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Agency Facility County: Douglas

Agency Name: 111 FREE, INC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
111 FREE, INC	1941 South 42nd Street Suite 416T Omaha, NEBRASKA 68105	Juvenile Co-Occurring Evaluation	Alexis, Geraldine	4027393300	galexis007@msn.com
		Juvenile Mental Health Evaluation	Alexis, Geraldine	4027393300	galexis007@msn.com
		Juvenile Substance Use Evaluation	Alexis, Geraldine	4027393300	galexis007@msn.com

Agency Name: A Better You Counseling Services LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
A Better You Counseling Services LLC	11060 Oak Street Suite 6 Omaha, NEBRASKA 68144	Juvenile Mental Health Outpatient Counseling (Individual/ Family)	Rush, Sherlonda	4026699030	sherlondarush@betterucounseling.com
		Juveniles Who Sexually Harm Outpatient Treatment (Individual/ Family)	Rush, Sherlonda	4026699030	sherlondarush@betterucounseling.com

Agency Name: A Desired Life Therapy and Counseling LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
A Desired Life Therapy and Counseling LLC	8031 W Center Rd Suite 210 Omaha, NEBRASKA 68124	Expedited Co-Occurring Evaluation	Kaipust, Jamie	5312253064	jamie.licsw@Hotmail.com
		Expedited Mental Health Evaluation	Kaipust, Jamie	5312253064	jamie.licsw@Hotmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
A Desired Life Therapy and Counseling LLC	8031 W Center Rd Suite 210 Omaha, NEBRASKA 68124	Expedited Substance Use Evaluation	Kaipust, Jamie	5312253064	jamie.licsw@Hotmail.com
		Juvenile Co-Occurring Evaluation	Kaipust, Jamie	5312253064	jamie.licsw@Hotmail.com
		Juvenile Mental Health Evaluation	Kaipust, Jamie	5312253064	jamie.licsw@Hotmail.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Kaipust, Jamie	5312253064	jamie.licsw@Hotmail.com
		Juvenile Substance Use Addendum	Kaipust, Jamie	5312253064	jamie.licsw@Hotmail.com
		Juvenile Substance Use Evaluation	Kaipust, Jamie	5312253064	jamie.licsw@Hotmail.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Kaipust, Jamie	5312253064	jamie.licsw@Hotmail.com

Agency Name: AM Counseling and Consulting

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
AM Counseling and Consulting	2121 S 44th St Omaha, NEBRASKA 68105	Family Support	Alvarez, Evette	4028075117	evette@amcounseling.org
			Sanchez, Laura	4028075117	laura@amcounseling.org
		Intensive Family Preservation			
		Juvenile Co-Occurring Evaluation	Sanchez, Laura	4028075117	laura@amcounseling.org
		Juvenile Medication Management			
		Juvenile Mental Health Evaluation	Sanchez, Laura	4028075117	laura@amcounseling.org
		Juvenile Mental Health	Alvarez,	4028075117	evette@amcounseling.org

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
AM Counseling and Consulting	2121 S 44th St Omaha, NEBRASKA 68105	Outpatient Counseling (Individual/Family)	Evette		
			Sanchez, Laura	4028075117	laura@amcounseling.org
		Juvenile Substance Use Addendum	Sanchez, Laura	4028075117	laura@amcounseling.org
		Juvenile Substance Use Evaluation	Sanchez, Laura	4028075117	laura@amcounseling.org
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Alvarez, Evette	4028075117	evette@amcounseling.org
			Sanchez, Laura	4028075117	laura@amcounseling.org

Agency Name: Abbott Counseling Services

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Abbott Counseling Services	7811 L Street Suite 104 Ralston, NEBRASKA 68127	Expedited Co-Occurring Evaluation	Abbott, Kara	4027089389	kara_brooke@hotmail.com
		Expedited Mental Health Evaluation	Abbott, Kara	4027089389	kara_brooke@hotmail.com
		Expedited Substance Use Evaluation	Abbott, Kara	4027089389	kara_brooke@hotmail.com
		Juvenile Co-Occurring Evaluation	Abbott, Kara	4027089389	kara_brooke@hotmail.com
		Juvenile Mental Health Evaluation	Abbott, Kara	4027089389	kara_brooke@hotmail.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Abbott, Kara	4027089389	kara_brooke@hotmail.com
		Juvenile Substance Use Addendum	Abbott, Kara	4027089389	kara_brooke@hotmail.com
		Juvenile Substance Use Evaluation	Abbott, Kara	4027089389	kara_brooke@hotmail.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Abbott, Kara	4027089389	kara_brooke@hotmail.com

