



Problem Gambling Case Management Discharge Form

AGENCY/ PROVIDER NAME: _____

CONTRACT #: _____ CLIENT ID #: _____

SAP VENDOR#: _____ GENDER: Man Woman Other _____

IS CLIENT A SIGNIFICANT OTHER OF A GAMBLER? Yes No

DISCHARGE DATE: _____ ADMISSION DATE: _____

TYPE OF RESIDENCE AT DISCHARGE: *(Check one)*

Private Residence Homeless Other Group Residential Setting Unknown
Child in Placement Institution *(e.g., hospital, jail)* Other *(specify)* _____

EMPLOYMENT STATUS: *(Check all that apply)*

Active Military Disabled Full-Time Unknown
Part-Time or Seasonal Retired Self-employed
Student Unemployed Other

STATUS OF CASE MANAGEMENT NEEDS: *(Check one for each)*

Childcare	Achieved	Partial Achievement	Not Achieved	Not Applicable
Clothing	Achieved	Partial Achievement	Not Achieved	Not Applicable
Digital Access	Achieved	Partial Achievement	Not Achieved	Not Applicable
Employment	Achieved	Partial Achievement	Not Achieved	Not Applicable
Family Assistance	Achieved	Partial Achievement	Not Achieved	Not Applicable
Financial/Credit Counseling	Achieved	Partial Achievement	Not Achieved	Not Applicable
Food Insecurity	Achieved	Partial Achievement	Not Achieved	Not Applicable
Housing	Achieved	Partial Achievement	Not Achieved	Not Applicable
Legal Assistance	Achieved	Partial Achievement	Not Achieved	Not Applicable
Life Skills	Achieved	Partial Achievement	Not Achieved	Not Applicable
Mental Health Services	Achieved	Partial Achievement	Not Achieved	Not Applicable
Physical Health	Achieved	Partial Achievement	Not Achieved	Not Applicable
Safety	Achieved	Partial Achievement	Not Achieved	Not Applicable
Social/Community Services	Achieved	Partial Achievement	Not Achieved	Not Applicable
Substance Use Disorder Services	Achieved	Partial Achievement	Not Achieved	Not Applicable
Transportation	Achieved	Partial Achievement	Not Achieved	Not Applicable
Utilities	Achieved	Partial Achievement	Not Achieved	Not Applicable
Other _____	Achieved	Partial Achievement	Not Achieved	Not Applicable

DISCHARGE STATUS: *(Check one)*

Completed Case Management Services: All Goals Met
Completed Case Management Services: Half or More Goals Met
Case Management Services Not Completed: Some Goals Met
Case Management Services Not Completed: No Goals Met

DISCHARGE DISPOSITION: *(Check one)*

- Successfully completed Case Management Services
- Left against clinical advice
- Client Relocated
- Dismissed due to non-compliance with program rules
- Client arrested/incarcerated
- Client's health prohibits attendance in Case Management Services
- Client deceased
- Client no longer needs DDAP funding (still receiving services)

REFERRALS RECOMMENDED AT DISCHARGE: *(check all that apply)*

- | | |
|--|------------------------------|
| 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 _____ |

NUMBER OF CLIENT SESSIONS: _____ In-person _____ Telehealth

SUMMARY OF CASE MANAGEMENT SERVICES

Overall, how many case management needs were addressed? None 1-5 6-10 More than 10
Did the client verbalize feeling empowered to continue assuming responsibility for the services addressed at the time of discharge? Yes No

HOW DO THE CLIENT'S CURRENT CASE MANAGEMENT NEEDS COMPARE TO THE LEVEL OF CASE MANAGEMENT NEEDS AT ADMISSION?

All All needs resolved Reduced Same Worse Unknown