. **The year-to-date totals must be manually computed and typed into the blanks.** Contractors must keep their own record of amounts submitted as claims to assure that the record agrees with the Gamblers Assistance Program office and the Nebraska Department of Administrative Services accounting records. This assures budget control and monitoring the financial condition of the program and enables the contractor to manage their practice.

As explained in the schedule of rates, the item on line 17 of the GAP-1 invoice is an allowance for administrative overhead in the contractor's professional office. This is equal to one-twelfth of 10% of the contractor's total contract allowance. If the contracted allowance is adjusted during the year, the applicable allowance is also adjusted as of the month when the adjusted contract amount goes into effect.

The amount entered on line 18 will be the total of the amount claimed for time devoted to the activity specified on the GAP-2 form plus the cost of producing or disseminating materials as allowed in the schedule of rates. Claims for reimbursement of out-of-pocket costs must be supported with a copy of the invoice from the supplier, plus a copy or facsimile of the item.

### ***GAP-2 Education and Outreach Services Detail***

This form must include complete information in each blank to support the payment claim.

The column for date is the date of service.

The column for hours is the amount of time spent by the contractor for which payment is requested at the schedule rate of \$55 per hour.

The column for county is the location where the activity was performed.

The column for topic, audience and activities must include a general description of each of these categories of information. Audience must include the number of persons attending the activity and a general description of the nature of the audience or the population from which the audience came. The description of the activity can be a short or, in some cases, a one-word explanation. The column for level refers to the six prevention levels adapted from the SAMSHA substance abuse prevention materials. If the claim includes time spent by the contractor preparing materials to be distributed or used during an activity, the description of activity must contain an explanation of the effort for which payment is requested.

The main purpose of education and outreach activity is to inform the public of the existence and nature of the gambling disorder, and the availability of help through the Nebraska Gamblers Assistance Program. Contracts for the current year require that a minimum of ten percent of the total contract amount is to be expended for this activity.

### ***GAP-3 Crisis Session Detail***

This form provides documentation to support a claim for crisis session services provided to persons who are not at the time of the service admitted to outpatient therapy. A limited service may be provided by telephone, but this service is generally expected to be provided in a face-to-face, in person environment.

### ***Turn-Around-Document (TAD)***

This is a master database document maintained by the contractor and the Program office. This is a continuous listing of clients admitted to therapy services, and is to be maintained up-to-date by the contractor at all times. The columns for units of service must support the amounts claimed for the three categories of outpatient therapy that are paid by hourly rates. A client is removed from this list within a reasonable time after discharge from therapy.

## **PART 6: FORMS**

GAP-1 Claim Voucher 2014-2015

GAP-2 Education and Outreach Services Detail 2014-2015

GAP-3 Crisis Services Detail 2014-2015

Turn-Around Document 2014-2015

Prevention Levels GAP 2014-2015

Schedule of Rates for Fiscal Year 2014-2015

Gamblers Assistance Program Intake Assessment

Gamblers Assistance Program Discharge

DSM-V Diagnostic Criteria

Gamblers Anonymous 20 Questions

GAM-ANON Questions

United States Citizenship Attestation Form

Nebraska Voter Registration Application

State of Nebraska Substitute Form W-9 & ACH Enrollment



GAMBLERS ASSISTANCE PROGRAM

GAP-1

**GAMBLERS ASSISTANCE PROGRAM  
CLAIM VOUCHER 2014-2015**

CONTRACTOR'S NAME (Required)

DATE OF REQUEST

MONTH SERVICES RENDERED

**REIMBURSEMENT REQUEST**

TYPE OF SERVICE	UNIT TYPE	RATE	# of UNITS	SUB-TOTAL	YEAR TO DATE
ASSESSMENT	Each	\$250.00		\$0.00	\$0.00
ADDENDUM	Each	\$60.00		\$0.00	\$0.00
CRISIS (NON-ADMITTED)	Hour	\$90.00		\$0.00	\$0.00
INDIVIDUAL (OP & IOP)	Hour	\$90.00		\$0.00	\$0.00
FAMILY (OP & IOP)	Hour	\$100.00		\$0.00	\$0.00
GROUP (OP/IOP/Aftercare)	Hour	\$90.00		\$0.00	\$0.00
<b>TOTAL TREATMENT SERVICES</b>				<b>\$0.00</b>	<b>\$0.00</b>
<b>ADMIN 10%</b>	<b>ONE-TWELFTH PER MONTH</b>				
<b>TOTAL EDUCATION, INFORMATION AND OUTREACH</b>					
<b>TOTAL AMOUNT OF THIS REQUEST</b>				<b>\$0.00</b>	<b>\$0.00</b>

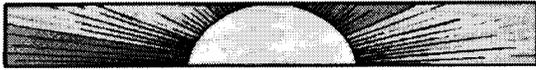
Authorized Signature

Title

Date

*Enclose proper supporting documentation and bill to address below:*

Nebraska Commission on Problem Gambling  
700 South 16th Street  
Lincoln NE 68508



**GAP-2  
GAMBLERS ASSISTANCE PROGRAM  
EDUCATION AND OUTREACH SERVICES DETAIL 2014-2015**

CONTRACTOR'S NAME (Required)	DATE OF REQUEST	MONTH SERVICES RENDERED
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DATE	HOURS	COUNTY	TOPIC, AUDIENCE, & ACTIVITIES	LEVEL
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<b>TOTAL HOURS</b>	<b>0</b>	<b>Rate per Hour \$55.00</b>	<b>Page Total</b>	<b>\$0.00</b>
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**REIMBURSEMENT FOR OUT-OF-POCKET EXPENSES PER . R ATTACHED \$0.00**

**TOTAL TO GAP-1 EDUCATION, INFORMATION, OUTREACH \$0.00**



GAMBLERS ASSISTANCE PROGRAM

**GAP-3  
GAMBLERS ASSISTANCE PROGRAM  
CRISIS SESSION DETAIL 2014-2015**

Must SUBMIT this form with monthly billings.

Reimbursement will not be processed without this encounter data.

