

Administrative Office of Courts & Probation

P.O. Box 98910
Lincoln, NE 68509
Phone: (402) 471-3730

District 10

Agency Facility County: Adams

Agency Name: Apex Foster Care, Inc. DBA Apex Family Care

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|--|-------------------------------------|---------------------------------|------------------|------------------|
| | 420 W 5th St. Hastings, NEBRASKA 68901 | Professional Foster Care | | | |

Agency Name: Brianna McMaster

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|--|-------------------------------------|---------------------------------|------------------|-------------------------------|
| Brianna McMaster | 710 E. 6th Street Hastings, NEBRASKA 68901 | Invoice - Mindfulness | McMaster , Brianna | 4024691058 | bmcmastercounseling@gmail.com |

Agency Name: CASA of South Central Nebraska

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|--------------------------------|--------------------------------------|-------------------------------------|---------------------------------|------------------|-------------------------|
| CASA of South Central Nebraska | 1924 W A St Hastings, NEBRASKA 68901 | Thrive Mentoring | Price, Elizabeth | 3083907528 | eprice.thrive@gmail.com |

Agency Name: Crossroads Mission Avenue

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---------------------------|--|--------------------------------------|---------------------------------|------------------|------------------------------|
| Crossroads Mission Avenue | 702 W 14th St Hastings, NEBRASKA 68901 | 15 Day TL Extension - Level 2 | Buller, Daniel | 3079218657 | daniel@crossroadsmission.com |
| | | 45 Day Transitional Living - Level 2 | Buller, Daniel | 3079218657 | daniel@crossroadsmission.com |
| | | Transitional Living - Level 2 | Buller, Daniel | 3079218657 | daniel@crossroadsmission.com |
| | 1005 & 1007 E. 5th St Hastings, NEBRASKA 68901 | 15 Day TL Extension - Level 2 | Buller, Daniel | 3079218657 | daniel@crossroadsmission.com |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|--|--|---------------------------------|------------------|------------------------------|
| | 1005 & 1007 E. 5th St Hastings, NEBRASKA 68901 | 45 Day Transitional Living - Level 2 | Buller, Daniel | 3079218657 | daniel@crossroadsmission.com |
| | | Transitional Living - Level 2 | Buller, Daniel | 3079218657 | daniel@crossroadsmission.com |

Agency Name: Dawning Strength Therapy

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|------------------------------------|--|--|---------------------------------|------------------|-------------------|
| Dawning Strength Therapy LLC | 2727 W 2nd St Suite 332 Hastings, NEBRASKA 68901 | Adult Co-Occurring Evaluation | Hall, Wendy | 4029027994 | DSTpost@proton.me |
| | | Adult Mental Health Evaluation | Hall, Wendy | 4029027994 | DSTpost@proton.me |
| | | Adult Mental Health Outpatient Counseling (Individual) | Hall, Wendy | 4029027994 | DSTpost@proton.me |
| | | Adult Substance Use Addendum | Hall, Wendy | 4029027994 | DSTpost@proton.me |
| | | Adult Substance Use Evaluation | Hall, Wendy | 4029027994 | DSTpost@proton.me |
| | | Adult Substance Use Outpatient Treatment (Individual) | Hall, Wendy | 4029027994 | DSTpost@proton.me |

