

# ODADAS SFY 2012 Problem Gambling Performance Report

Agency Name: \_\_\_\_\_

Grant Number: \_\_\_\_\_

Reporting Period: \_\_\_\_\_

# of people given the SOGS	# of individuals Identified as problem Gamblers	# of new individuals receiving treatment		# of problem gamblers assessed for suicide risk	# of referrals received from the Louisiana Hotline	# of Staff dedicated to the treatment of problem gamblers
		AoD & Problem Gambling	Problem Gambling only			
What have you done the current quarter to reach and treat the problem Gambler?						
What have you done the current quarter that is new or innovative to the program's success?						
What efforts have been made to ensure sustainability?						
List any trainings and/or in-services given in the community						
List the number of GA's in your community and describe how you work together						
List referral sources to your program						
How is the public aware you provide problem gambling services?						