Agency ID			Client ID		
Client SSN			Client DOB		
Client Gender (Check One)	Male		Client Type (Check One)	Gambler	
	Female			Concerned Other	
	Other				
Referral Source (Check One)	Helpline		Total # of Hours This Month _____		
	Yellow Pages				
	Internet				
	Family				
	Professional				
	Other				
Helpline Voucher? (YES or NO)	_____				

Agency ID			Client ID		
Client SSN			Client DOB		
Client Gender (Check One)	Male		Client Type (Check One)	Gambler	
	Female			Concerned Other	
	Other				
Referral Source (Check One)	Helpline		Total # of Hours This Month _____		
	Yellow Pages				
	Internet				
	Family				
	Professional				
	Other				
Helpline Voucher? (YES or NO)	_____				

Agency ID			Client ID		
Client SSN			Client DOB		
Client Gender (Check One)	Male		Client Type (Check One)	Gambler	
	Female			Concerned Other	
	Other				
Referral Source (Check One)	Helpline		Total # of Hours This Month _____		
	Yellow Pages				
	Internet				
	Family				
	Professional				
	Other				
Helpline Voucher? (YES or NO)	_____				



# Prevention levels Nebraska GAP

## Level 1

### **Information dissemination.**

This strategy provides awareness and knowledge of the nature and extent of problem gambling and its effects on individuals, families, and communities. It also provides knowledge and awareness of available prevention programs and treatment services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two.

## Level 2

### **Education.**

This strategy involves two-way (face-to-face) communication and is distinguished from the information dissemination strategy by the fact that interaction between the educator/ facilitator and the participants is the basis of its activities. Activities under this strategy aim to affect critical life and social skills, including decision-making (e.g. responsible gambling), refusal skills, critical analysis (e.g., of media messages), and systematic judgment abilities.

## Level 3

### **Alternatives.**

This strategy provides for the participation of target and at-risk populations in activities that exclude gambling. The assumption is that constructive and healthy activities offset the attraction to--or otherwise meet the needs potentially filled by—gambling and other risky behavior and would, therefore, minimize or obviate resort to the latter.

## Level 4

### **Problem identification and referral.**

This strategy aims at identification of those who have engaged in risky or problem gambling in order to assess if their behavior can be reversed through education. It should be noted, however, that this strategy does not include any activity designed to determine if a person is in need of treatment.

## Level 5

### **Community-based process.**

This strategy aims to enhance the ability of the community to more effectively provide prevention and treatment services for problem and pathological gambling disorders. Activities in this strategy include organizing, planning, enhancing efficiency and effectiveness of services implementation, interagency collaboration, coalition building, and networking.

## **Level 6**

### **Environmental.**

This strategy establishes or changes written and unwritten community standards, codes, and attitudes, thereby influencing incidence and prevalence of problem and pathological gambling in the general and at-risk populations. This strategy is divided into two subcategories to permit distinction between activities that center on legal and regulatory initiatives and those that relate to the service and action-oriented initiatives.

Adapted from SAMHSA substance abuse prevention

**ATTACHMENT A: SCHEDULE OF RATES FOR FISCAL YEAR 2014-2015**

Assessment	\$ 250 per each
Assessment Addendum	\$ 60 per each
Crisis	\$ 90 per hour
Individual outpatient therapy	\$ 90 per hour
Family outpatient session	\$ 100 per hour
Group outpatient therapy	\$ 90 per hour

*Family and group sessions are paid per hour of contractor's time, no matter how many individuals are in the group or family participating. A session does not qualify as a family or group session unless two or more individuals participate in actual therapy.*

Public education, community outreach, information	\$ 55 per hour
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*This pay item is for actual time spent by the contractor in conducting the activity, and may include assembling and preparing materials for presentation. Mileage to and from an event is paid at the current IRS mileage rate.*

**Advertising, promotional and educational materials Reimbursed at cost**

*In order to be reimbursed, this item must include a prominent message regarding the gambling disorder, such as warning signs, hints about responsible gambling, etc. Website development and maintenance is included. Samples or facsimiles of the materials for which reimbursement is requested must be supplied with the invoice. Examples include script of a radio spot, photo of a billboard, copy of a newspaper ad, sample of handout literature. These materials must also include the Helpline phone number 1-800-522-4700, and a statement that the Helpline is sponsored by the Nebraska Commission on Problem Gambling.*

**Administration 10% of the contract amount, one-twelfth monthly**

*This is a flat-rate pay item that is based on the requirement that the contractor must compile and maintain clinical records of services provided under this contract, document intake assessment and discharge information into the Program database, make records available for Program internal audits, and provide therapy services in a suitable environment consistent with professional and ethical standards. Ten percent of the amount of the contract award will be paid in twelve monthly installments, one-twelfth per month. Invoices for administration may be disallowed if the contractor does not demonstrate active clinical practice that justifies the presumption of administrative overhead expense. This allowance does not apply to the following special one-time rate for database input.*

**SPECIAL ONE-TIME RATE FOR THE PERIOD JULY 1-AUGUST 31, 2014**

**Recording data in the GAP Excel database \$25 per client file not to exceed \$ \*\*\*\*\***

# Gamblers Assistance Program Intake Assessment

Revised 7/1/2014

(Insert Agency Name →)

First Name:	Last Name:	
Previous Last/Maiden Name:		
Address:		
City:	State:	Zip:
County of Residence:	County of Admission:	
Social Security Number:		
Client's First Admission to Your Agency <input type="checkbox"/> Yes <input type="checkbox"/> No		

### Demographic Information

Marital Status:	<input type="checkbox"/> Cohabiting <input type="checkbox"/> Divorced	<input type="checkbox"/> Married <input type="checkbox"/> Never Married	<input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Race:	<input type="checkbox"/> Alaska Native <input type="checkbox"/> American Indian <input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> White
Ethnicity:	<input type="checkbox"/> Cuban <input type="checkbox"/> Hispanic/specific origin unknown	<input type="checkbox"/> Mexican <input type="checkbox"/> Not of Hispanic Origin	<input type="checkbox"/> Other Specific Hispanic <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Unknown
Preferred Language:	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Mandarin <input type="checkbox"/> Other	Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
		Veteran Status:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disability:	<input type="checkbox"/> Blindness/Severe Visual Impairment <input type="checkbox"/> Cognitive Disability <input type="checkbox"/> Deafness/Severe Hearing Loss <input type="checkbox"/> Mental Health	<input type="checkbox"/> Non-Ambulation or Major Difficulties in Ambulation <input type="checkbox"/> Non-Use/Ambulation <input type="checkbox"/> No Observable Handicap or Impairment	
Date of Birth:	Age at Admission:		

### Financial Information

Number of Dependents: (00=none or self): _____			
SSI/SSDI Eligibility:	<input type="checkbox"/> Determined to be ineligible/NA <input type="checkbox"/> Eligible/not receiving benefits	<input type="checkbox"/> Eligible/receiving payments <input type="checkbox"/> Potentially eligible	
Medicare/Medicaid:	<input type="checkbox"/> Determined to be ineligible/NA <input type="checkbox"/> Eligible/not receiving benefits	<input type="checkbox"/> Eligible/receiving payments <input type="checkbox"/> Potentially eligible	
Health Insurance:	<input type="checkbox"/> Blue Cross/Blue Shield <input type="checkbox"/> Child Welfare <input type="checkbox"/> HMO <input type="checkbox"/> Indian Health Service	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> No Insurance <input type="checkbox"/> Other Insurance <input type="checkbox"/> Other Direct Federal	<input type="checkbox"/> Other Direct State <input type="checkbox"/> PPO <input type="checkbox"/> Private 3 <sup>rd</sup> Party <input type="checkbox"/> Private Self Paid <input type="checkbox"/> Veterans Administration
Income Source:	<input type="checkbox"/> Disability <input type="checkbox"/> Employment	<input type="checkbox"/> None <input type="checkbox"/> Other	<input type="checkbox"/> Public Assistance <input type="checkbox"/> Retirement/Pension

**Admission Information**

Admission Date:	Assessment Date:
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Has this person attempted suicide in the last 30 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Has this person thought about suicide in the last 30 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
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Is this person a Significant Other or Concerned Other?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Is this consumer pregnant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**Socioeconomic Indicators**

Who is seeking treatment?	<input type="checkbox"/> Gambler	<input type="checkbox"/> Significant Other of Client	<input type="checkbox"/> Concerned Other of Client
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Occupation:	<input type="checkbox"/> Clerical/Sales <input type="checkbox"/> Farm/Ag Related <input type="checkbox"/> Homemaker <input type="checkbox"/> Laborer	<input type="checkbox"/> Manager/Professional <input type="checkbox"/> Service (Food, Housekeeping) <input type="checkbox"/> Skilled/Semi Skilled Crafts Operatives	<input type="checkbox"/> Student <input type="checkbox"/> Technical/Administrative <input type="checkbox"/> None
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Living Situation:	<input type="checkbox"/> Private Residence without Support <input type="checkbox"/> Private Residence with Support <input type="checkbox"/> Child living with Parent/Relative <input type="checkbox"/> Foster Home <input type="checkbox"/> Homeless/Homeless Living Shelter	<input type="checkbox"/> Jail/Correctional Facility <input type="checkbox"/> Other Institutional Setting <input type="checkbox"/> Private Residence with Housing Assistance <input type="checkbox"/> Other _____
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Education:	<input type="checkbox"/> <12 years <input type="checkbox"/> 12 years = GED <input type="checkbox"/> > 12 years <input type="checkbox"/> Associates Degree	<input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/> Unknown
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Employment:	<input type="checkbox"/> Employed Full Time 35+ Hours <input type="checkbox"/> Employed Part Time <35 Hours <input type="checkbox"/> Employed Full Time + Part Time <input type="checkbox"/> Disabled <input type="checkbox"/> Homemaker <input type="checkbox"/> Retired	<input type="checkbox"/> Student <input type="checkbox"/> Unemployed (laid off/looking) <input type="checkbox"/> Unemployed/not seeking <input type="checkbox"/> Volunteer <input type="checkbox"/> Active/Armed Forces 35+ Hours <input type="checkbox"/> Active/Armed Forces <35 Hours <input type="checkbox"/> Other _____
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Reason for Admission:		
<input type="checkbox"/> Primary Disordered Gambling <input type="checkbox"/> Primary DG/Secondary MH <input type="checkbox"/> Primary DG/Secondary SA	<input type="checkbox"/> Primary MH/Secondary DG <input type="checkbox"/> Primary SA/ Secondary DG	<input type="checkbox"/> Primary DG Significant Other <input type="checkbox"/> Primary DG Concerned Other <input type="checkbox"/> Other _____

Admission Referral Source:		
<input type="checkbox"/> Self <input type="checkbox"/> Significant Other of Client <input type="checkbox"/> Family <input type="checkbox"/> Corrections <input type="checkbox"/> Friend	<input type="checkbox"/> Probation <input type="checkbox"/> Private Mental Health Practice <input type="checkbox"/> Helpline <input type="checkbox"/> Community Service Agency	<input type="checkbox"/> Disordered Gambling Provider <input type="checkbox"/> Internet <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Other _____

Who/what encouraged client to seek/stay in treatment? <i>(Choose up to three and number them)</i>		
_____ Self _____ Significant Other _____ Friend _____ Employer _____ Court	_____ Legal Worries _____ Professional _____ Family _____ Clergy _____ Helpline	_____ Gamblers Anonymous _____ Debt Losses _____ None _____ Other _____

**Legal Status at Admission**

<input type="checkbox"/> Voluntary	<input type="checkbox"/> Court: Presentence Evaluation
<input type="checkbox"/> Probation	<input type="checkbox"/> Voluntary by Guardian
<input type="checkbox"/> Court Order	<input type="checkbox"/> Incarcerated
<input type="checkbox"/> Parole	<input type="checkbox"/> Other _____

Number of arrests in the past 30 days: \_\_\_\_\_

**Initial Client Activity** (You may choose up to 3 activities & number them)

_____ Assessment	_____ Addendum	_____ Crisis	_____ None
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Is this service to be provided, in whole or part, through tele-health?  Yes  No

**Social History**

Annual Gross Income (nearest 1,000): \$ \_\_\_\_\_ (Must be a number)

Annual Gross Household Income (nearest 1,000): \$ \_\_\_\_\_ (Must be a number)

Caregivers: Drinking?  Yes  No  Unknown Gambling?  Yes  No  Unknown

Significant Other: Drinking?  Yes  No  Unknown  N/A Gambling?  Yes  No  Unknown  N/A

Concerned Other: Drinking?  Yes  No  Unknown  N/A Gambling?  Yes  No  Unknown  N/A