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Agency Name: Abishai Counseling

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Abishai Counseling	4315 Frances St, Suite 100 Omaha, NEBRASKA 68105	Family Support	Villa, Veronica	4028503403	abishaicounseling@outlook.com
		General Education Class	Villa, Veronica	4028503403	abishaicounseling@outlook.com
		Juvenile Substance Use Intensive Outpatient (IOP)	Villa, Veronica	4028503403	abishaicounseling@outlook.com
		Juvenile Substance Use Outpatient Treatment (Group)	Villa, Veronica	4028503403	abishaicounseling@outlook.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Villa, Veronica	4028503403	abishaicounseling@outlook.com

Agency Name: Achievement Counseling Services

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Achievement Counseling Services	8031 West Center Road Suite 324 Omaha, NEBRASKA 68124	Juvenile Mental Health Outpatient Counseling (Individual/Family)			

Agency Name: Aequitas Behavioral Assessments & Consulting

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Aequitas Behavioral Assessments & Consulting	3929 S 147 Street Suite P Omaha, NEBRASKA 68137	Juvenile Co-Occurring Evaluation	Zak, Daniel	4025079803	daniel.cameron.zak@gmail.com
		Juvenile Mental Health Evaluation	Zak, Daniel	4025079803	daniel.cameron.zak@gmail.com
		Juvenile Mental Health Intensive Outpatient Counseling (IOP)	Zak, Daniel	4025079803	daniel.cameron.zak@gmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Aequitas Behavioral Assessments & Consulting	3929 S 147 Street Suite P Omaha, NEBRASKA 68137	Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Evaluation	Zak, Daniel	4025079803	daniel.cameron.zak@gmail.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			
		Juveniles Who Sexually Harm Intensive Outpatient Counseling (IOP)			
		Juveniles Who Sexually Harm Outpatient Treatment (Individual/Family)	Zak, Daniel	4025079803	daniel.cameron.zak@gmail.com
		Juveniles Who Sexually Harm Risk Evaluation	Zak, Daniel	4025079803	daniel.cameron.zak@gmail.com

Agency Name: Ann's Couch

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Ann's Couch	8112 Grand Avenue TELEHEALTH ONLY Omaha, NEBRASKA 68134	Juvenile Co-Occurring Evaluation	Williams, Ann	4026130691	anngwilliams80@gmail.com
		Juvenile Mental Health Evaluation	Williams, Ann	4026130691	anngwilliams80@gmail.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Williams, Ann	4026130691	anngwilliams80@gmail.com
		Juvenile Substance Use Addendum	Williams, Ann	4026130691	anngwilliams80@gmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Ann's Couch	8112 Grand Avenue TELEHEALTH ONLY Omaha, NEBRASKA 68134	Juvenile Substance Use Evaluation	Williams, Ann	4026130691	anngwilliams80@gmail.com

Agency Name: Antonio Parr

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Antonio Parr	5338 N 25th St Omaha, NEBRASKA 68111	Family Partner	Parr, Antonio	5312429078	Parr70485@gmail.com

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
Apex Family Care	4805 N 72nd St Omaha, NEBRASKA 68134	Agency Supported Foster Care	Stanley, Justine	4025715400	justine@apexfamily.org
		Day Reporting			
		Family Support	Stanley, Justine	4025715400	justine@apexfamily.org
		Independent Living			
		Intensive Family Preservation			
		Invoice - Day Reporting	Stanley, Justine	4025715400	justine@apexfamily.org
		Invoice - Emergency Professional Foster Care			
		Invoice - Group Home A			
		Invoice - Professional Foster Care			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Apex Family Care	4805 N 72nd St Omaha, NEBRASKA 68134	Professional Foster Care	Stanley, Justine	4025715400	justine@apexfamily.org
		Relative/Kinship Home Study	Stanley, Justine	4025715400	justine@apexfamily.org

