

**NEBRASKA PROBLEM GAMBLERS ASSISTANCE PROGRAM**  
**ADDENDUM DETAIL**

*2023–2024*  
**CONTRACT**  
**YEAR**

**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? Y / N**

**ALTERATION IN CLIENT'S DIAGNOSIS? Y / N**

**GAP OF 6 MONTHS OR MORE SINCE LAST CONTACT? Y / N**

**BRIEF EXPLANATION OF REASON FOR PREPARING THIS ADDENDUM:**