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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			
		Reentry Agency Support			
		Reentry Clinical Services			
		Reentry Youth & Family Services - 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

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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	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
		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

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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	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 Substance Use Addendum	EagleFeather Moreno, Cristianne	4028341025	eaglefeather.counseling@gmail.com
		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

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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	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 Outpatient Counseling (Individual)	Spencer, Elizabeth	4024631400	easedoesit@hotmail.com
		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	MILLER, MARTIN	4024611477	santytorch@yahoo.com

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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	(Individual)			
		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

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	Mucklow,	3082381428	gmucklow@gmail.com

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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	Outpatient Treatment (Individual)	Greg		
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Mucklow, Greg	3082381428	gmucklow@gmail.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	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
		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)	Martin, Michelle	3083901994	martinmichelle547@gmail.com
			Pfeifer,	3082587141	apfeifer.0001@gmail.com

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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	Community Treatment Aide (CTA)	Amanda		
		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			
		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,	Adult Co-Occurring Capable Short-Term			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Revive	NEBRASKA 68901	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 Outpatient Treatment (Individual)	Cherecwich, Danielle	4027052436	Danielle@reviveinc.org
		Adult Substance Use Short-Term Residential	Cherecwich, Danielle	4027052436	Danielle@reviveinc.org
			Duff, Alexandra	3082893261	alexandra80329@yahoo.com
			Hansen, Wendy	3083835605	wendyhansen2630@gmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Revive		Adult Substance Use Short-Term Residential	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
			Hock, Sarah	3082375951	shock@scbsne.com
			Keele, Abby	4024635684	akeele@scbsne.com
		Adult Mental Health Evaluation	Cox, Sally	4024635684	scox@scbsne.com
			Hock, Sarah	3082375951	shock@scbsne.com
			Keele, Abby	4024635684	akeele@scbsne.com
		Adult Mental Health Outpatient Counseling (Group)	Cox, Sally	4024635684	scox@scbsne.com
			Hock, Sarah	3082375951	shock@scbsne.com
			Keele, Abby	4024635684	akeele@scbsne.com
		Adult Mental Health Outpatient Counseling (Individual)	Cox, Sally	4024635684	scox@scbsne.com
			Hock, Sarah	3082375951	shock@scbsne.com
			Keele, Abby	4024635684	akeele@scbsne.com
		Adult Substance Use Addendum	Cox, Sally	4024635684	scox@scbsne.com
			Hock, Sarah	3082375951	shock@scbsne.com
			Keele, Abby	4024635684	akeele@scbsne.com
		Adult Substance Use Evaluation	Cox, Sally	4024635684	scox@scbsne.com
			Hock, Sarah	3082375951	shock@scbsne.com
			Keele, Abby	4024635684	akeele@scbsne.com
		Adult Substance Use Intensive Outpatient	Cox, Sally	4024635684	scox@scbsne.com
			Hock, Sarah	3082375951	shock@scbsne.com

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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	Counseling (IOP)	Keele, Abby	4024635684	akeele@scbsne.com
		Adult Substance Use Outpatient Treatment (Group)	Cox, Sally	4024635684	scox@scbsne.com
			Hock, Sarah	3082375951	shock@scbsne.com
			Keele, Abby	4024635684	akeele@scbsne.com
		Adult Substance Use Outpatient Treatment (Individual)	Cox, Sally	4024635684	scox@scbsne.com
			Hock, Sarah	3082375951	shock@scbsne.com
			Keele, Abby	4024635684	akeele@scbsne.com
		Agency Supported Foster Care	Harrenstein, Kim	4024695583	kharrenstein@scbsne.com
			Linton, Bridget	4024635684	blinton@scbsne.com
		Juvenile Co-Occurring Evaluation	Cox, Sally	4024635684	scox@scbsne.com
			Hock, Sarah	3082375951	shock@scbsne.com
		Juvenile Mental Health Evaluation	Cox, Sally	4024635684	scox@scbsne.com
			Hock, Sarah	3082375951	shock@scbsne.com
			Keele, Abby	4024635684	akeele@scbsne.com
		Juvenile Mental Health Outpatient Counseling (Group)	Keele, Abby	4024635684	akeele@scbsne.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Cox, Sally	4024635684	scox@scbsne.com
			Hock, Sarah	3082375951	shock@scbsne.com
			Keele, Abby	4024635684	akeele@scbsne.com
		Juvenile Substance Use Addendum	Cox, Sally	4024635684	scox@scbsne.com
			Hock, Sarah	3082375951	shock@scbsne.com
		Juvenile Substance Use Evaluation	Cox, Sally	4024635684	scox@scbsne.com
			Hock, Sarah	3082375951	shock@scbsne.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Cox, Sally	4024635684	scox@scbsne.com
			Hock, Sarah	3082375951	shock@scbsne.com
			Keele, Abby	4024635684	akeele@scbsne.com

Agency Facility County: Clay

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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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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	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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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
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