Agency Name: Aspirations LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Ramanda Bruce	11414 West Center Rd. Suite 348 Omaha, NEBRASKA 68144	Juvenile Co-Occurring Evaluation	Bruce, Ramanda	4028805253	aspirationscounseling@gmail.com
		Juvenile Mental Health Evaluation	Bruce, Ramanda	4028805253	aspirationscounseling@gmail.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Bruce, Ramanda	4028805253	aspirationscounseling@gmail.com

Agency Name: Aspired Visions Counseling Services, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Aspired Visions Counseling Services, LLC	2111 South 67th Street Suite 300 (Office) 301 Omaha, NEBRASKA 68106	Juvenile Mental Health Evaluation	Sparks, Albert	4027884846	albert.avcs@protonmail.com

Agency Name: BE 1ST LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
BE 1ST LLC	2219 MAPLE ST Omaha, NEBRASKA 68110	Family Partner	Burton, KeNesha	4026182285	bfirst.kb@gmail.com
			Luck, Jonnae	5627465150	jonnae@calmindstherapy.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
BE 1ST LLC	2219 MAPLE ST Omaha, NEBRASKA 68110	Family Support	Burton, KeNesha	4026182285	bfirst.kb@gmail.com
			Luck, Jonnae	5627465150	jonnae@calmindstherapy.com
		Juvenile Co-Occurring Evaluation	Burton, KeNesha	4026182285	bfirst.kb@gmail.com
			Luck, Jonnae	5627465150	jonnae@calmindstherapy.com
		Juvenile Mental Health Evaluation	Burton, KeNesha	4026182285	bfirst.kb@gmail.com
			Luck, Jonnae	5627465150	jonnae@calmindstherapy.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Burton, KeNesha	4026182285	bfirst.kb@gmail.com
			Luck, Jonnae	5627465150	jonnae@calmindstherapy.com
		Juvenile Substance Use Addendum	Burton, KeNesha	4026182285	bfirst.kb@gmail.com
			Luck, Jonnae	5627465150	jonnae@calmindstherapy.com
		Juvenile Substance Use Evaluation	Burton, KeNesha	4026182285	bfirst.kb@gmail.com
			Luck, Jonnae	5627465150	jonnae@calmindstherapy.com

Agency Name: BUOYANT FAMILY SERVICES COUNSELING AND CONSULTING LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
BUOYANT FAMILY SERVICES COUNSELING AND CONSULTING LLC	5015 DODGE ST SUITE 300 Omaha, NEBRASKA 68132	Juvenile Co-Occurring Evaluation	Kola, Betty	4029337577	buoyantfamilyservices@gmail.com
		Juvenile Mental Health Outpatient Counseling (Individual/	Kola, Betty	4029337577	buoyantfamilyservices@gmail.com
			Stanton, Christopher	4029337577	chriss.bfs@gmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
BUOYANT FAMILY SERVICES COUNSELING AND CONSULTING LLC	5015 DODGE ST SUITE 300 Omaha, NEBRASKA 68132	Family)			
		Juvenile Substance Use Addendum	Kola, Betty	4029337577	buoyantfamilyservices@gmail.com
		Juvenile Substance Use Evaluation	Kola, Betty	4029337577	buoyantfamilyservices@gmail.com
		Juveniles Who Sexually Harm Outpatient Treatment (Individual/ Family)	Kola, Betty	4029337577	buoyantfamilyservices@gmail.com
			Stanton, Christopher	4029337577	chriss.bfs@gmail.com
		Juveniles Who Sexually Harm Risk Evaluation	Kola, Betty	4029337577	buoyantfamilyservices@gmail.com
			Stanton, Christopher	4029337577	chriss.bfs@gmail.com

Agency Name: Bailey Counseling Services, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Bailey Counseling Services, Adolescent Services	1501 Mike Fahey Drive Suite 120 Omaha, NEBRASKA 68102	Juvenile Mental Health Intensive Outpatient Counseling (IOP)			
		Juvenile Mental Health Outpatient Counseling (Group)			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Intensive Outpatient (IOP)			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Bailey Counseling Services, Adolescent Services	1501 Mike Fahey Drive Suite 120 Omaha, NEBRASKA 68102	Juvenile Substance Use Outpatient Treatment (Individual/Family)			
Bailey Counseling Services, LLC	1501 Mike Fahey Drive Suite 120 Omaha, NEBRASKA 68102	Juvenile Mental Health Outpatient Counseling (Individual/Family)	Bailey III, Frank	4025043242	frankbailey6912@gmail.com
		Juvenile Substance Use Addendum	Bailey III, Frank	4025043242	frankbailey6912@gmail.com
		Juvenile Substance Use Evaluation	Bailey III, Frank	4025043242	frankbailey6912@gmail.com
		Juvenile Substance Use Intensive Outpatient (IOP)	Bailey III, Frank	4025043242	frankbailey6912@gmail.com
		Juvenile Substance Use Outpatient Treatment (Group)	Bailey III, Frank	4025043242	frankbailey6912@gmail.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			

Agency Name: Balance & Harmony Counseling Services LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Balance & Harmony Counseling Services LLC	1941 S 42nd street suite 541 Omaha, NEBRASKA 68105	Juvenile Mental Health Outpatient Counseling (Individual/Family)			

Agency Name: Bear Company Counseling

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Bear Company Counseling	5858 Wenninghoff Rd Ste 2 Omaha, NEBRASKA 68134	Juvenile Co-Occurring Evaluation	Hogan, Payton	4022813892	payton.hogan@bearcompanycounseling.com
			Moore, Canterra	4024014333	terra@bearcompanycounseling.com
			Ruei, Zakarias	4029058425	Zak@bearcompanycounseling.com
		Juvenile Mental Health Evaluation	Crayne, Laura	4025123528	laurie.crayne@bearcompanycounseling.com
			Hogan, Payton	4022813892	payton.hogan@bearcompanycounseling.com
			Moore, Canterra	4024014333	terra@bearcompanycounseling.com
			Ruei, Zakarias	4029058425	Zak@bearcompanycounseling.com
		Juvenile Mental Health Outpatient Counseling (Individual/ Family)	Crayne, Laura	4025123528	laurie.crayne@bearcompanycounseling.com
			Hogan, Payton	4022813892	payton.hogan@bearcompanycounseling.com
			Moore, Canterra	4024014333	terra@bearcompanycounseling.com
			Ruei, Zakarias	4029058425	Zak@bearcompanycounseling.com
		Juvenile Substance Use Addendum	Hogan, Payton	4022813892	payton.hogan@bearcompanycounseling.com
			Moore, Canterra	4024014333	terra@bearcompanycounseling.com
			Ruei, Zakarias	4029058425	Zak@bearcompanycounseling.com
		Juvenile Substance Use Evaluation	Crayne, Laura	4025123528	laurie.crayne@bearcompanycounseling.com
			Hogan, Payton	4022813892	payton.hogan@bearcompanycounseling.com
			Moore, Canterra	4024014333	terra@bearcompanycounseling.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Bear Company Counseling	5858 Wenninghoff Rd Ste 2 Omaha, NEBRASKA 68134	Juvenile Substance Use Evaluation	Ruei, Zakarias	4029058425	Zak@bearcompanycounseling.com
		Juvenile Substance Use Outpatient Treatment (Individual/ Family)	Hogan, Payton	4022813892	payton.hogan@bearcompanycounseling.com
			Moore, Canterra	4024014333	terra@bearcompanycounseling.com
			Ruei, Zakarias	4029058425	Zak@bearcompanycounseling.com

Agency Name: Benison's CPA (P-31 Services, LLC)

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Benison's Youth and Family Services	5426 N 90th St Omaha, NEBRASKA 68134	Agency Supported Foster Care	Jackson, Shanice	4027186700	shanicemccroy@p-31services.com
			Lloyd, Jobina	5312106237	jobina842@gmail.com
		Case Managed Tutoring			
		Day Reporting	Jackson, Shanice	4027186700	shanicemccroy@p-31services.com
			Lloyd, Jobina	5312106237	jobina842@gmail.com
			Lloyd, Vegis	4029576441	vegislloyd44@icloud.com
		Evening Reporting	Jackson, Shanice	4027186700	shanicemccroy@p-31services.com
			Lloyd, Jobina	5312106237	jobina842@gmail.com
			Lloyd, Vegis	4029576441	vegislloyd44@icloud.com
		Family Partner	Jackson, Shanice	4027186700	shanicemccroy@p-31services.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Benison's Youth and Family Services	5426 N 90th St Omaha, NEBRASKA 68134	Family Partner	Lloyd, Jobina	5312106237	jobina842@gmail.com
			Lloyd, Vegis	4029576441	vegislloyd44@icloud.com
		Family Support	Jackson, Shanice	4027186700	shanicemccroy@p-31services.com
			Lloyd, Vegis	4029576441	vegislloyd44@icloud.com
		General Education Class	Jackson, Shanice	4027186700	shanicemccroy@p-31services.com
		Intensive Family Preservation	Jackson, Shanice	4027186700	shanicemccroy@p-31services.com
		Professional Foster Care	Jackson, Shanice	4027186700	shanicemccroy@p-31services.com
			Lloyd, Jobina	5312106237	jobina842@gmail.com
		Relative/ Kinship Home Study	Jackson, Shanice	4027186700	shanicemccroy@p-31services.com