**Employment History**

Number of employers' client has had in last 5 years? \_\_\_\_\_ (Must be a number)

Number of jobs/positions client has had in last 5 years? \_\_\_\_\_ (Must be a number)

Number of work days missed by client in last 30 days due to gambling? (Must be a number 0 - 30) \_\_\_\_\_

**Gambling History**

Age when first gambled: \_\_\_\_\_ (Must be a number)

Initial Gambling Activity: (Choose up to 3 & number them)	<input type="checkbox"/> Bingo	<input type="checkbox"/> Lottery	<input type="checkbox"/> Poker/cards	<input type="checkbox"/> Sports
	<input type="checkbox"/> Horses/Dogs	<input type="checkbox"/> None	<input type="checkbox"/> Pull Tabs	<input type="checkbox"/> Table Games
	<input type="checkbox"/> Keno	<input type="checkbox"/> Other (explain) _____	<input type="checkbox"/> Slot Machines	<input type="checkbox"/> Unknown

Initial Gambling Activity Other: \_\_\_\_\_

Most Frequent Gambling Activity in Last 30 Days: (Choose up to 3 & number them)	<input type="checkbox"/> Bingo	<input type="checkbox"/> Lottery	<input type="checkbox"/> Poker/cards	<input type="checkbox"/> Sports
	<input type="checkbox"/> Horses/Dogs	<input type="checkbox"/> None	<input type="checkbox"/> Pull Tabs	<input type="checkbox"/> Table Games
	<input type="checkbox"/> Keno	<input type="checkbox"/> Other (explain) _____	<input type="checkbox"/> Slot Machines	<input type="checkbox"/> Unknown

Most Frequent Gambling Activity Other: \_\_\_\_\_

Frequency of all types of wagering in the last 30 days:

Never  1x Month  2-3x Month  1-2x Week  3-6 Week  Daily

Place of Activity: (Choose up to 3 & number them)	<input type="checkbox"/> Casino	<input type="checkbox"/> Home	<input type="checkbox"/> Work
	<input type="checkbox"/> Indian Casino	<input type="checkbox"/> Internet	<input type="checkbox"/> N/A
	<input type="checkbox"/> Internet Casino	<input type="checkbox"/> Track	<input type="checkbox"/> Other (explain) _____

Has client ever called the Problem Gambling Helpline?  Yes  No

Current Household Debt (nearest 1,000): \$ \_\_\_\_\_ (Must be a number)

Gambling Debt (nearest 1,000): \$ \_\_\_\_\_ (Must be a number)

Have you broken the law to support your gambling?  Yes  No  Unknown

### Gambling Treatment & Co-Occurring Disorders

Number of times in prior gambling treatment: \_\_\_\_\_ *(Must be a number)*

Number of times in prior substance abuse treatment: \_\_\_\_\_ *(Must be a number)*

Number of times prior behavioral health contacts: \_\_\_\_\_ *(Must be a number)*

Presenting Problem:

Primary Diagnostic Impression:	<input type="checkbox"/> 312.31 (F63.0)	<input type="checkbox"/> None
	<input type="checkbox"/> Problem Gambling	<input type="checkbox"/> Other

Primary Diagnostic Impression Other:

Secondary Diagnostic Impression:	<input type="checkbox"/> 312.31 (F63.0)	<input type="checkbox"/> None
	<input type="checkbox"/> Problem Gambling	<input type="checkbox"/> Other

Secondary Diagnostic Impression Other:

Primary Treatment Recommendation:	<input type="checkbox"/> Education	<input type="checkbox"/> Group Outpatient	<input type="checkbox"/> Psychiatry
	<input type="checkbox"/> Family	<input type="checkbox"/> Individual Outpatient	<input type="checkbox"/> Self-Help
	<input type="checkbox"/> Financial Counseling	<input type="checkbox"/> None	

Secondary Treatment Recommendation:	<input type="checkbox"/> Education	<input type="checkbox"/> Group Outpatient	<input type="checkbox"/> Psychiatry
	<input type="checkbox"/> Family	<input type="checkbox"/> Individual Outpatient	<input type="checkbox"/> Self-Help
	<input type="checkbox"/> Financial Counseling	<input type="checkbox"/> None	

Tertiary Treatment Recommendation:	<input type="checkbox"/> Education	<input type="checkbox"/> Group Outpatient	<input type="checkbox"/> Psychiatry
	<input type="checkbox"/> Family	<input type="checkbox"/> Individual Outpatient	<input type="checkbox"/> Self-Help
	<input type="checkbox"/> Financial Counseling	<input type="checkbox"/> None	

<p>DSM 5 Score:</p> <p><input type="checkbox"/> 0   <input type="checkbox"/> 1   <input type="checkbox"/> 2   <input type="checkbox"/> 3   <input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5   <input type="checkbox"/> 6   <input type="checkbox"/> 7   <input type="checkbox"/> 8   <input type="checkbox"/> 9</p> <p><i>(DSM 5 score must match level of gambling severity.)</i></p>	<p>GAM-ANON Score:</p> <p><input type="checkbox"/> 0/NA   <input type="checkbox"/> 1   <input type="checkbox"/> 2   <input type="checkbox"/> 3   <input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5   <input type="checkbox"/> 6   <input type="checkbox"/> 7   <input type="checkbox"/> 8   <input type="checkbox"/> 9</p> <p><input type="checkbox"/> 10   <input type="checkbox"/> 11   <input type="checkbox"/> 12   <input type="checkbox"/> 13   <input type="checkbox"/> 14</p> <p><input type="checkbox"/> 15   <input type="checkbox"/> 16   <input type="checkbox"/> 17   <input type="checkbox"/> 18   <input type="checkbox"/> 19</p> <p><input type="checkbox"/> 20</p>
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Gambling Level of Severity:	<input type="checkbox"/> 1-3 Problem Gambling	<input type="checkbox"/> 8-9 Severe	<input type="checkbox"/> 0/Significant Other
	<input type="checkbox"/> 4-5 Mild	<input type="checkbox"/> 0/Disordered Gambler	<input type="checkbox"/> 0/Concerned Other
	<input type="checkbox"/> 6-7 Moderate		

If 0/NA or Problem Gambling, why is client being admitted?

