

OHIO DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

**Problem Gambling Treatment Allocation
Mid-Year and End-of-Year Programmatic and Expenditure Report Form
Due January 30 and July 31st**

ADAMHS Board: _____

PROGRAMMATIC REPORTING DATA

# of people screened	# of individuals Identified as problem Gamblers	# of new individuals receiving treatment			# of problem gamblers assessed for suicide risk
		Co-occurring & Problem Gambling		Problem Gambling only	
		AOD	MH	Both	

Screening tool used: SOGS _____ NODS _____ BBGS _____
Other _____ Name of screening tool _____

EXPENDITURE REPORTING DATA

State Problem Gambling Treatment Allocation \$ _____
Total Program Expenditures \$ _____

Completed by: _____
Signature: _____
Date: _____

**Mid-Year Report is due Jan. 30th
Annual Report is due July 31st**

Please email signed report to:

Scott Anderson, Program Contact
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614-466-8562 Office