

NEBRASKA GAMBLER ASSISTANCE PROGRAM

GAP-3 CRISIS SESSION DETAIL 2018-2019 CONTRACT YEAR

NAME OF CONTRACTOR: _____

DATE(S) OF CRISIS SERVICES BILLED	
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CLIENT DOB:	___/___/_____	CITY (residence of client):	YOUR ID FOR THIS CLIENT:	
Client Gender (Check One)	Male		Client Type:	Gambler
	Female			Family Member
	Other			
How did this person get your phone number or other contact information? (Select one)	BetCareful.com (Rattlesnake, Grenade, Deck of cards)		# Crisis Hours This Month:	
	GAP Helpline 800-522-4700		# Crisis Hours Prior Months:	
	Internet search		STAGE OF CHANGE (IF THE CLIENT IS THE GAMBLER)	
	Family		PRE-CONTEMPLATION	
	Professional		CONTEMPLATION	
	This counselor helpline		PREPARATION	
	Previous Client		ACTION	
Other: _____				

METHOD FOR PROVIDING THIS CRISIS INTERVENTION	
In Person Face-to-Face	
By Telephone	
By Telehealth Audio-Visual	

WHO ASKED YOU TO INTERVENE IN THIS CRISIS			
The Gambler		Intimate Domestic Partner	
Gambler's Spouse		Other Family Member	
Employer		Friend/Co-worker	

NATURE OF THE CURRENT CRISIS			
Suicide Ideation/Gestures? Y/N		Risk of criminal action? Y/N	
Financial? Y/N		Bankruptcy/Foreclosure? Y/N	
Family/Marriage at Risk? Y/N		Danger to Others? Y/N	
Employment at risk? Y/N		In danger from others? Y/N	

RESOLUTION OF THE CURRENT CRISIS			
Referral to Emergency Services? Y/N		GAP Services Explained? Y/N	
Referral to Medical Care? Y/N		Refer to other GAP Counselor? Y/N	
Will talk again another time? Y/N		Wait for client to call? Y/N	
Counselor will call to check in? Y/N		Appointment for assessment? Y/N	