Have you ever attended Self Help/support groups such as GA?:     Yes     No

Comments or Suggestion for Changes to the Intake Form or Database:

**Gamblers Assistance Program  
Program Discharge**

Revised 7/1/2014

(Insert Agency Name →)

Discharge Date:		Date of Last Contact:	
First Name:		Last Name:	
Previous Last/Maiden Name:			
Address:			
City:		State:	Zip:
County of Residence:		County of Admission:	
Social Security Number:			

**Socioeconomic Indicators & Status**

<b>Discharge Status:</b>	
<input type="checkbox"/> Choose to decline additional treatment <input type="checkbox"/> Client seen for assessment only/1-time contact <input type="checkbox"/> Death, not suicide <input type="checkbox"/> Death, suicide completed <input type="checkbox"/> Jail/Corrections <input type="checkbox"/> Left against professional advice (drop out)	<input type="checkbox"/> Transferred to other GA Service <input type="checkbox"/> Transferred to other MH Service <input type="checkbox"/> Transferred to other SA Service <input type="checkbox"/> Treatment completed <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____

<b>Legal Status:</b>	
<input type="checkbox"/> Voluntary <input type="checkbox"/> Probation <input type="checkbox"/> Court Order <input type="checkbox"/> Parole	<input type="checkbox"/> Court: Presentence Evaluation <input type="checkbox"/> Voluntary by Guardian <input type="checkbox"/> Incarcerated <input type="checkbox"/> Other _____

<b>Follow Up Services:</b>	
<input type="checkbox"/> GA Support Group <input type="checkbox"/> Jail/Corrections <input type="checkbox"/> Medical <input type="checkbox"/> MH Services	<input type="checkbox"/> SA Services <input type="checkbox"/> Financial Services <input type="checkbox"/> No Recommendation <input type="checkbox"/> Other Gambling Services <input type="checkbox"/> Other _____

<b>Employment:</b>	<input type="checkbox"/> Employed Full Time 35+ Hours <input type="checkbox"/> Employed Part Time <35 Hours <input type="checkbox"/> Employed Full Time + Part Time <input type="checkbox"/> Disabled <input type="checkbox"/> Homemaker <input type="checkbox"/> Retired <input type="checkbox"/> Student	<input type="checkbox"/> Unemployed (laid off/looking) <input type="checkbox"/> Unemployed/not seeking <input type="checkbox"/> Volunteer <input type="checkbox"/> Active/Armed Forces 35+ Hours <input type="checkbox"/> Active/Armed Forces <35 Hours <input type="checkbox"/> Other _____
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<b>Living Situation:</b>	
<input type="checkbox"/> Private Residence with Support <input type="checkbox"/> Private Residence without Support <input type="checkbox"/> Child Living with Parent/Relative <input type="checkbox"/> Foster Home <input type="checkbox"/> Homeless/Homeless Living Shelter	<input type="checkbox"/> Jail/Correctional Facility <input type="checkbox"/> Other Institutional Setting <input type="checkbox"/> Private Residence with Housing Assistance <input type="checkbox"/> Other _____

## Social History

Current Household Debt (nearest 1,000): \$ \_\_\_\_\_ *(Must be a number)*

Gambling Debt (nearest 1,000): \$ \_\_\_\_\_ *(Must be a number)*

### Significant Other Involvement in Gambler's Treatment/Recovery:

<input type="checkbox"/> Participated in Treatment	<input type="checkbox"/> N/A
<input type="checkbox"/> Encouraged Treatment	<input type="checkbox"/> Other _____
<input type="checkbox"/> Hindered Treatment	(Explain): _____

### Gambler Involvement in Significant Other's Treatment/Recovery :

<input type="checkbox"/> Participated in Treatment	<input type="checkbox"/> N/A
<input type="checkbox"/> Encouraged Treatment	<input type="checkbox"/> Other _____
<input type="checkbox"/> Hindered Treatment	(Explain): _____

### Concerned Other Involvement in Gambler's Treatment/Recovery:

<input type="checkbox"/> Participated in Treatment	<input type="checkbox"/> N/A
<input type="checkbox"/> Encouraged Treatment	<input type="checkbox"/> Other _____
<input type="checkbox"/> Hindered Treatment	(Explain): _____

### Gambler Involvement in Concerned Other's Treatment/Recovery :

<input type="checkbox"/> Participated in Treatment	<input type="checkbox"/> N/A
<input type="checkbox"/> Encouraged Treatment	<input type="checkbox"/> Other _____
<input type="checkbox"/> Hindered Treatment	(Explain): _____

## Gambling History

Number of work days missed by client in last 30 days due to gambling? \_\_\_\_\_ *(Must be a number)*

Has client gambled within last 30 days?  Yes  No

How many times has client gambled in last 30 days?

<input type="checkbox"/> 0/None	<input type="checkbox"/> 6 - 10
<input type="checkbox"/> 1 - 5	<input type="checkbox"/> 11 +

Percent of Debt Repaid?

<input type="checkbox"/> 0-25%	<input type="checkbox"/> 51-75%	<input type="checkbox"/> Didn't Track
<input type="checkbox"/> 26-50%	<input type="checkbox"/> 76-100%	

Most Frequent Gambling Activity in Last 30 Days: <i>(Choose up to 3 &amp; number them)</i>	<input type="checkbox"/> Bingo	<input type="checkbox"/> Lottery	<input type="checkbox"/> Poker/cards	<input type="checkbox"/> Sports
	<input type="checkbox"/> Horses/Dogs	<input type="checkbox"/> None	<input type="checkbox"/> Pull Tabs	<input type="checkbox"/> Table Games
	<input type="checkbox"/> Keno	<input type="checkbox"/> Other <small>(explain)</small>	<input type="checkbox"/> Slot Machines	<input type="checkbox"/> Unknown

### Frequency of all types of wagering in the last 30 days:

Never  1x Month  2-3x Month  1-2x Week  3-6 Week  Daily

Place of Activity: <i>(Choose up to 3 &amp; number them)</i>	<input type="checkbox"/> Casino	<input type="checkbox"/> Home	<input type="checkbox"/> Work
	<input type="checkbox"/> Indian Casino	<input type="checkbox"/> Internet	<input type="checkbox"/> N/A
	<input type="checkbox"/> Internet Casino	<input type="checkbox"/> Track	<input type="checkbox"/> Other (explain) _____