Agency Name: EagleFeather Counseling

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------------|--|--------------------------------------|---------------------------------------|------------------|-----------------------------------|
| EagleFeather Counseling | 233 N Lincoln Ave Hastings, NEBRASKA 68901 | Adult Co- Occurring Evaluation | EagleFeather Moreno, Cristianne | 4028341025 | eaglefeather.counseling@gmail.com |
| | | Adult Mental Health Evaluation | EagleFeather Moreno, Cristianne | 4028341025 | eaglefeather.counseling@gmail.com |
| | | Adult | EagleFeather | 4028341025 | eaglefeather.counseling@gmail.com |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|-------------------------|--|-------------------------------------|---------------------------------|------------------|-----------------------------------|
| EagleFeather Counseling | 233 N Lincoln Ave Hastings, NEBRASKA 68901 | Substance Use Addendum | Moreno, Cristianne | | |
| | | Adult Substance Use Evaluation | EagleFeather Moreno, Cristianne | 4028341025 | eaglefeather.counseling@gmail.com |
| | | Expedited Co-Occurring Evaluation | EagleFeather Moreno, Cristianne | 4028341025 | eaglefeather.counseling@gmail.com |
| | | Expedited Mental Health Evaluation | EagleFeather Moreno, Cristianne | 4028341025 | eaglefeather.counseling@gmail.com |
| | | Expedited Substance Use Evaluation | EagleFeather Moreno, Cristianne | 4028341025 | eaglefeather.counseling@gmail.com |
| | | Juvenile Co-Occurring Evaluation | EagleFeather Moreno, Cristianne | 4028341025 | eaglefeather.counseling@gmail.com |
| | | Juvenile Mental Health Evaluation | EagleFeather Moreno, Cristianne | 4028341025 | eaglefeather.counseling@gmail.com |
| | | Juvenile Substance Use Addendum | EagleFeather Moreno, Cristianne | 4028341025 | eaglefeather.counseling@gmail.com |
| | | Juvenile Substance Use Evaluation | EagleFeather Moreno, Cristianne | 4028341025 | eaglefeather.counseling@gmail.com |

Agency Name: Lighthouse Counseling Center

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|------------------------------|--|-------------------------------------|---------------------------------|------------------|------------------------|
| Lighthouse Counseling Center | 432 N Minnesota Ave Hastings, NEBRASKA 68901 | Adult Co-Occurring Evaluation | Spencer, Elizabeth | 4024631400 | easedoesit@hotmail.com |
| | | Adult Mental Health Evaluation | Spencer, Elizabeth | 4024631400 | easedoesit@hotmail.com |
| | | Adult Mental Health | Spencer, | 4024631400 | easedoesit@hotmail.com |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|------------------------------|--|---|---------------------------------|------------------|------------------------|
| Lighthouse Counseling Center | 432 N Minnesota Ave Hastings, NEBRASKA 68901 | Outpatient Counseling (Individual) | Elizabeth | | |
| | | Adult Substance Use Evaluation | Spencer, Elizabeth | 4024631400 | easedoesit@hotmail.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | Spencer, Elizabeth | 4024631400 | easedoesit@hotmail.com |
| | | Juvenile Co-Occurring Evaluation | Spencer, Elizabeth | 4024631400 | easedoesit@hotmail.com |
| | | Juvenile Substance Use Evaluation | Spencer, Elizabeth | 4024631400 | easedoesit@hotmail.com |

Agency Name: Martin K Miller

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|--------------------------|---|--|---------------------------------|------------------|----------------------|
| Martin Miller Counseling | 422 N HASTINGS AVE STE 208 Hastings, NEBRASKA 68901 | Adult Co-Occurring Evaluation | MILLER, MARTIN | 4024611477 | santytorch@yahoo.com |
| | | Adult Mental Health Evaluation | MILLER, MARTIN | 4024611477 | santytorch@yahoo.com |
| | | Adult Mental Health Outpatient Counseling (Individual) | MILLER, MARTIN | 4024611477 | santytorch@yahoo.com |
| | | Adult Substance Use Addendum | MILLER, MARTIN | 4024611477 | santytorch@yahoo.com |
| | | Adult Substance Use Evaluation | MILLER, MARTIN | 4024611477 | santytorch@yahoo.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | MILLER, MARTIN | 4024611477 | santytorch@yahoo.com |
| | | Juvenile Mental Health Outpatient Counseling (Individual/Family) | MILLER, MARTIN | 4024611477 | santytorch@yahoo.com |
| | | Juvenile Substance Use Outpatient Treatment (Individual/Family) | MILLER, MARTIN | 4024611477 | santytorch@yahoo.com |

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Agency Name: Mucklow Counseling Services

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|-----------------------------|--|---|---------------------------------|------------------|--------------------|
| Mucklow Counseling Services | 2217 West 12th Street suite 4 Hastings, NEBRASKA 68901 | Adult Co-Occurring Evaluation | Mucklow, Greg | 3082381428 | gmucklow@gmail.com |
| | | Adult Mental Health Evaluation | Mucklow, Greg | 3082381428 | gmucklow@gmail.com |
| | | Adult Mental Health Outpatient Counseling (Individual) | Mucklow, Greg | 3082381428 | gmucklow@gmail.com |
| | | Adult Sex Offense-Specific Evaluation | Mucklow, Greg | 3082381428 | gmucklow@gmail.com |
| | | Adult Sex Offense-Specific Outpatient Counseling (Individual/Group) | Mucklow, Greg | 3082381428 | gmucklow@gmail.com |
| | | Adult Substance Use Addendum | Mucklow, Greg | 3082381428 | gmucklow@gmail.com |
| | | Adult Substance Use Evaluation | Mucklow, Greg | 3082381428 | gmucklow@gmail.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | Mucklow, Greg | 3082381428 | gmucklow@gmail.com |

Agency Name: New Dimensions Counseling

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---------------------------|--|--|---------------------------------|------------------|-------------------------------|
| New Dimensions Counseling | 223 East 14th St. Suite 220 Hastings, NEBRASKA 68901 | Adult Co-Occurring Evaluation | Patitz, Beverly | 4025190159 | bev.patitz.1@gmail.com |
| | | Adult Mental Health Evaluation | Patitz, Beverly | 4025190159 | bev.patitz.1@gmail.com |
| | | Adult Mental Health Outpatient Counseling (Individual) | Patitz, Beverly | 4025190159 | bev.patitz.1@gmail.com |
| | | Adult Substance Use Addendum | Cowling, Melissa | 4027054092 | melissa.cowling.NDC@gmail.com |
| | | | Patitz, Beverly | 4025190159 | bev.patitz.1@gmail.com |

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|---------------------------|--|--|---------------------------------|------------------|-------------------------------|
| New Dimensions Counseling | 223 East 14th St. Suite 220 Hastings, NEBRASKA 68901 | Adult Substance Use Addendum | Beverly | | |
| | | Adult Substance Use Evaluation | Cowling, Melissa | 4027054092 | melissa.cowling.NDC@gmail.com |
| | | | Patitz, Beverly | 4025190159 | bev.patitz.1@gmail.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | Cowling, Melissa | 4027054092 | melissa.cowling.NDC@gmail.com |
| | | | Patitz, Beverly | 4025190159 | bev.patitz.1@gmail.com |
| | | Community Treatment Aide (CTA) | | | |
| | | Juvenile Co-Occurring Evaluation | Patitz, Beverly | 4025190159 | bev.patitz.1@gmail.com |
| | | Juvenile Mental Health Evaluation | Patitz, Beverly | 4025190159 | bev.patitz.1@gmail.com |
| | | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Patitz, Beverly | 4025190159 | bev.patitz.1@gmail.com |
| | | Juvenile Substance Use Addendum | Cowling, Melissa | 4027054092 | melissa.cowling.NDC@gmail.com |
| | | | Patitz, Beverly | 4025190159 | bev.patitz.1@gmail.com |
| | | Juvenile Substance Use Evaluation | Cowling, Melissa | 4027054092 | melissa.cowling.NDC@gmail.com |
| | | | Patitz, Beverly | 4025190159 | bev.patitz.1@gmail.com |

Agency Name: Pathfinder Support Services Home Office

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|--|---|-------------------------------------|---------------------------------|------------------|------------------|
| Pathfinder Support Services - Hastings | 620 North St. Joseph Avenue, Suite 2 and 3 Hastings, NEBRASKA 68901 | Day Reporting | | | |
| | | Evening Reporting | | | |

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| Pathfinder Support Services - Hastings | 620 North St. Joseph Avenue, Suite 2 and 3 Hastings, NEBRASKA 68901 | Family Support | | | |

Agency Name: Revive

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|--|--|---------------------------------|------------------|---------------------------|
| Revive | 2205 Osborne Dr E Hastings, NEBRASKA 68901 | Adult Co-Occurring Capable Short-Term Residential | | | |
| | | Adult Mental Health Outpatient Counseling (Individual) | Hansen, Wendy | 3083835605 | wendyhansen2630@gmail.com |
| | | Adult Psychological Evaluation | | | |
| | | Adult Substance Use Addendum | | | |
| | | Adult Substance Use Evaluation | Cherecwich, Danielle | 4027052436 | Danielle@reviveinc.org |
| | | | Hansen, Wendy | 3083835605 | wendyhansen2630@gmail.com |
| | | | Lyons, Lindsey | 4024600080 | lindsey@reviveinc.org |
| | | Adult Substance Use Halfway House | Cherecwich, Danielle | 4027052436 | Danielle@reviveinc.org |
| | | | Duff, Alexandra | 3082893261 | alexandra80329@yahoo.com |
| | | | Hansen, Wendy | 3083835605 | wendyhansen2630@gmail.com |
| | | | Lyons, Lindsey | 4024600080 | lindsey@reviveinc.org |
| | | Adult Substance Use Outpatient Treatment (Group) | Cherecwich, Danielle | 4027052436 | Danielle@reviveinc.org |
| | | Adult Substance Use | Cherecwich, | 4027052436 | Danielle@reviveinc.org |

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| Revive | 2205 Osborne Dr E Hastings, NEBRASKA 68901 | Outpatient Treatment (Individual) | Danielle | | |
| | | Adult Substance Use Short-Term Residential | Cherecwich, Danielle | 4027052436 | Danielle@reviveinc.org |
| | | | Hansen, Wendy | 3083835605 | wendyhansen2630@gmail.com |
| | | | Lyons, Lindsey | 4024600080 | lindsey@reviveinc.org |
| | | Juvenile Substance Use Addendum | | | |
| | | Juvenile Substance Use Evaluation | | | |

Agency Name: South Central Behavioral Services

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|-----------------------------------|---|---|---------------------------------|------------------|-----------------------------------|
| South Central Behavioral Services | 616 W 5th Street Hastings, NEBRASKA 68901 | Adult Co-Occurring Evaluation | Cox, Sally | 4024635684 | scox@scbsne.com |
| | | | EagleFeather Moreno, Cristianne | 4028341025 | eaglefeather.counseling@gmail.com |
| | | | Hock, Sarah | 3082375951 | shock@scbsne.com |
| | | Adult Mental Health Evaluation | Cox, Sally | 4024635684 | scox@scbsne.com |
| | | | EagleFeather Moreno, Cristianne | 4028341025 | eaglefeather.counseling@gmail.com |
| | | | Hock, Sarah | 3082375951 | shock@scbsne.com |
| | | Adult Mental Health Outpatient Counseling (Group) | Cox, Sally | 4024635684 | scox@scbsne.com |
| | | | EagleFeather Moreno, Cristianne | 4028341025 | eaglefeather.counseling@gmail.com |
| | | | Hock, Sarah | 3082375951 | shock@scbsne.com |
| | | Adult Mental Health Outpatient Counseling | Cox, Sally | 4024635684 | scox@scbsne.com |
| | | | EagleFeather | 4028341025 | eaglefeather.counseling@gmail.com |

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|-----------------------------------|---|---|---------------------------------|------------------|-----------------------------------|
| South Central Behavioral Services | 616 W 5th Street Hastings, NEBRASKA 68901 | (Individual) | Moreno, Cristianne | | |
| | | | Hock, Sarah | 3082375951 | shock@scbsne.com |
| | | Adult Substance Use Addendum | Cox, Sally | 4024635684 | scox@scbsne.com |
| | | | EagleFeather Moreno, Cristianne | 4028341025 | eaglefeather.counseling@gmail.com |
| | | | Hock, Sarah | 3082375951 | shock@scbsne.com |
| | | Adult Substance Use Evaluation | Cox, Sally | 4024635684 | scox@scbsne.com |
| | | | EagleFeather Moreno, Cristianne | 4028341025 | eaglefeather.counseling@gmail.com |
| | | | Hock, Sarah | 3082375951 | shock@scbsne.com |
| | | Adult Substance Use Intensive Outpatient Counseling (IOP) | Cox, Sally | 4024635684 | scox@scbsne.com |
| | | | EagleFeather Moreno, Cristianne | 4028341025 | eaglefeather.counseling@gmail.com |
| | | | Hock, Sarah | 3082375951 | shock@scbsne.com |
| | | Adult Substance Use Outpatient Treatment (Group) | Cox, Sally | 4024635684 | scox@scbsne.com |
| | | | EagleFeather Moreno, Cristianne | 4028341025 | eaglefeather.counseling@gmail.com |
| | | | Hock, Sarah | 3082375951 | shock@scbsne.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | Cox, Sally | 4024635684 | scox@scbsne.com |
| | | | EagleFeather Moreno, Cristianne | 4028341025 | eaglefeather.counseling@gmail.com |
| | | | Hock, Sarah | 3082375951 | shock@scbsne.com |
| | | Agency Supported Foster Care | Harrenstein, Kim | 4024695583 | kharrenstein@scbsne.com |
| | | | Linton, Bridget | 4024635684 | blinton@scbsne.com |
| | | Juvenile Co-Occurring | Cox, Sally | 4024635684 | scox@scbsne.com |

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|-----------------------------------|---|--|---------------------------------|------------------|-----------------------------------|
| South Central Behavioral Services | 616 W 5th Street Hastings, NEBRASKA 68901 | Evaluation | EagleFeather Moreno, Cristianne | 4028341025 | eaglefeather.counseling@gmail.com |
| | | | Hock, Sarah | 3082375951 | shock@scbsne.com |
| | | Juvenile Mental Health Evaluation | Cox, Sally | 4024635684 | scox@scbsne.com |
| | | | EagleFeather Moreno, Cristianne | 4028341025 | eaglefeather.counseling@gmail.com |
| | | | Hock, Sarah | 3082375951 | shock@scbsne.com |
| | | Juvenile Mental Health Outpatient Counseling (Group) | EagleFeather Moreno, Cristianne | 4028341025 | eaglefeather.counseling@gmail.com |
| | | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Cox, Sally | 4024635684 | scox@scbsne.com |
| | | | EagleFeather Moreno, Cristianne | 4028341025 | eaglefeather.counseling@gmail.com |
| | | | Hock, Sarah | 3082375951 | shock@scbsne.com |
| | | Juvenile Substance Use Addendum | Cox, Sally | 4024635684 | scox@scbsne.com |
| | | | EagleFeather Moreno, Cristianne | 4028341025 | eaglefeather.counseling@gmail.com |
| | | | Hock, Sarah | 3082375951 | shock@scbsne.com |
| | | Juvenile Substance Use Evaluation | Cox, Sally | 4024635684 | scox@scbsne.com |
| | | | EagleFeather Moreno, Cristianne | 4028341025 | eaglefeather.counseling@gmail.com |
| | | | Hock, Sarah | 3082375951 | shock@scbsne.com |
| | | Juvenile Substance Use Outpatient Treatment (Individual/Family) | Cox, Sally | 4024635684 | scox@scbsne.com |
| | | | EagleFeather Moreno, Cristianne | 4028341025 | eaglefeather.counseling@gmail.com |
| | | | Hock, Sarah | 3082375951 | shock@scbsne.com |

Agency Facility County: Clay

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District 10

Agency Name: Quality Healthcare Clinic, LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|--------------------------------|---|---|---------------------------------|------------------|--------------------------------------|
| Quality Healthcare Clinic, LLC | 301 S Way Ave Sutton, NEBRASKA 68979 | Adult Substance Use Evaluation | Spencer, Tanna | 4027625690 | tspencer@qualityhealthcareclinic.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | Spencer, Tanna | 4027625690 | tspencer@qualityhealthcareclinic.com |

Agency Facility County: Kearney

Agency Name: Anteshia Zulkoski

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|--|--|---------------------------------|------------------|---------------------|
| Anteshia Zulkoski | 642 N Hubbard Ave Minden, NEBRASKA 68959 | Adult Mental Health Outpatient Counseling (Individual) | Zulkoski, Anteshia | 3082936182 | santeshia@yahoo.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | Zulkoski, Anteshia | 3082936182 | santeshia@yahoo.com |

Agency Facility County: Phelps

Agency Name: CK Counseling (CGZ Inc.)

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|--------------------------|--|--|---------------------------------|------------------|------------------------|
| CK Counseling (CGZ Inc.) | 417 East Avenue Holdrege, NEBRASKA 68949 | Adult Co-Occurring Evaluation | Nichols, Candance | 3089913123 | ckcounseling@gmail.com |
| | | Adult Mental Health Evaluation | Nichols, Candance | 3089913123 | ckcounseling@gmail.com |
| | | Adult Mental Health Outpatient Counseling (Individual) | Nichols, Candance | 3089913123 | ckcounseling@gmail.com |
| | | Adult Substance Use Addendum | Nichols, Candance | 3089913123 | ckcounseling@gmail.com |
| | | Adult Substance Use | Nichols, | 3089913123 | ckcounseling@gmail.com |

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|--------------------------|--|--|---------------------------------|------------------|------------------------|
| CK Counseling (CGZ Inc.) | 417 East Avenue Holdrege, NEBRASKA 68949 | Evaluation | Candance | | |
| | | Adult Substance Use Outpatient Treatment (Individual) | Nichols, Candance | 3089913123 | ckcounseling@gmail.com |
| | | Invoice - Mindfulness | | | |
| | | Juvenile Co-Occurring Evaluation | Nichols, Candance | 3089913123 | ckcounseling@gmail.com |
| | | Juvenile Mental Health Evaluation | Nichols, Candance | 3089913123 | ckcounseling@gmail.com |
| | | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Nichols, Candance | 3089913123 | ckcounseling@gmail.com |
| | | Juvenile Psychiatric Evaluation Interview Only | | | |
| | | Juvenile Substance Use Addendum | Nichols, Candance | 3089913123 | ckcounseling@gmail.com |
| | | Juvenile Substance Use Evaluation | Nichols, Candance | 3089913123 | ckcounseling@gmail.com |
| | | Juvenile Substance Use Outpatient Treatment (Individual/Family) | Nichols, Candance | 3089913123 | ckcounseling@gmail.com |

Agency Name: Healthy Horizons Counseling, LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------------------|--------------------------------------|--|---------------------------------|------------------|-------------------------------------|
| Healthy Horizons Counseling, LLC | 701 4th Ave Holdrege, NEBRASKA 68949 | Adult Mental Health Outpatient Counseling (Individual) | Hunt, Heather | 3089957986 | healthyhorizonscounseling@gmail.com |
| | | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Hunt, Heather | 3089957986 | healthyhorizonscounseling@gmail.com |

Agency Name: Kroll Counseling

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|----------------------|--|--|---------------------------------|------------------|-------------------------------|
| Kroll Counseling | 413 East Ave P.O. Box 466 Holdrege, NEBRASKA 68949 | Adult Co-Occurring Evaluation | Kroll, Faithe | 3089956548 | faithe@holdregecounseling.com |
| | | Adult Mental Health Evaluation | Kroll, Faithe | 3089956548 | faithe@holdregecounseling.com |
| | | Adult Mental Health Outpatient Counseling (Individual) | Kroll, Faithe | 3089956548 | faithe@holdregecounseling.com |
| | | Adult Substance Use Addendum | | | |
| | | Adult Substance Use Evaluation | Kroll, Faithe | 3089956548 | faithe@holdregecounseling.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | Kroll, Faithe | 3089956548 | faithe@holdregecounseling.com |