Nebraska Problem Gamblers Assistance Program

FAMILY MEMBER INTAKE DATA

2026–2027
Contract Year
Rev. July 2026

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

Your answers are confidential. Thank you.

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?	[Select]
Do you gamble with your family member?	[Select]

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

How is the family member with a gambling problem related to you?	❑ Spouse ❑ Sibling	❑ Domestic Partner ❑ Parent	❑ Son/ Daughter
Which of the following best describes your current relationship with this family member?	❑ Bad	❑ Fair	❑ Good
Which of the following best describes the effect of gambling on your relationship?	❑ Bad	❑ Fair	❑ Good
How do you feel today because of your family member's gambling?	❑ Bad	❑ Fair	❑ Good

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

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

THIS SECTION COMPLETED BY COUNSELOR

Was this client seen in a Brief Intervention? ☐ Yes ☐ No

If yes, date of last Brief Intervention session: ____ / ____ / ____

Was this client referred by Helpline? ☐ Yes ☐ No

Admission Date: ____ / ____ / ____

Assessment Date: ____ / ____ / ____

The intake assessment required in Part 3 of the Contract Provider Manual is complete and documented in the client record.

Time of intake assessment: Start: ____ Finish: ____

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?	[Select]

INTAKE FORM REVIEWED BY COUNSELOR FOR COMPLETENESS:

Signature: ____ Date: ____ / ____ / ____