

**NEBRASKA GAMBLERS ASSISTANCE PROGRAM**

**GAP-4 ADDENDUM DETAIL**

NAME OF CONTRACTOR: \_\_\_\_\_

CLIENT ID: \_\_\_\_\_

DATE OF ADDENDUM: \_\_\_\_\_

DATE OF ORIGINAL ASSESMENT/ADMISSION TO COUNSELING: \_\_\_\_\_

INDICATIONS FOR PREPARATION OF THIS ADDENDUM:

ALTERATION IN CLIENT'S STATUS? Yes      No

ALTERATION IN CLIENT'S DIAGNOSIS? Yes      No

GAP OF 6 MONTHS OR MORE SINCE LAST CONTACT? Yes      No

BRIEF EXPLANATION OF REASON FOR PREPARING THIS ADDENDUM: