Administrative Office of Courts & Probation

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District 11

Agency Facility County: Dawson

Agency Name: CK Counseling (CGZ Inc.)

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	613 N. Washington Street Lexington, NEBRASKA 68850	Adult Co-Occurring Evaluation			
		Adult Mental Health Evaluation			
		Adult Mental Health Outpatient Counseling (Individual)			
		Adult Substance Use Addendum			
		Adult Substance Use Evaluation			
		Adult Substance Use Outpatient Treatment (Individual)			
		Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			

Agency Name: Center For Independent Living of Central Nebraska

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	910 AVENUE F Gothenburg, NEBRASKA 69138	Adult Co-Occurring Evaluation	Anson, Vicki	4023215435	vanson@irnebraska.org
		Adult Mental Health Evaluation	Anson, Vicki	4023215435	vanson@irnebraska.org

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	910 AVENUE F Gothenburg, NEBRASKA 69138	Adult Substance Use Evaluation	Anson, Vicki	4023215435	vanson@irnebraska.org
		Juvenile Co-Occurring Evaluation	Anson, Vicki	4023215435	vanson@irnebraska.org
		Juvenile Mental Health Evaluation	Anson, Vicki	4023215435	vanson@irnebraska.org
		Juvenile Substance Use Evaluation	Anson, Vicki	4023215435	vanson@irnebraska.org

Agency Name: Crossroads Mission Avenue

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	907 W. 8th St. Lexington, NEBRASKA 68850	15 Day TL Extension - Level 2			
		45 Day Transitional Living - Level 2			

Agency Name: Insight Counseling & Recovery

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	815 Lake Ave Gothenburg, NEBRASKA 69138	Adult Substance Use Addendum	Maxson, Tom	3082370391	tom@insightcounselingandrecovery.com
			Richards, Erika	3085298807	erikakileegarrettgage@gmail.com
		Adult Substance Use Evaluation	Maxson, Tom	3082370391	tom@insightcounselingandrecovery.com
			Richards, Erika	3085298807	erikakileegarrettgage@gmail.com
		Adult Substance Use Intensive Outpatient Counseling (IOP)	Maxson, Tom	3082370391	tom@insightcounselingandrecovery.com
			Richards, Erika	3085298807	erikakileegarrettgage@gmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	815 Lake Ave Gothenburg, NEBRASKA 69138	Adult Substance Use Outpatient Treatment (Group)	Maxson, Tom	3082370391	tom@insightcounselingandrecovery.com
			Richards, Erika	3085298807	erikakileegarrettgage@gmail.com
		Adult Substance Use Outpatient Treatment (Individual)	Maxson, Tom	3082370391	tom@insightcounselingandrecovery.com
			Richards, Erika	3085298807	erikakileegarrettgage@gmail.com
		Juvenile Substance Use Addendum	Maxson, Tom	3082370391	tom@insightcounselingandrecovery.com
			Richards, Erika	3085298807	erikakileegarrettgage@gmail.com
		Juvenile Substance Use Evaluation	Maxson, Tom	3082370391	tom@insightcounselingandrecovery.com
			Richards, Erika	3085298807	erikakileegarrettgage@gmail.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Maxson, Tom	3082370391	tom@insightcounselingandrecovery.com
			Richards, Erika	3085298807	erikakileegarrettgage@gmail.com

Agency Name: MA Counseling

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
MA Counseling	101 W 8th Street, Suite A Lexington, NEBRASKA 68850	Adult Mental Health Outpatient Counseling (Individual)	Avalos, Mayra	3083250627	macounseling@protonmail.com
		Juvenile Mental Health Evaluation	Avalos, Mayra	3083250627	macounseling@protonmail.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Avalos, Mayra	3083250627	macounseling@protonmail.com

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Agency Name: Misti Maddox

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Misti Maddox	1819 Little Sioux Ln Cozad, NEBRASKA 69130	Invoice - Kinship Foster Care	Maddox, Misti	3083253926	npacsoidc@gmail.com

Agency Name: Region II Human Services

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	307 E 5th P.O. Box 519 Lexington, NEBRASKA 68850	Adult Co-Occurring Evaluation	Hendon, April	3082846767	aprilhendon@r2hs.com
			Tidyman, Mary	3086602078	maggietidyman@r2hs.com
		Adult Initial Diagnostic Interview (Medication Prescriber Only)			
		Adult Medication Management			
		Adult Mental Health Evaluation	Hendon, April	3082846767	aprilhendon@r2hs.com
			Tidyman, Mary	3086602078	maggietidyman@r2hs.com
		Adult Mental Health Outpatient Counseling (Individual)	Hendon, April	3082846767	aprilhendon@r2hs.com
			Tidyman, Mary	3086602078	maggietidyman@r2hs.com
		Adult Substance Use Addendum	Hendon, April	3082846767	aprilhendon@r2hs.com
			Smith, Judi	3083408435	judismith@r2hs.com
			Tidyman, Mary	3086602078	maggietidyman@r2hs.com
		Adult Substance Use Evaluation	Hendon, April	3082846767	aprilhendon@r2hs.com
			Smith, Judi	3083408435	judismith@r2hs.com
			Tidyman,	3086602078	maggietidyman@r2hs.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	307 E 5th P.O. Box 519 Lexington, NEBRASKA 68850	Adult Substance Use Evaluation	Mary		
		Adult Substance Use Outpatient Treatment (Individual)	Hendon, April	3082846767	aprilhendon@r2hs.com
			Smith, Judi	3083408435	judismith@r2hs.com
			Tidyman, Mary	3086602078	maggietidyman@r2hs.com
		Expedited Family Group Conference			
		Justice Wraparound	Reed, Judd	3082800576	juddreed@r2hs.com
			Romero, Ana	3083200256	anaromero@r2hs.com
			Sonnenfeld, Jesi	3085391387	jesisonnenfeld@r2hs.com
			Vak, Ashley	3085391498	ashleyvak@r2hs.com
			White, Sarah	3083500678	sarahwhite@r2hs.com
		Juvenile Co-Occurring Evaluation	Hendon, April	3082846767	aprilhendon@r2hs.com
			Tidyman, Mary	3086602078	maggietidyman@r2hs.com
		Juvenile Mental Health Evaluation	Hendon, April	3082846767	aprilhendon@r2hs.com
			Tidyman, Mary	3086602078	maggietidyman@r2hs.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Hendon, April	3082846767	aprilhendon@r2hs.com
			Tidyman, Mary	3086602078	maggietidyman@r2hs.com
		Juvenile Substance Use Addendum	Hendon, April	3082846767	aprilhendon@r2hs.com
			Smith, Judi	3083408435	judismith@r2hs.com
			Tidyman, Mary	3086602078	maggietidyman@r2hs.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	307 E 5th P.O. Box 519 Lexington, NEBRASKA 68850	Juvenile Substance Use Evaluation	Hendon, April	3082846767	aprilhendon@r2hs.com
			Smith, Judi	3083408435	judismith@r2hs.com
			Tidyman, Mary	3086602078	maggietidyman@r2hs.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Hendon, April	3082846767	aprilhendon@r2hs.com
			Smith, Judi	3083408435	judismith@r2hs.com
			Tidyman, Mary	3086602078	maggietidyman@r2hs.com