Agency Name: Bethesda Community Development

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Bethesda Community Development	5116 Terrace Dr Omaha, NEBRASKA 68134	Family Partner			

Agency Name: Better Living Counseling Services, Inc.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Better Living Foster Care & Family Services Omaha	9945 Maple Street Omaha, NEBRASKA 68134	Agency Supported Foster Care			
		Relative/Kinship			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Better Living Foster Care & Family Services Omaha	9945 Maple Street Omaha, NEBRASKA 68134	Home Study			

Agency Name: Boys Town

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone
Boys Town	13603 Flanagan Blvd Youth Care Building Boys Town, NEBRASKA 68010	Group Home A	Hernandez, Melina	5313553167
		Group Home B	Hernandez, Melina	5313553167
		Invoice Group Home B		
Boys Town Adolescent Intensive Outpatient Chemical Use Treatment Program (IOP)	13460 Walsh Drive Boys Town, NEBRASKA 68010	Juvenile Co-Occurring Evaluation	Brown, Kari	5313553039
			Connelly, Carolyn	5313553329
			Denton, Marlee	5313553221
			Dibert, Brittany	5313557912
			Hansen, Lyndsey	4029553900
			Pedersen, Melissa	5313557907
			Robinson, Natasha	5313553008
		Juvenile Mental Health Outpatient Counseling (Group)	Brown, Kari	5313553039
			Connelly, Carolyn	5313553329
			Denton, Marlee	5313553221
			Dibert, Brittany	5313557912
			Hansen, Lyndsey	4029553900
			Pedersen, Melissa	5313557907
			Robinson,	5313553008

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Agency Name: Boys Town

Individual Email
melina.hernandez@boystown.org
melina.hernandez@boystown.org
kari.brown@boystown.org
carolyn.connelly@boystown.org
Marlee.Denton@boystown.org
brittany.dibert@boystown.org
lyhansen@childrensnebraska.org
melissa.pedersen@boystown.org
Natasha.robinson@boystown.org
kari.brown@boystown.org
carolyn.connelly@boystown.org
Marlee.Denton@boystown.org
brittany.dibert@boystown.org
lyhansen@childrensnebraska.org
melissa.pedersen@boystown.org
Natasha.robinson@boystown.org

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone
Boys Town Adolescent Intensive Outpatient Chemical Use Treatment Program (IOP)	13460 Walsh Drive Boys Town, NEBRASKA 68010	Juvenile Mental Health Outpatient Counseling (Group)	Natasha	
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Brown, Kari	5313553039
			Connelly, Carolyn	5313553329
			Denton, Marlee	5313553221
			Dibert, Brittany	5313557912
			Hansen, Lyndsey	4029553900
			Pedersen, Melissa	5313557907
			Robinson, Natasha	5313553008
		Juvenile Substance Use Addendum	Brown, Kari	5313553039
			Connelly, Carolyn	5313553329
			Denton, Marlee	5313553221
			Dibert, Brittany	5313557912
			Hansen, Lyndsey	4029553900
			Pedersen, Melissa	5313557907
			Robinson, Natasha	5313553008
		Juvenile Substance Use Evaluation	Brown, Kari	5313553039
			Connelly, Carolyn	5313553329
			Denton, Marlee	5313553221
			Dibert, Brittany	5313557912
			Hansen, Lyndsey	4029553900
			Pedersen,	5313557907

