

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

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? _____

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?
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: ____ / ____ / ____