Agency Name: Two Bridges Counselling Inc

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Two Bridges Counselling Inc	513 North Grant Street Suite 3 Lexington, NEBRASKA 68850	Adult Substance Use Addendum	Lange, Robyn	3087463959	twobridgescounseling@yahoo.com
		Adult Substance Use Evaluation	Lange, Robyn	3087463959	twobridgescounseling@yahoo.com
		Adult Substance Use Outpatient Treatment (Group)	Lange, Robyn	3087463959	twobridgescounseling@yahoo.com
		Adult Substance Use Outpatient Treatment (Individual)	Lange, Robyn	3087463959	twobridgescounseling@yahoo.com
		Juvenile Substance Use Addendum	Lange, Robyn	3087463959	twobridgescounseling@yahoo.com
		Juvenile Substance Use Evaluation	Lange, Robyn	3087463959	twobridgescounseling@yahoo.com
		Juvenile Substance Use Outpatient	Lange, Robyn	3087463959	twobridgescounseling@yahoo.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Two Bridges Counselling Inc	513 North Grant Street Suite 3 Lexington, NEBRASKA 68850	Treatment (Individual/ Family)			

Agency Name: Wellness Counseling, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Wellness Counseling, LLC	613 N. Washington Lexington, NEBRASKA 68850	Adult Co-Occurring Evaluation	Brock, Tory	4024994028	tory.brock.counseling@gmail.com
		Adult Mental Health Evaluation	Brock, Tory	4024994028	tory.brock.counseling@gmail.com
		Adult Mental Health Outpatient Counseling (Individual)	Brock, Tory	4024994028	tory.brock.counseling@gmail.com
		Adult Substance Use Addendum	Brock, Tory	4024994028	tory.brock.counseling@gmail.com
		Adult Substance Use Evaluation	Brock, Tory	4024994028	tory.brock.counseling@gmail.com
		Adult Substance Use Intensive Outpatient Counseling (IOP)	Brock, Tory	4024994028	tory.brock.counseling@gmail.com
		Adult Substance Use Outpatient Treatment (Individual)	Brock, Tory	4024994028	tory.brock.counseling@gmail.com

Agency Facility County: Frontier

Agency Name: Midwest Special Services, Inc

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Midwest Special Services, Inc	404 W. 2nd P.O. Box 82 Curtis, NEBRASKA 69025	Adult Transportation			
		Invoice - Mileage			
		Juvenile Omaha Metro Transportation			
		Juvenile Transportation			

Agency Facility County: Keith

Agency Name: Ogallala Counseling, P.C.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Ogallala Counseling, P.C.	418 N Spruce St Ogallala, NEBRASKA 69153	Adult Co-Occurring Evaluation	Potter, Melinda	3082846519	melinda@ogallalacounseling.com
		Adult Mental Health Evaluation	Potter, Melinda	3082846519	melinda@ogallalacounseling.com
		Adult Mental Health Outpatient Counseling (Individual)	Potter, Melinda	3082846519	melinda@ogallalacounseling.com
		Adult Substance Use Evaluation	Potter, Melinda	3082846519	melinda@ogallalacounseling.com
		Adult Substance Use Outpatient Treatment (Individual)	Potter, Melinda	3082846519	melinda@ogallalacounseling.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Potter, Melinda	3082846519	melinda@ogallalacounseling.com
		Juvenile Substance Use Evaluation	Potter, Melinda	3082846519	melinda@ogallalacounseling.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Potter, Melinda	3082846519	melinda@ogallalacounseling.com

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Agency Name: Region II Human Services