Has client continued to break the law to support their gambling?  Yes  No  Unknown

Number of arrests in the last 30 days: \_\_\_\_\_

**Gambling History cont'd**

Was this service provided, in whole or part, through tele-health?  Yes  No

Did you ever attend self-help/support groups such as GA?  Yes  No

Gambling Level of Severity: <i>(Level of severity must match reason for discharge.)</i>	<input type="checkbox"/> 1-3 Problem Gambling	<input type="checkbox"/> 8-9 Severe	<input type="checkbox"/> 0/Significant Other
	<input type="checkbox"/> 4-5 Mild	<input type="checkbox"/> 0/Disordered Gambler	<input type="checkbox"/> 0/Concerned Other
	<input type="checkbox"/> 6-7 Moderate		

Reason for Discharge (Severity):	<input type="checkbox"/> No Further Problem	<input type="checkbox"/> 0/Significant Other	<input type="checkbox"/> Other _____
	<input type="checkbox"/> In Remission	<input type="checkbox"/> 0/Concerned Other	
		<input type="checkbox"/> Unknown	

(Insert Agency Name) →

**DSM-V DIAGNOSTIC CRITERIA**

The following are the diagnostic criteria from the DSM-V for 312.31 (Gambling Disorder):

A. Persistent and recurrent problematic gambling behavior leading to clinically significant impairment or distress, as indicated by the individual exhibiting four (or more) of the following in a 12-month period:

- 1. Needs to gamble with increasing amounts of money in order to achieve the desired excitement.
- 2. Is restless or irritable when attempting to cut down or stop gambling.
- 3. Has made repeated unsuccessful efforts to control, cut back, or stop gambling.
- 4. Is often preoccupied with gambling (e.g., having persistent thoughts of reliving past gambling experiences, handicapping or planning the next venture, thinking of ways to get money with which to gamble).
- 5. Often gambles when feeling distressed (e.g., helpless, guilty, anxious, depressed.)
- 6. After losing money gambling, often returns another day to get even ("chasing" one's losses.)
- 7. Lies to conceal the extent of involvement with gambling.
- 8. Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling.
- 9. Relies on others to provide money to relieve desperate financial situations caused by gambling.

B. The gambling behavior is not better explained by a manic episode.

American Psychiatric Association. (May 2013) Diagnostic and Statistical Manual of Mental Disorders,

First Edition. Washington, D. C.: Author.

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

### **GAMBLERS ANONYMOUS 20 QUESTIONS**

1. Have you ever lost time at work due to gambling: Yes No
2. Has gambling made your home life unhappy? Yes No
3. Has gambling affected your reputation? Yes No
4. Have you ever felt remorse as a result of gambling? Yes No
5. Have you ever gambled in order to get money with which to pay bills, debts, or otherwise ease financial burdens? Yes No
6. Has gambling caused a decrease in your efficiency or ambition? Yes No
7. Does losing cause a desire to return and win back losses? Yes No
8. Does winning create in you a strong urge to return and win more? Yes No
9. Have you often gamble until your last dollar was gone? Yes No
10. Have you ever borrowed to finance your gambling? Yes No
11. Have you ever sold anything to finance your gambling? Yes No
12. Have you ever been reluctant to use "gambling money" for normal expenditures? Yes No
13. Has gambling ever caused you to become careless of the welfare of yourself and/or your family? Yes No
14. Have you ever gambling longer than you had planned? Yes No
15. Have you ever gambled to escape worry or trouble? Yes No
16. Have you ever committed (or considered committing) an illegal act to finance gambling? Yes No
17. Did gambling cause you difficulty in sleeping? Yes No
18. Do arguments, worry, and/or frustrations create within you an urge to gamble? Yes No
19. Did you ever celebrate good fortune by gambling? Yes No
20. Have you ever contemplated self-destruction as a result of gambling? Yes No

**If you have answered, "yes" to at least seven of these questions you may be a Compulsive Gambler.  
There is hope available.**

# GAM – ANON QUESTIONS

*You may be living with a gambler if you answer “YES” to six or more questions.*

1. Do you find yourself constantly bothered by bill collectors?
2. Is the person in question often away from home for long, unexplained periods of time?
3. Does this person ever lose time from work due to gambling?
4. Do you feel that this person cannot be trusted with money?
5. Does the person in question faithfully promise that he or she will stop gambling; beg, plead for another chance, yet gamble again and again?
6. Does this person ever gamble longer than he or she intended to, until the last dollar is gone?
7. Does this person immediately return to gambling to try to recover losses, or to win more?
8. Does this person ever gamble to get money to solve financial difficulties or have unrealistic expectations that gambling will bring the family material comfort and wealth?
9. Does this person borrow money to gamble with or to pay gambling debts?
10. Has this person’s reputation ever suffered due to gambling, even to the extent of committing illegal acts to finance gambling?
11. Have you come to the point of hiding money needed for living expenses knowing that you and the rest of the family may go without food and clothing if you do not?
12. Do you search this person’s clothing or go through his or her wallet when the opportunity presents itself, or otherwise check on his/her activities?
13. Does the person in question hide his or her money?
14. Have you noticed a personality change in the gambler as his or her gambling progresses?
15. Does the person in question consistently lie to cover up or deny his or her gambling activities?
16. Does this person use guilt induction as a method of shifting responsibilities for his or her gambling upon you?
17. Do you attempt to anticipate this person’s moods or try to control his or her life?
18. Does this person ever suffer from remorse or depression due to gambling, sometimes to the point of self-destruction?
19. Has the gambling ever brought you to the point of threatening to break up the family unit?
20. Do you feel that your life together is a nightmare?

# United States Citizenship Attestation Form

For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows:

<input type="checkbox"/> I am a citizen of the United States.
— OR —
<input type="checkbox"/> I am a qualified alien under the federal Immigration and Nationality Act, my immigration status and alien number are as follows: _____, and I agree to provide a copy of my USCIS documentation upon request.

**I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.**

<b>PRINT NAME</b>	_____
	(first, middle, last)
<b>SIGNATURE</b>	_____
<b>DATE</b>	_____

## NEBRASKA VOTER REGISTRATION APPLICATION

- Are you a citizen of the United States of America? Yes  No
  - Are you at least 18 years of age, or will you be 18 years of age on or before the 1st Tuesday following the 1st Monday in November of this year? Yes  No
- If you marked **NO** to either of the questions above, **STOP**.  
Do not complete this application.

