

# Nebraska Problem Gamblers Assistance Program

## GAP-3 URGENT CARE DETAIL

2025–2026  
Contract Year  
Rev. July 2025

NAME OF CONTRACTOR:

DATE(S) OF SERVICES BILLED:

RESIDENCE OF CLIENT (CITY):

### WHO ASKED FOR THIS SERVICE

- ☐ Gambler  
☐ Spouse  
☐ Family Member

### METHOD FOR PROVIDING THIS SERVICE

- ☐ Person-to-Person  
☐ Telephone  
☐ Telehealth

### GAMBLER'S STAGE OF CHANGE

- ☐ Pre-Contemplation  
☐ Contemplation  
☐ Preparation  
☐ Action

CLIENT ID: **H** **I**

CLIENT DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

CLIENT GENDER (CHECK **ONE**):

☐ Male ☐ Female ☐ Other: \_\_\_\_\_

# Urgent Care hours this month: \_\_\_\_\_

# Urgent Care hours prior months: \_\_\_\_\_

CLIENT TYPE: ☐ Gambler ☐ Family Member

### RESULTS OF SCREENS

Gambler BBGS (1 positive):

Family Member GAM-ANON 20  
(6 positive):

### NATURE OF THE PROBLEMS

|                            |                          |
|----------------------------|--------------------------|
| Suicide ideation/Gestures? | Risk of criminal action? |
| Financial?                 | Bankruptcy/Foreclosure?  |
| Family/Marriage at risk?   | Danger to others?        |
| Employment at risk?        | In danger from others?   |

### RESOLUTION OF THE CONSUMER'S NEEDS

|                                  |                                  |
|----------------------------------|----------------------------------|
| Referral to emergency services?  | GAP services explained?          |
| Referral to medical care?        | Referred to other GAP counselor? |
| Will talk again another time?    | Wait for client to call?         |
| Counselor will call to check in? | Appointment for assessment?      |

URGENT CARE FORM REVIEWED BY COUNSELOR FOR COMPLETENESS:

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_