

OHIO DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

**Problem Gambling & Addiction Allocation
Mid-Year and End-of-Year Programmatic and Expenditure Report Form
Due January 30 and September 30**

ADAMHS/ADAS 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 & Addiction Allocation \$ _____

Total Program Expenditures \$ _____

Completed by: _____

Signature: _____

Date: _____

**Mid-Year Report is due Jan. 30th
Annual Report is due September 30th**

Please email or fax signed report to:

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