**Print your full and complete legal name to avoid errors and duplicate registrations**

First \_\_\_\_\_ Last \_\_\_\_\_ Suffix or Previous Last Name \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Place of Birth \_\_\_\_\_

Nebraska Driver's License Number \_\_\_\_\_

\_\_\_\_\_

Registered at: Print your Street Number, Street Name, City, State, Zip \_\_\_\_\_

Last 4 digits SSN, if no Neb. DL# \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

Please print your previous registration information (Providing this information avoids errors and duplicate registrations)

Name \_\_\_\_\_ Address \_\_\_\_\_

### Important - Party Affiliation - Please Mark One

Democratic  Republican  Libertarian  Nonpartisan

Other  \_\_\_\_\_ *If checking other, print the name of the party*

Note: If you wish to vote in both partisan and nonpartisan primary elections for the state and local offices, you must indicate a political party affiliation on the registration application. If you register without a political party affiliation (nonpartisan), you will receive only the nonpartisan ballots for the state and local offices at primary elections. If you register without a political party affiliation (nonpartisan), you may vote in partisan primary elections for congressional offices.

Optional - To assist in verifying information, please provide:  Check the box if any are private.

Phone Number \_\_\_\_\_  Cell Number \_\_\_\_\_

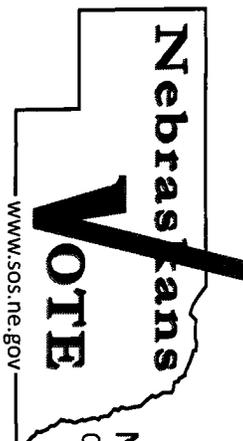
Email \_\_\_\_\_

Applicant's Oath: To the best of my knowledge and belief, I declare under penalty of election falsification, that: (1) I live in the State of Nebraska at the address provided in this application; (2) I have not been convicted of a felony or, if convicted it has been at least two years since I completed my sentence for the felony, including any parole term; (3) I have not been officially found to be non compos mentis (mentally incompetent); and (4) I am a citizen of the United States.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**WARNING: Any registrant who signs this application knowing that any of the information in the application is false shall be guilty of a Class IV felony under section 32-1502 of the statutes of Nebraska. The penalty for a Class IV felony is up to five years imprisonment, a fine of up to \$10,000.00 or both.**

Source: **V O T E** Form 07012013  
Date Application Received in Election Office: \_\_\_\_\_ Registration Taken by: \_\_\_\_\_



Nebraska Secretary of State's  
Official Voter Registration Application

### Instructions for Registering to Vote Using this Application

- Complete the application only if you check 'yes' to questions 1 and 2.
  - Use this application to register to vote in Nebraska or to update your name, address, or party on your Nebraska voter registration record.
  - Clearly print all the requested information in the designated spaces.
  - Read the oath, verify the information by signing and dating the application.
  - Return the completed form to your county election office.
- By Mail - must be postmarked the 3rd Friday prior to the election. (If you are mailing this application and are a first time registrant in Nebraska, statutes require a copy of a current and valid photo id or other dated personal government document.)
- By personal messenger/agent - must be delivered to your county election office by the 3rd Friday prior to the election.
- In person - must appear at your county election office by 6 p.m. on the 2nd Friday prior to the election.
- The County Election office will send either:
    - An acknowledgment to you verifying the information on your application and advising you of your polling location, or
    - An incomplete notice to you requesting additional information to ensure your voter registration record is accurate, or
    - A request for valid photo id, or government document if you are a first time registrant in Nebraska, registering by mail.
  - If you have questions, you may contact your local election office, or you may contact the Nebraska Secretary of State by phone at 402-471-2555 or toll free at 888-727-0007; via our website: [www.sos.ne.gov](http://www.sos.ne.gov); or email [SOS.ELECT@nebraska.gov](mailto:SOS.ELECT@nebraska.gov).
  - Mailing addresses for the Nebraska County Election Offices may be found on the back of this application.

**Print Your Return Address**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



First Class  
Postage Required

**To:** \_\_\_\_\_ **County Election Official**

(County)

(Address)

\_\_\_\_\_, **Nebraska**

(City or Town)

(Zip)

