

Nebraska Problem Gamblers Assistance Program

FAMILY MEMBER INTAKE DATA

2024–2025
 Contract Year
 Rev. May 2024

AGENCY NAME: _____
 DATE: ____ / ____ / ____
 CITY: _____
 STATE: _____
 ZIP: _____

CLIENT ID: H I
CLIENT DOB: ____ / ____ / ____
COUNTY OF RESIDENCE:
COUNTY OF ADMISSION:

Is this the first time you have sought professional advice for problem gambling? Yes No

Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
Occupation:	<input type="checkbox"/> Clerical/Sales <input type="checkbox"/> Farm/Ag <input type="checkbox"/> Homemaker <input type="checkbox"/> Laborer <input type="checkbox"/> Manager/ Professional	<input type="checkbox"/> Retired <input type="checkbox"/> Service (food, housekeeping) <input type="checkbox"/> Skilled/ Semi-skilled crafts <input type="checkbox"/> Student	<input type="checkbox"/> Technical/ Administrative <input type="checkbox"/> Unemployed <input type="checkbox"/> Volunteer
Education:	<input type="checkbox"/> < 12 years <input type="checkbox"/> HS diploma or GED <input type="checkbox"/> > 12 years	<input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's	<input type="checkbox"/> Doctorate
Employment:	<input type="checkbox"/> Unemployed <input type="checkbox"/> Employed part-time for salary or wages	<input type="checkbox"/> Employed full-time for salary or wages <input type="checkbox"/> Self-employed	<input type="checkbox"/> Disability <input type="checkbox"/> Student
Income Source:	<input type="checkbox"/> Savings <input type="checkbox"/> Alimony <input type="checkbox"/> Disability <input type="checkbox"/> Employment	<input type="checkbox"/> Spouse's income <input type="checkbox"/> Public assistance <input type="checkbox"/> Retirement/Pension	<input type="checkbox"/> Unemployment compensation <input type="checkbox"/> No income

Approximate annual gross income (nearest 1,000): \$ _____

Approximate annual gross household income (nearest 1,000): \$ _____

Approximate current household debt (nearest 1,000): \$ _____

Approximate gambling debt (nearest 1,000): \$ _____

Do you gamble?
Do you gamble with your family member?

How long has your family member had a gambling problem? _____

Your relationship to your family member with a gambling problem:	<input type="checkbox"/> Spouse <input type="checkbox"/> Sibling	<input type="checkbox"/> Domestic Partner <input type="checkbox"/> Parent	<input type="checkbox"/> Son/ Daughter
Which of the following best describes your current relationship with this family member?	<input type="checkbox"/> Bad	<input type="checkbox"/> Fair	<input type="checkbox"/> Good
Which of the following best describes the effect of gambling on your relationship?	<input type="checkbox"/> Bad	<input type="checkbox"/> Fair	<input type="checkbox"/> Good
How do you feel today because of your family member's gambling?	<input type="checkbox"/> Bad	<input type="checkbox"/> Fair	<input type="checkbox"/> Good

In the past 12 months, have the gambling problems led you to think about ending your life?
In the past 12 months, have the gambling problems led you to attempt to end your life?
In the past 12 months, have the gambling problems led you to think about ending your relationship with this person?
In the past 12 months, have the gambling problems caused a family breakup already?
In the past 12 months, have the gambling problems caused you and your family financial distress?

In the past 12 months, have you tried to get this person to go to counseling?
In the past 12 months, have you tried to stop this person from gambling on your own?
In the past 12 months, have you participated in problem gambling counseling with this person?
In the past 12 months, have you done problem gambling counseling for yourself alone?
Did you know that services provided through the Nebraska Problem Gamblers Assistance Program are paid for?
Is it important to you that Nebraska Problem Gamblers Assistance Program services are paid for?

THIS SECTION COMPLETED BY COUNSELOR

Was this client seen in urgent care? Yes No

If yes, date of last urgent care session: _____ / _____ / _____

Was this client referred by Helpline? Yes No

Admission Date: _____ / _____ / _____

Assessment Date: _____ / _____ / _____

Counselor - Score Gambler's Anonymous (GAM-ANON) - 20 questions: Gam-Anon states that a "yes" answer to at least six of the 20 questions indicates the individual is living with a compulsive gambler.
If the score is 0-5, is the clinical justification for admitting the client into counseling documented in the client record?

INTAKE FORM REVIEWED BY COUNSELOR FOR COMPLETENESS:

Signature: _____

Date: ____ / ____ / ____