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	401 W 1ST ST Ogallala, NEBRASKA 69153	Adult Co-Occurring Evaluation	Hendon, April	3082846767	aprilhendon@r2hs.com
			Tidyman, Mary	3086602078	maggietidyman@r2hs.com
		Adult Initial Diagnostic Interview (Medication Prescriber Only)			
		Adult Medication Management			
		Adult Mental Health Evaluation	Hendon, April	3082846767	aprilhendon@r2hs.com
			Tidyman, Mary	3086602078	maggietidyman@r2hs.com
		Adult Mental Health Outpatient Counseling (Individual)	Hendon, April	3082846767	aprilhendon@r2hs.com
			Tidyman, Mary	3086602078	maggietidyman@r2hs.com
		Adult Substance Use Addendum	Hendon, April	3082846767	aprilhendon@r2hs.com
			Smith, Judi	3083408435	judismith@r2hs.com
			Tidyman, Mary	3086602078	maggietidyman@r2hs.com
		Adult Substance Use Evaluation	Hendon, April	3082846767	aprilhendon@r2hs.com
			Smith, Judi	3083408435	judismith@r2hs.com
			Tidyman, Mary	3086602078	maggietidyman@r2hs.com
		Adult Substance Use Outpatient Treatment (Individual)	Hendon, April	3082846767	aprilhendon@r2hs.com
			Smith, Judi	3083408435	judismith@r2hs.com
			Tidyman, Mary	3086602078	maggietidyman@r2hs.com
		Expedited Family Group			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	401 W 1ST ST Ogallala, NEBRASKA 69153	Conference			
		Justice Wraparound	Reed, Judd	3082800576	juddreed@r2hs.com
			Romero, Ana	3083200256	anaromero@r2hs.com
			Sonnenfeld, Jesi	3085391387	jesisonnenfeld@r2hs.com
			Vak, Ashley	3085391498	ashleyvak@r2hs.com
			White, Sarah	3083500678	sarahwhite@r2hs.com
		Juvenile Co-Occurring Evaluation	Hendon, April	3082846767	aprilhendon@r2hs.com
			Tidyman, Mary	3086602078	maggietidyman@r2hs.com
		Juvenile Mental Health Evaluation	Hendon, April	3082846767	aprilhendon@r2hs.com
			Tidyman, Mary	3086602078	maggietidyman@r2hs.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Hendon, April	3082846767	aprilhendon@r2hs.com
			Tidyman, Mary	3086602078	maggietidyman@r2hs.com
		Juvenile Substance Use Addendum	Hendon, April	3082846767	aprilhendon@r2hs.com
			Smith, Judi	3083408435	judismith@r2hs.com
			Tidyman, Mary	3086602078	maggietidyman@r2hs.com
		Juvenile Substance Use Evaluation	Hendon, April	3082846767	aprilhendon@r2hs.com
			Smith, Judi	3083408435	judismith@r2hs.com
			Tidyman, Mary	3086602078	maggietidyman@r2hs.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Hendon, April	3082846767	aprilhendon@r2hs.com
			Smith, Judi	3083408435	judismith@r2hs.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	401 W 1ST ST Ogallala, NEBRASKA 69153	Juvenile Substance Use Outpatient Treatment (Individual/Family)	Tidyman, Mary	3086602078	maggietidyman@r2hs.com

Agency Facility County: Lincoln

Agency Name: Alabaster Therapy

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	410 West 5th Street North Platte, NEBRASKA 69101	Adult Mental Health Outpatient Counseling (Individual)	Lieske, Donald	4023140673	Donald.lieske@doane.edu
		Adult Substance Use Addendum	Lieske, Donald	4023140673	Donald.lieske@doane.edu
		Adult Substance Use Evaluation	Lieske, Donald	4023140673	Donald.lieske@doane.edu
			Wheeler, Carl	4028403552	beyondthechairwoodcreations@gmail.com
		Adult Substance Use Intensive Outpatient Counseling (IOP)			
		Adult Substance Use Outpatient Treatment (Individual)	Lawton, Vicki	3085395177	alabastercounselingcenter@gmail.com
			Lieske, Donald	4023140673	Donald.lieske@doane.edu
			Wheeler, Carl	4028403552	beyondthechairwoodcreations@gmail.com
		Juvenile Mental Health Outpatient Counseling (Individual/ Family)	Lieske, Donald	4023140673	Donald.lieske@doane.edu

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	410 West 5th Street North Platte, NEBRASKA 69101	Juvenile Substance Use Addendum	Lieske, Donald	4023140673	Donald.lieske@doane.edu
		Juvenile Substance Use Evaluation	Lieske, Donald	4023140673	Donald.lieske@doane.edu

Agency Name: Beacon of Hope Counseling Center

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Beacon of Hope Counseling Center	308 West 4th, Suite 1 North Platte, NEBRASKA 69101	Adult Co-Occurring Evaluation	Feldman, Theresa	3085209065	tfeldman@allophone.com
		Adult Mental Health Evaluation	Feldman, Theresa	3085209065	tfeldman@allophone.com
		Adult Substance Use Addendum	Feldman, Theresa	3085209065	tfeldman@allophone.com
		Adult Substance Use Evaluation	Feldman, Theresa	3085209065	tfeldman@allophone.com
		Adult Substance Use Outpatient Treatment (Individual)	Feldman, Theresa	3085209065	tfeldman@allophone.com
		Juvenile Co-Occurring Evaluation	Feldman, Theresa	3085209065	tfeldman@allophone.com
		Juvenile Mental Health Evaluation	Feldman, Theresa	3085209065	tfeldman@allophone.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Feldman, Theresa	3085209065	tfeldman@allophone.com
		Juvenile Substance Use Addendum	Feldman, Theresa	3085209065	tfeldman@allophone.com
		Juvenile Substance Use Evaluation	Feldman, Theresa	3085209065	tfeldman@allophone.com

Agency Name: Boys Town

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Boys Town Western Nebraska In Home Family Services	1101 Cottonwood Street North Platte, NEBRASKA 69101	In Home Family Service (IHFS)	Ewing, Christifer	3082122382	christifer.ewing@boystown.org
			Hackett, Elizabeth	3084178959	beth.hackett@boystown.org
			Hickman, Scheyenne	3086607499	Scheyenne.Hickman@boystown.org
			Wright, Jaime	3086368312	jaime.wright@boystown.org

Agency Name: CITY OF NORTH PLATTE POLICE DEPT

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
CITY OF NORTH PLATTE POLICE DEPT	211 W 3rd St North Platte, NEBRASKA 69101	Invoice - Law Enforcement Transportation			

Agency Name: Center For Independent Living of Central Nebraska

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Kyle L Britt Shelter	102 S Cedar Maxwell, NEBRASKA 69151	Group Home A			
		Juvenile Co-Occurring Evaluation	Anson, Vicki	4023215435	vanson@irnebraska.org
		Juvenile Mental Health Evaluation	Anson, Vicki	4023215435	vanson@irnebraska.org
		Juvenile Substance Use Evaluation	Anson, Vicki	4023215435	vanson@irnebraska.org
		Shelter Care			
		Split Cost Group Home A			
	109 E 2ND ST SUITE 3 North Platte, NEBRASKA	Adult Co-Occurring	Anson, Vicki	4023215435	vanson@irnebraska.org

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	69101	Evaluation			
		Adult Mental Health Evaluation	Anson, Vicki	4023215435	vanson@irnebraska.org
		Adult Substance Use Evaluation	Anson, Vicki	4023215435	vanson@irnebraska.org
		Juvenile Co-Occurring Evaluation	Anson, Vicki	4023215435	vanson@irnebraska.org
		Juvenile Mental Health Evaluation	Anson, Vicki	4023215435	vanson@irnebraska.org
		Juvenile Substance Use Evaluation	Anson, Vicki	4023215435	vanson@irnebraska.org

Agency Name: Family Matters Counseling

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Family Matters Counseling	410 East B St North Platte, NEBRASKA 69101	Adult Co-Occurring Evaluation	Cooper, Rayla	3085393084	rayla.cooper@yahoo.com
			Fisher, Jamie	3085308491	jamiefisher0113@gmail.com
		Adult Mental Health Evaluation	Cooper, Rayla	3085393084	rayla.cooper@yahoo.com
		Adult Mental Health Outpatient Counseling (Individual)	Cooper, Rayla	3085393084	rayla.cooper@yahoo.com
			Fisher, Jamie	3085308491	jamiefisher0113@gmail.com
		Adult Sex Offense-Specific Evaluation			
		Adult Substance Use Addendum	Cooper, Rayla	3085393084	rayla.cooper@yahoo.com
			Fisher, Jamie	3085308491	jamiefisher0113@gmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Family Matters Counseling	410 East B St North Platte, NEBRASKA 69101	Adult Substance Use Evaluation	Cooper, Rayla	3085393084	rayla.cooper@yahoo.com
			Fisher, Jamie	3085308491	jamiefisher0113@gmail.com
		Adult Substance Use Outpatient Treatment (Individual)	Cooper, Rayla	3085393084	rayla.cooper@yahoo.com
			Fisher, Jamie	3085308491	jamiefisher0113@gmail.com
		Juvenile Co-Occurring Evaluation	Cooper, Rayla	3085393084	rayla.cooper@yahoo.com
			Fisher, Jamie	3085308491	jamiefisher0113@gmail.com
		Juvenile Mental Health Evaluation	Cooper, Rayla	3085393084	rayla.cooper@yahoo.com
			Fisher, Jamie	3085308491	jamiefisher0113@gmail.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Cooper, Rayla	3085393084	rayla.cooper@yahoo.com
			Fisher, Jamie	3085308491	jamiefisher0113@gmail.com
		Juvenile Substance Use Addendum	Cooper, Rayla	3085393084	rayla.cooper@yahoo.com
			Fisher, Jamie	3085308491	jamiefisher0113@gmail.com
		Juvenile Substance Use Evaluation	Cooper, Rayla	3085393084	rayla.cooper@yahoo.com
			Fisher, Jamie	3085308491	jamiefisher0113@gmail.com
		Juveniles Who Sexually Harm Risk Evaluation			

Agency Name: Family Skill Building Services, LLC

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Family Skill Building Services, LLC	2300 E 2nd Street North Platte, NEBRASKA 69101	Case Managed Tutoring	Johnson, Sara	3082216306	sjohnsonfsb@live.com
		Community Youth Coaching	Ballard, Lora	3086602420	Lballardfsb@outlook.com
			Casper, April	3085391386	acasperfsb@outlook.com
			Casper, Arianna	3082216287	ariannacasperfsb@gmail.com
			Crider, Deena	3088820082	dcriderfsb@live.com
			Curtis, Cynthia	3086960033	ccurtisfsb@gmail.com
			Elmshaeuser, Jessie	3082216287	jelmshaeuserfsb@outlook.com
			Johnson, Sara	3082216306	sjohnsonfsb@live.com
			Leonhardt-Driggs, Kendra	3082216287	fsbservices01@live.com
			Richardson, Dehjin	3085202952	drichardsonfsb@gmail.com
			Welk, Christen	3085309615	Cwelksfsb@gmail.com
			White, Denise	3082216287	dwhitefsb@gmail.com
		Continuous Alcohol Monitoring (CAM) with EM			
		Day Reporting	Ballard, Lora	3086602420	Lballardfsb@outlook.com
			Casper, April	3085391386	acasperfsb@outlook.com
			Crider, Deena	3088820082	dcriderfsb@live.com
			Elmshaeuser, Jessie	3082216287	jelmshaeuserfsb@outlook.com
			Johnson, Sara	3082216306	sjohnsonfsb@live.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Family Skill Building Services, LLC	2300 E 2nd Street North Platte, NEBRASKA 69101	Day Reporting	Leonhardt-Driggs, Kendra	3082216287	fsbservices01@live.com
			Richardson, Dehjin	3085202952	drichardsonfsb@gmail.com
			Welk, Christen	3085309615	Cwelksfsb@gmail.com
		Evening Reporting	Ballard, Lora	3086602420	Lballardfsb@outlook.com
			Casper, April	3085391386	acasperfsb@outlook.com
			Crider, Deena	3088820082	dcriderfsb@live.com
			Johnson, Sara	3082216306	sjohnsonfsb@live.com
			Leonhardt-Driggs, Kendra	3082216287	fsbservices01@live.com
			Welk, Christen	3085309615	Cwelksfsb@gmail.com
		Family Support	Ballard, Lora	3086602420	Lballardfsb@outlook.com
			Casper, April	3085391386	acasperfsb@outlook.com
			Casper, Arianna	3082216287	ariannacasperfsb@gmail.com
			Crider, Deena	3088820082	dcriderfsb@live.com
			Curtis, Cynthia	3086960033	ccurtisfsb@gmail.com
			Elmshaeuser, Jessie	3082216287	jelmshaeuserfsb@outlook.com
			Johnson, Sara	3082216306	sjohnsonfsb@live.com
			Leonhardt-Driggs, Kendra	3082216287	fsbservices01@live.com
			Richardson, Dehjin	3085202952	drichardsonfsb@gmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Family Skill Building Services, LLC	2300 E 2nd Street North Platte, NEBRASKA 69101	Family Support	White, Denise	3082216287	dwhitefsb@gmail.com
		Invoice - Mileage	Ballard, Lora	3086602420	Lballardfsb@outlook.com
			Casper, April	3085391386	acasperfsb@outlook.com
			Crider, Deena	3088820082	dcriderfsb@live.com
			Johnson, Sara	3082216306	sjohnsonfsb@live.com
		Juvenile Electronic Monitoring Cell Phone			
		Juvenile Electronic Monitoring GPS	Ballard, Lora	3086602420	Lballardfsb@outlook.com
			Casper, April	3085391386	acasperfsb@outlook.com
			Crider, Deena	3088820082	dcriderfsb@live.com
			Curtis, Cynthia	3086960033	ccurtisfsb@gmail.com
			Johnson, Sara	3082216306	sjohnsonfsb@live.com
			Leonhardt-Driggs, Kendra	3082216287	fsbservices01@live.com
			Welk, Christen	3085309615	Cwelksfsb@gmail.com
		Juvenile Electronic Monitoring Land Line			
		Thrive Mentoring	Crider, Deena	3088820082	dcriderfsb@live.com
			Leonhardt-Driggs, Kendra	3082216287	fsbservices01@live.com

Agency Name: First Step to Freedom Counseling

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
First Step to Freedom Counseling	516 North Dewey, Suite 1 North Platte, NEBRASKA 69101	Adult Co-Occurring Evaluation	Sukup, Jennifer	3086603257	Jenniferxfisher@yahoo.com
		Adult Mental Health Evaluation	Sukup, Jennifer	3086603257	Jenniferxfisher@yahoo.com
		Adult Mental Health Outpatient Counseling (Individual)	Sukup, Jennifer	3086603257	Jenniferxfisher@yahoo.com
		Adult Sex Offense-Specific Evaluation	Sukup, Jennifer	3086603257	Jenniferxfisher@yahoo.com
		Adult Sex Offense-Specific Outpatient Counseling (Individual/Group)	Sukup, Jennifer	3086603257	Jenniferxfisher@yahoo.com
		Adult Substance Use Addendum	Sukup, Jennifer	3086603257	Jenniferxfisher@yahoo.com
		Adult Substance Use Evaluation	Sukup, Jennifer	3086603257	Jenniferxfisher@yahoo.com
		Adult Substance Use Outpatient Treatment (Individual)	Sukup, Jennifer	3086603257	Jenniferxfisher@yahoo.com
		Expedited Co-Occurring Evaluation	Sukup, Jennifer	3086603257	Jenniferxfisher@yahoo.com
		Expedited Mental Health Evaluation	Sukup, Jennifer	3086603257	Jenniferxfisher@yahoo.com
		Expedited Substance Use Evaluation	Sukup, Jennifer	3086603257	Jenniferxfisher@yahoo.com
		Juvenile Co-Occurring Evaluation	Sukup, Jennifer	3086603257	Jenniferxfisher@yahoo.com
		Juvenile Mental Health Evaluation	Sukup, Jennifer	3086603257	Jenniferxfisher@yahoo.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Sukup, Jennifer	3086603257	Jenniferxfisher@yahoo.com
		Juvenile Substance Use Addendum	Sukup, Jennifer	3086603257	Jenniferxfisher@yahoo.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
First Step to Freedom Counseling	516 North Dewey, Suite 1 North Platte, NEBRASKA 69101	Juvenile Substance Use Evaluation	Sukup, Jennifer	3086603257	Jenniferxfisher@yahoo.com
		Juveniles Who Sexually Harm Outpatient Treatment (Group)			
		Juveniles Who Sexually Harm Risk Evaluation	Sukup, Jennifer	3086603257	Jenniferxfisher@yahoo.com

Agency Name: Guardian Light Family Services

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Guardian Light Family Services	509 East 4th Street Suite E North Platte, NEBRASKA 69101	Agency Supported Foster Care			
		Family Partner			
		Relative/Kinship Home Study			

Agency Name: Inspiring Transformations LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Inspiring Transformations LLC	1101 North Jeffers North Platte, NEBRASKA 69101	Adult Substance Use Addendum	McCuiston, MenDi	3085320587	mendi@inspiring-transformations.com
		Adult Substance Use Evaluation	McCuiston, MenDi	3085320587	mendi@inspiring-transformations.com
		Adult Substance Use Outpatient Treatment (Individual)	McCuiston, MenDi	3085320587	mendi@inspiring-transformations.com
		Expedited Substance Use Evaluation	McCuiston, MenDi	3085320587	mendi@inspiring-transformations.com
		Juvenile Substance Use Addendum	McCuiston, MenDi	3085320587	mendi@inspiring-transformations.com
		Juvenile Substance Use	McCuiston,	3085320587	mendi@inspiring-

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Inspiring Transformations LLC	1101 North Jeffers North Platte, NEBRASKA 69101	Evaluation	MenDi		transformations.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	McCuiston, MenDi	3085320587	mendi@inspiring-transformations.com

Agency Name: Kayla Bandy

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Kayla Bandy	1012 W 5th St North Platte, NEBRASKA 69101	Invoice - Kinship Foster Care			

Agency Name: Lutheran Family Services

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	120 E 12th Street North Platte, NEBRASKA 68101	Adult Co-Occurring Evaluation	Holes, Crystal	3085329360	crystal.holes@onelfs.org
			Rich, Jamie	4023173269	Jrich@lfsneb.org
			Young, Sandra	3086607434	Sandra.young@onelfs.org
		Adult Mental Health Evaluation	Holes, Crystal	3085329360	crystal.holes@onelfs.org
			Rich, Jamie	4023173269	Jrich@lfsneb.org
			Young, Sandra	3086607434	Sandra.young@onelfs.org
		Adult Mental Health Outpatient Counseling (Individual)	Holes, Crystal	3085329360	crystal.holes@onelfs.org
			Rich, Jamie	4023173269	Jrich@lfsneb.org
			Young, Sandra	3086607434	Sandra.young@onelfs.org
		Adult Substance Use Addendum	Holes, Crystal	3085329360	crystal.holes@onelfs.org
			Young, Sandra	3086607434	Sandra.young@onelfs.org

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	120 E 12th Street North Platte, NEBRASKA 68101	Adult Substance Use Evaluation	Holes, Crystal	3085329360	crystal.holes@onelfs.org
			Young, Sandra	3086607434	Sandra.young@onelfs.org
		Adult Substance Use Intensive Outpatient Counseling (IOP)	Holes, Crystal	3085329360	crystal.holes@onelfs.org
			Rich, Jamie	4023173269	Jrich@lfsneb.org
			Young, Sandra	3086607434	Sandra.young@onelfs.org
		Adult Substance Use Outpatient Treatment (Group)	Rich, Jamie	4023173269	Jrich@lfsneb.org
			Young, Sandra	3086607434	Sandra.young@onelfs.org
		Adult Substance Use Outpatient Treatment (Individual)	Holes, Crystal	3085329360	crystal.holes@onelfs.org
			Rich, Jamie	4023173269	Jrich@lfsneb.org
			Young, Sandra	3086607434	Sandra.young@onelfs.org
		Juvenile Medication Management			
		Juvenile Mental Health Outpatient Counseling (Group)			
		Juvenile Psychiatric Evaluation Interview Only			
		Juvenile Substance Use Outpatient Treatment (Group)			

Agency Name: Modern Therapy Associates

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Modern Therapy	1214 West A North Platte,	Adult Co-Occurring Evaluation	Hageman, Wendy	3084178555	moderntherapyassociates@mail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Associates	NEBRASKA 69101	Adult Mental Health Evaluation	Hageman, Wendy	3084178555	moderntherapyassociates@mail.com
		Adult Mental Health Outpatient Counseling (Individual)	Hageman, Wendy	3084178555	moderntherapyassociates@mail.com
		Adult Substance Use Addendum	Hageman, Wendy	3084178555	moderntherapyassociates@mail.com
		Adult Substance Use Evaluation	Hageman, Wendy	3084178555	moderntherapyassociates@mail.com
		Adult Substance Use Intensive Outpatient Counseling (IOP)	Hageman, Wendy	3084178555	moderntherapyassociates@mail.com
		Adult Substance Use Outpatient Treatment (Individual)	Hageman, Wendy	3084178555	moderntherapyassociates@mail.com
		Juvenile Co-Occurring Evaluation	Hageman, Wendy	3084178555	moderntherapyassociates@mail.com
		Juvenile Substance Use Addendum	Hageman, Wendy	3084178555	moderntherapyassociates@mail.com
		Juvenile Substance Use Evaluation	Hageman, Wendy	3084178555	moderntherapyassociates@mail.com

Agency Name: Nebraska Youth Center

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Nebraska Youth Center	2300 E 2nd St North Platte, NEBRASKA 69101	Group Home A	Leonhardt-Driggs, Kendra	3082216287	fsbservices01@live.com
		Shelter Care	Leonhardt-Driggs, Kendra	3082216287	fsbservices01@live.com
		Split Cost Group			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Nebraska Youth Center	2300 E 2nd St North Platte, NEBRASKA 69101	Home A			

Agency Name: Platte Valley Counseling, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Platte Valley Counseling, LLC	409 North Jeffers Street North Platte, NEBRASKA 69101	Adult Co-Occurring Evaluation	Morse, Stephaine	3085325565	plattevalleycounseling@yahoo.com
		Adult Mental Health Evaluation	Morse, Stephaine	3085325565	plattevalleycounseling@yahoo.com
		Adult Mental Health Outpatient Counseling (Individual)	Morse, Stephaine	3085325565	plattevalleycounseling@yahoo.com
		Adult Substance Use Addendum	Morse, Stephaine	3085325565	plattevalleycounseling@yahoo.com
		Adult Substance Use Evaluation	Morse, Stephaine	3085325565	plattevalleycounseling@yahoo.com
		Adult Substance Use Outpatient Treatment (Individual)	Morse, Stephaine	3085325565	plattevalleycounseling@yahoo.com
		Juvenile Co-Occurring Evaluation	Morse, Stephaine	3085325565	plattevalleycounseling@yahoo.com
		Juvenile Mental Health Evaluation	Morse, Stephaine	3085325565	plattevalleycounseling@yahoo.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Morse, Stephaine	3085325565	plattevalleycounseling@yahoo.com
		Juvenile Substance Use Addendum	Morse, Stephaine	3085325565	plattevalleycounseling@yahoo.com
		Juvenile Substance Use Evaluation	Morse, Stephaine	3085325565	plattevalleycounseling@yahoo.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Platte Valley Counseling, LLC	409 North Jeffers Street North Platte, NEBRASKA 69101	Juvenile Substance Use Outpatient Treatment (Individual/Family)	Morse, Stephaine	3085325565	plattevalleycounseling@yahoo.com
		Juveniles Who Sexually Harm Outpatient Treatment (Individual/Family)			

Agency Name: Region II Human Services

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Region II Human Services	110 N Bailey Ave P.O. Box 1209 North Platte, NEBRASKA 69103	Adult Co-Occurring Evaluation	Hendon, April	3082846767	aprilhendon@r2hs.com
			Tidyman, Mary	3086602078	maggietidyman@r2hs.com
		Adult Initial Diagnostic Interview (Medication Prescriber Only)			
		Adult Medication Management			
		Adult Mental Health Evaluation	Hendon, April	3082846767	aprilhendon@r2hs.com
			Tidyman, Mary	3086602078	maggietidyman@r2hs.com
		Adult Mental Health Outpatient Counseling (Individual)	Hendon, April	3082846767	aprilhendon@r2hs.com
			Tidyman, Mary	3086602078	maggietidyman@r2hs.com
		Adult Substance Use Addendum	Hendon, April	3082846767	aprilhendon@r2hs.com
			Smith, Judi	3083408435	judismith@r2hs.com
			Tidyman,	3086602078	maggietidyman@r2hs.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Region II Human Services	110 N Bailey Ave P.O. Box 1209 North Platte, NEBRASKA 69103	Adult Substance Use Addendum	Mary		
		Adult Substance Use Evaluation	Hendon, April	3082846767	aprilhendon@r2hs.com
			Smith, Judi	3083408435	judismith@r2hs.com
			Tidyman, Mary	3086602078	maggietidyman@r2hs.com
		Adult Substance Use Outpatient Treatment (Individual)	Hendon, April	3082846767	aprilhendon@r2hs.com
			Smith, Judi	3083408435	judismith@r2hs.com
			Tidyman, Mary	3086602078	maggietidyman@r2hs.com
		Expedited Family Group Conference			
		Justice Wraparound	Miller, Mykel	3083500894	mykelmiller@r2hs.com
			Reed, Judd	3082800576	juddreed@r2hs.com
			Romero, Ana	3083200256	anaromero@r2hs.com
			Sonnenfeld, Jesi	3085391387	jesisonnenfeld@r2hs.com
			Vak, Ashley	3085391498	ashleyvak@r2hs.com
			White, Sarah	3083500678	sarahwhite@r2hs.com
		Juvenile Co-Occurring Evaluation	Hendon, April	3082846767	aprilhendon@r2hs.com
			Tidyman, Mary	3086602078	maggietidyman@r2hs.com
		Juvenile Mental Health Evaluation	Hendon, April	3082846767	aprilhendon@r2hs.com
			Tidyman, Mary	3086602078	maggietidyman@r2hs.com
		Juvenile Mental Health Outpatient Counseling	Hendon, April	3082846767	aprilhendon@r2hs.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Region II Human Services	110 N Bailey Ave P.O. Box 1209 North Platte, NEBRASKA 69103	(Individual/Family)	Tidyman, Mary	3086602078	maggietidyman@r2hs.com
		Juvenile Substance Use Addendum	Hendon, April	3082846767	aprilhendon@r2hs.com
			Smith, Judi	3083408435	judismith@r2hs.com
			Tidyman, Mary	3086602078	maggietidyman@r2hs.com
		Juvenile Substance Use Evaluation	Hendon, April	3082846767	aprilhendon@r2hs.com
			Smith, Judi	3083408435	judismith@r2hs.com
			Tidyman, Mary	3086602078	maggietidyman@r2hs.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Hendon, April	3082846767	aprilhendon@r2hs.com
			Smith, Judi	3083408435	judismith@r2hs.com
			Tidyman, Mary	3086602078	maggietidyman@r2hs.com

Agency Name: The Connection Homeless Shelter, Inc.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
The Connection Homeless Shelter, Inc.	414 East 6th Street North Platte, NEBRASKA 69101	Transitional Living - Level 2	Lewis, Ashley	3085325050	directorshelter@gmail.com

Agency Facility County: Red Willow

Agency Name: Ambience Counseling Center LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Ambience Counseling Center LLC	601 Norris Ave McCook, NEBRASKA	Adult Co-Occurring Evaluation	Andrews, Katie	3083454067	katherineandrews04@gmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Ambience Counseling Center LLC	69001	Adult Mental Health Evaluation	Andrews, Katie	3083454067	katherineandrews04@gmail.com
			Monie, Kyla	3086550635	kyla.monie95@gmail.com
		Adult Mental Health Outpatient Counseling (Individual)	Andrews, Katie	3083454067	katherineandrews04@gmail.com
			Monie, Kyla	3086550635	kyla.monie95@gmail.com
		Adult Substance Use Addendum			
		Adult Substance Use Evaluation			
		Adult Substance Use Outpatient Treatment (Individual)			
		Family Support			
		Juvenile Co-Occurring Evaluation	Andrews, Katie	3083454067	katherineandrews04@gmail.com
		Juvenile Mental Health Evaluation	Andrews, Katie	3083454067	katherineandrews04@gmail.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Andrews, Katie	3083454067	katherineandrews04@gmail.com
			Monie, Kyla	3086550635	kyla.monie95@gmail.com
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			

Agency Name: Center For Independent Living of Central Nebraska

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	322 NORRIS AVENUE McCook, NEBRASKA 69001	Adult Co-Occurring Evaluation	Anson, Vicki	4023215435	vanson@irnebraska.org
		Adult Mental Health Evaluation	Anson, Vicki	4023215435	vanson@irnebraska.org
		Adult Substance Use Evaluation	Anson, Vicki	4023215435	vanson@irnebraska.org
		Juvenile Co-Occurring Evaluation	Anson, Vicki	4023215435	vanson@irnebraska.org
		Juvenile Mental Health Evaluation	Anson, Vicki	4023215435	vanson@irnebraska.org
		Juvenile Substance Use Evaluation	Anson, Vicki	4023215435	vanson@irnebraska.org

Agency Name: Heidi J Bridgmon

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Heidi J Bridgmon	1404 West 3rd Street McCook, NEBRASKA 69001	Invoice - Kinship Foster Care			

Agency Name: James Sanford

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
James Sanford	1112 Missouri Ave McCook, NEBRASKA 69001	Invoice - Kinship Foster Care			

Agency Name: Kimberly M Solorzano

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Kimberly M Solorzano	1410 W Fairacres Dr McCook, NEBRASKA 69001	Invoice - Kinship Foster Care			

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Agency Name: Region II Human Services

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	1012 West Third P.O. Box 818 McCook, NEBRASKA 69001	Adult Co-Occurring Evaluation	Hendon, April	3082846767	aprilhendon@r2hs.com
			Tidyman, Mary	3086602078	maggietidyman@r2hs.com
		Adult Initial Diagnostic Interview (Medication Prescriber Only)			
		Adult Medication Management			
		Adult Mental Health Evaluation	Hendon, April	3082846767	aprilhendon@r2hs.com
			Tidyman, Mary	3086602078	maggietidyman@r2hs.com
		Adult Mental Health Outpatient Counseling (Individual)	Hendon, April	3082846767	aprilhendon@r2hs.com
			Tidyman, Mary	3086602078	maggietidyman@r2hs.com
		Adult Substance Use Addendum	Hendon, April	3082846767	aprilhendon@r2hs.com
			Smith, Judi	3083408435	judismith@r2hs.com
			Tidyman, Mary	3086602078	maggietidyman@r2hs.com
		Adult Substance Use Evaluation	Hendon, April	3082846767	aprilhendon@r2hs.com
			Smith, Judi	3083408435	judismith@r2hs.com
			Tidyman, Mary	3086602078	maggietidyman@r2hs.com
		Adult Substance Use Outpatient Treatment (Individual)	Hendon, April	3082846767	aprilhendon@r2hs.com
			Smith, Judi	3083408435	judismith@r2hs.com
			Tidyman, Mary	3086602078	maggietidyman@r2hs.com
		Expedited Family Group			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	1012 West Third P.O. Box 818 McCook, NEBRASKA 69001	Conference			
		Justice Wraparound	Miller, Mykel	3083500894	mykelmiller@r2hs.com
			Reed, Judd	3082800576	juddreed@r2hs.com
			Romero, Ana	3083200256	anaromero@r2hs.com
			Sonnenfeld, Jesi	3085391387	jesisonnenfeld@r2hs.com
			Vak, Ashley	3085391498	ashleyvak@r2hs.com
			White, Sarah	3083500678	sarahwhite@r2hs.com
		Juvenile Co-Occurring Evaluation	Hendon, April	3082846767	aprilhendon@r2hs.com
			Tidyman, Mary	3086602078	maggietidyman@r2hs.com
		Juvenile Mental Health Evaluation	Hendon, April	3082846767	aprilhendon@r2hs.com
			Tidyman, Mary	3086602078	maggietidyman@r2hs.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Hendon, April	3082846767	aprilhendon@r2hs.com
			Tidyman, Mary	3086602078	maggietidyman@r2hs.com
		Juvenile Substance Use Addendum	Hendon, April	3082846767	aprilhendon@r2hs.com
			Smith, Judi	3083408435	judismith@r2hs.com
			Tidyman, Mary	3086602078	maggietidyman@r2hs.com
		Juvenile Substance Use Evaluation	Hendon, April	3082846767	aprilhendon@r2hs.com
			Smith, Judi	3083408435	judismith@r2hs.com
			Tidyman, Mary	3086602078	maggietidyman@r2hs.com
		Juvenile Substance Use	Hendon,	3082846767	aprilhendon@r2hs.com

Administrative Office of Courts & Probation

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

District 11

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	1012 West Third P.O. Box 818 McCook, NEBRASKA 69001	Outpatient Treatment (Individual/Family)	April		
			Smith, Judi	3083408435	judismith@r2hs.com
			Tidyman, Mary	3086602078	maggietidyman@r2hs.com

Agency Name: Study Recovery Tutoring Services, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Study Recovery Tutoring Services, LLC	1004 W 6th Street McCook, NEBRASKA 69001	Case Managed Tutoring	Branch, Rochelle (Shelly)	3075345432	sbranch@mccookbison.org

Agency Name: Sue Bade kinship inc

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Sue Bade kinship inc	620 Taylor street Bartley, NEBRASKA 69020	Invoice - Kinship Foster Care			