**Find your county listed in red below. Print the name & address in the space provided above. Detach, stamp and mail.**

Adams / POB 2067 Hastings / 68902-2067	Cheyenne / POB 217 Sidney / 69162	Furnas / POB 387 Beaver City / 68926	Johnson / Box 416 Tecumseh / 68450	Nuckolls / POB 366 Nelson / 68961	Sheridan / POB 39 Rushville / 69360
Antelope / PO Box 26 Neligh / 68756-0026	Clay / 111 W Fairfield St Clay Center / 68933	Gage / POB 429 Beatrice / 68310	Kearney / POB 339 Minden / 68959	Otoe / POB 249 Nebraska City / 68410	Sherman / POB 456 Loup City / 68853
Arthur / POB 126 Arthur / 69121	Colfax / 411 E 11th St Schuyler / 68661	Garden / POB 350 Oshkosh / 69154	Keith / 511 N Spruce Ste 102 Ogallala / 69153	Pawnee / POB 431 Pawnee City / 68420	Sioux / POB 158 Harrison / 69346
Banner / POB 67 Harrisburg / 69345	Cuming / 200 S Lincoln St. Rm 100 / West Point / 68788	Garfield / POB 218 Burwell / 68823-0218	Keya Paha / POB 349 Springview / 68778	Perkins / POB 156 Grant / 69140	Stanton / POB 347 Stanton / 68779
Blaine / 145 Lincoln Ave Brewster / 68821	Custer / 431 S 10th St Broken Bow / 68822	Gosper / POB 136 Elwood / 68937	Kimball / 114 E 3rd St Ste 6 Kimball / 69145	Phelps / Box 404 Holdrege / 68949	Thayer / 225 N 4th Rm201 Hebron / 68370
Boone / 222 S 4th St Albion / 68620-1247	Dakota / POB 39 Dakota City / 68731	Grant / Box 139 Hyannis / 69350	Knox / POB 166 Center / 68724	Pierce / 111 W Court Rm 1 Pierce / 68767	Thomas / POB 226 Thedford / 69166
Box Butte / POB 678 Alliance / 69301	Dawes / 451 Main St Chadron / 69337	Greeley / Box 287 Greeley / 68842	Lancaster / 601 N 46th St Lincoln / 68503	Platte / PO Box 513 Columbus / 68602-0513	Thurston / POB 159 Pender / 68047
Boyd / POB 26 Butte / 68722	Dawson / 700 N Washington Rm A / Lexington / 68850	Hall / 121 S Pine St Grand Island / 68801	Lincoln / 301 N Jeffers Rm 101 North Platte / 69101	Polk / POB 276 Osceola / 68651	Valley / 125 S 15th St Ste 202 / Ord / 68862
Brown / 148 W 4th St Ainsworth / 69210	Deuel / POB 327 Chappell / 69129	Hamilton / 1111-13th St Ste 1 Aurora / 68818-2017	Logan / POB 8 Stapleton / 69163	Red Willow / 502 Norris Ave McCook / 69001	Washington / POB 466 Blair / 68008
Buffalo / POB 1270 Kearney / 68848	Dixon / POB 546 Ponca / 68770	Harlan / Box 698 Alma / 68920-0698	Loup / POB 187 Taylor / 68879	Richardson / 1700 Stone St Room 203 / Falls City / 68355	Wayne / 510 Pearl St Ste 5 / Wayne / 68787
Burt / POB 87 Tekamah / 68061	Dodge / 435 N Park Rm102 Fremont / 68025	Hayes / POB 370 Hayes Center / 69032	Madison / POB 290 Madison / 68748	Rock / POB 367 Bassett / 68714	Webster / POB 250 Red Cloud / 68970
Butler / 451 N 5th St David City / 68632	Douglas / 225 N 115 St Omaha / 68154	Hitchcock / POB 248 Trenton / 69044	McPherson / PO Box 122 Tryon / 69167	Saline / POB 865 Wilber / 68465	Wheeler / POB 127 Bartlett / 68622
Cass / 201 Main St Plattsmouth / 68048	Dundy / Box 506 Benkelman / 69021-0506	Holt / POB 329 O'Neill / 68763	Merrick / POB 27 Central City / 68826	Sarpy / 501 Olson Dr Ste 4 Papillion / 68046	York / 510 Lincoln Ave York / 68467
Cedar / POB 47 Hartington / 68739	Fillmore / POB 307 Geneva / 68361	Hooker / Box 184 Mullen / 69152	Morrill / POB 610 Bridgeport / 69336	Saunders / POB 61 Wahoo / 68066	
Chase / POB 1299 Imperial / 69033	Franklin / POB 146 Franklin / 68939	Howard / POB 25 St Paul / 68873	Nance / POB 338 Fullerton / 68638	Scottsbluff / 1825 10th St Gering / 69341	
Cherry / POB 120 Valentine / 69201	Frontier / POB 40 Stockville / 69042	Jefferson / 411-4th St Fairbury / 68352	Nemaha / 1824 N St Ste 201 Auburn / 68305	Seward / POB 190 Seward / 68434	

# STATE OF NEBRASKA SUBSTITUTE FORM W-9 & ACH ENROLLMENT FORM

Return Form to the Requester.  
(Rev. October 2013)

### Requester Information:

Agency:	NEBRASKA DEPARTMENT OF REVENUE	Phone:	402-471-5810
Name:	CHRIS HILLMAN	Fax:	402-471-5804
Address:	PO BOX 94818 LINCOLN NE 68509-4818	E-mail:	chris.hillman@nebraska.gov

### Substitute Form W-9: (IRS Rev August 2013)

Name (as shown on your income tax return): \_\_\_\_\_

Business name/disregarded entity name, if different from above: \_\_\_\_\_

Check appropriate box for federal tax classification:

- Individual  
  Sole proprietor  
  C Corporation  
  S Corporation  
  Partnership  
  Trust/estate  
 Non-Profit Entity  
  Government (Local, State or Federal)  
 Limited Liability Company. Enter the tax classification (C = C Corporation, S = S Corporation, P = Partnership) \_\_\_\_\_  
 Other (see instructions) \_\_\_\_\_

Exemptions (see instructions): Exempt payee code (if any) \_\_\_\_\_ Exemption from FATCA reporting code (if any) \_\_\_\_\_

Address: \_\_\_\_\_ Remit Address (if different): \_\_\_\_\_  
 City, state, and ZIP code \_\_\_\_\_ City, state, and ZIP code \_\_\_\_\_

### Taxpayer Identification Number (TIN):

Social Security Number (SSN): \_\_\_\_\_ OR Employer Identification Number (EIN): \_\_\_\_\_

### Certification:

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding due to failure to report interest and dividend income, and
- I am a U.S. citizen or other U.S. person (defined in the instructions), and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

For additional instructions please refer to <http://www.irs.gov/pub/irs-pdf/fw9.pdf> to obtain a copy of the IRS Form W-9 General Instructions.

Signature of US Person: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Comments or Business/Entity Notes: \_\_\_\_\_

### ACH Enrollment: (Rev. October 2013) Initial Setup Change

**This information is REQUIRED to process payments. Without this information, your payment may be delayed.**

Financial Institution Name:	Nine Digit Routing Number:	<input type="checkbox"/> Check here if the bank is outside of the United States.
Address:	Depositor Account Number:	<input type="checkbox"/> Check here if the following must be discussed with your entity: There are new processing requirements for electronic vendor payments that are being sent to a financial institution outside of the United States. If our payments to you are being forwarded from a U.S. financial institution to a financial institution in another country, please advise (identify who within your company).
City, state and ZIP code:	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

This account will be used for all payments by the State of Nebraska unless specified here: \_\_\_\_\_

E-mail: \_\_\_\_\_  
(Used for ACH payment notifications.)

Vendor Signature:	<b>Attachment Required!</b> (Select and attach <b>one</b> of the following items for verification): <input type="checkbox"/> Blank check (voided) or <input type="checkbox"/> Photocopy of a check <input type="checkbox"/> Letter or statement from your financial institution <input type="checkbox"/> Vendor Invoice or <input type="checkbox"/> Vendor Letter with ACH instructions
Printed Name:	
Title:	
Date:	

### Internal Use Only: