



Problem Gambling Case Management Admission Form

Contract No.: _____ **SAP Vendor No.:** _____

Client ID No.: _____ **Gender:** Man Woman Other _____

Admission Date: _____ **Age:** _____

Are you the significant other or family member of the gambler? Yes No

Ethnicity: *(Check one)*

- | | | |
|------------------------|---------------------------------|--------------|
| Cuban | Hispanic <i>(Not Specified)</i> | Mexican |
| Not of Hispanic Origin | Other Hispanic | Puerto Rican |
| Unknown | | |

Race: *(Check one)*

- | | | |
|---------------------------|------------------------------------|-------|
| Alaskan Native | American Indian | Asian |
| Black or African American | Hawaiian or Other Pacific Islander | |
| White | Other: <i>(Specify)</i> _____ | |

Have you ever served in the Military:

Yes No

County of Residence _____

Type of Residence: *(Check one)*

- | | | |
|--------------------|---|---------------------------------|
| Private Residence | Homeless | Other Group Residential Setting |
| Child in Placement | Institution <i>(e.g., hospital, jail)</i> | Other <i>(Specify):</i> _____ |

Principal Referral Source: *(Check one)*

- | | |
|--|------------------------------|
| County Drug and Alcohol/SCA | GA/Gam-Anon |
| Court/Criminal Justice Setting | Gambling Outpatient Provider |
| Drug and Alcohol Provider | 1 800 GAMBLER Helpline |
| Family, Friend, Spouse/Significant Other | Other _____ |

Highest Grade Completed: *(Check one)*

- | | | |
|----------------------------|-----------------------------|---------------------|
| Less than High School Grad | Vocational/Technical School | Graduate Degree |
| High School Diploma/GED | Some College-No Degree | No Formal Education |
| Associate's Degree | Bachelor's Degree | |

Employment Status: *(Check more than one if applicable)*

- | | | |
|-----------------------|------------|---------------|
| Active Military | Disabled | Full-Time |
| Part-Time or Seasonal | Retired | Self-Employed |
| Student | Unemployed | Other |

Annual Household Income: *(Check one)*

- | | | | |
|--------------|---------------------|--------------------|------------|
| 0 - \$19,999 | \$20,000 - \$44,999 | \$45,000-\$139,999 | \$140,000+ |
|--------------|---------------------|--------------------|------------|

Marital Status: *(Check one)*

Divorced Living Together Married Separated Never Married Widow(er)

Criminal Justice Status: *(Check one)*

None Incarcerated Probation/Parole
Charges pending/filed Juvenile Detention

Has client ever attended or received services for any reason from:

GA/Gam-Anon
Outpatient Gambling Treatment
Financial and/or Credit Counseling Service

Type(s) of Gambling Engaged In: (Check all that apply)

None *(for Significant Other Only)* Skill Machines Roulette Video Lottery
Bingo Horses/ Racetrack Slot Machines Terminal (VLT)
Cards iLottery Sports Betting
Dice Games Internet/ Online Stock/ Commodities
Dogs/ Other Animals Lottery Video Game Terminals (VGT)
Fantasy Sports Office Pools/ Raffles Video Gaming

During the past 12 months, how frequently have you gambled?

Never Less than once a month 1-3 days a month 1-2 days a week 3-6 days a week Daily

At what age did you first gamble or place your first bet? _____ N/A (for significant other only)

During the past 30 days, what amount of money did you spend on a typical day of gambling? _____ N/A (for significant other only)

During the past 30 days, how much time did you usually spend on a typical day of gambling?
_____Hours _____Minutes N/A (for significant other only)

During the past 30 days, on how many days did you gamble? _____Days N/A (for significant other only)

Gambling Location(s) during the last 12 months: (Check all that apply)

None/Significant Other Club/ Bar/ Restaurant Off Track Betting (OTB)
Airport Fire Hall Racetrack
Bookie Grocery/Convenience Store School
Casino Home Truck Stop/ Gas Station
Church/Community/ Senior Center Lottery Retailer Work

Type(s) of Gambling-related Case Management Needs at Admission (check all that apply)

Childcare Food Insecurity Safety (in your home)
Clothing Housing Social/Community Supports
Digital Access (phone, computer) Legal Assistance Substance Use Disorder Services
Employment Life Skills Transportation
Family Assistance Mental Health Services Utilities
Financial and/or Credit Counseling Physical Health Other _____

Substance Use/Abuse

Ever used illegal substances?	Yes	No
Used illegal substances in the past 30 days?	Yes	No
Ever used alcohol?	Yes	No
Used alcohol in the past 30 days?	Yes	No

Nicotine

Smoked tobacco in the last week?	Yes	No
Used smokeless tobacco in the last week?	Yes	No
Vaped in the last week?	Yes	No
How many packs/cans/tanks/cartridges per week? _____		

Mental Health/ Intellectual Disabilities

Ever treated for an intellectual/ developmental disability?	Yes	No
Ever treated for Mental Health?	Yes	No

Where was the client assessment completed:

- In-person (clinical setting)
- In-person (correctional setting)
- Telehealth video

Where are the client sessions expected to be delivered:

- In-person (clinician setting)
- In-person (correctional setting)
- Telehealth video
- Both in-person and telehealth video