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kari.brown@boystown.org
carolyn.connelly@boystown.org
Marlee.Denton@boystown.org
brittany.dibert@boystown.org
lyhansen@childrensnebraska.org
melissa.pedersen@boystown.org
Natasha.robinson@boystown.org
kari.brown@boystown.org
carolyn.connelly@boystown.org
Marlee.Denton@boystown.org
brittany.dibert@boystown.org
lyhansen@childrensnebraska.org
melissa.pedersen@boystown.org
Natasha.robinson@boystown.org
kari.brown@boystown.org
carolyn.connelly@boystown.org
Marlee.Denton@boystown.org
brittany.dibert@boystown.org
lyhansen@childrensnebraska.org
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District 4J

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone
Boys Town Adolescent Intensive Outpatient Chemical Use Treatment Program (IOP)	13460 Walsh Drive Boys Town, NEBRASKA 68010	Juvenile Substance Use Evaluation	Melissa	
			Robinson, Natasha	5313553008
		Juvenile Substance Use Intensive Outpatient (IOP)	Brown, Kari	5313553039
			Connelly, Carolyn	5313553329
			Denton, Marlee	5313553221
			Dibert, Brittany	5313557912
			Hansen, Lyndsey	4029553900
			Pedersen, Melissa	5313557907
			Robinson, Natasha	5313553008
		Juvenile Substance Use Outpatient Treatment (Group)	Brown, Kari	5313553039
			Connelly, Carolyn	5313553329
			Denton, Marlee	5313553221
			Dibert, Brittany	5313557912
			Hansen, Lyndsey	4029553900
			Pedersen, Melissa	5313557907
			Robinson, Natasha	5313553008
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Brown, Kari	5313553039
			Connelly, Carolyn	5313553329
			Denton, Marlee	5313553221
			Dibert, Brittany	5313557912
			Hansen, Lyndsey	4029553900
			Pedersen,	5313557907

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Boys Town Adolescent Intensive Outpatient Chemical Use Treatment Program (IOP)	13460 Walsh Drive Boys Town, NEBRASKA 68010	Juvenile Substance Use Outpatient Treatment (Individual/Family)	Melissa	
			Robinson, Natasha	5313553008
Boys Town Adolescent Psychiatric Services Program	14092 Hospital Road Boys Town, NEBRASKA 68010	Juvenile Medication Management		
Boys Town Adolescent and Adult Chemical Use Program (CUP)	13460 Walsh Drive Boys Town, NEBRASKA 68010	Juvenile Co-Occurring Evaluation	Brown, Kari	5313553039
			Connelly, Carolyn	5313553329
			Denton, Marlee	5313553221
			Dibert, Brittany	5313557912
			Hansen, Lyndsey	4029553900
			Pedersen, Melissa	5313557907
			Profenna, David	5313551936
			Robinson, Natasha	5313553008
			Stoller, Christina	5313553379
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Brown, Kari	5313553039
			Connelly, Carolyn	5313553329
			Denton, Marlee	5313553221
			Dibert, Brittany	5313557912
			Hansen, Lyndsey	4029553900
			Pedersen, Melissa	5313557907
			Profenna, David	5313551936
			Robinson, Natasha	5313553008
			Stoller,	5313553379

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone
Boys Town Adolescent and Adult Chemical Use Program (CUP)	13460 Walsh Drive Boys Town, NEBRASKA 68010	Juvenile Mental Health Outpatient Counseling (Individual/Family)	Christina	
		Juvenile Substance Use Addendum	Brown, Kari	5313553039
			Connelly, Carolyn	5313553329
			Denton, Marlee	5313553221
			Dibert, Brittany	5313557912
			Hansen, Lyndsey	4029553900
			Pedersen, Melissa	5313557907
			Profenna, David	5313551936
			Robinson, Natasha	5313553008
			Stoller, Christina	5313553379
		Juvenile Substance Use Evaluation	Brown, Kari	5313553039
			Connelly, Carolyn	5313553329
			Denton, Marlee	5313553221
			Dibert, Brittany	5313557912
			Hansen, Lyndsey	4029553900
			Pedersen, Melissa	5313557907
			Profenna, David	5313551936
			Robinson, Natasha	5313553008
			Stoller, Christina	5313553379
		Juvenile Substance Use Intensive	Brown, Kari	5313553039

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone
Boys Town Adolescent and Adult Chemical Use Program (CUP)	13460 Walsh Drive Boys Town, NEBRASKA 68010	Outpatient (IOP)	Connelly, Carolyn	5313553329
			Denton, Marlee	5313553221
			Dibert, Brittany	5313557912
			Hansen, Lyndsey	4029553900
			Pedersen, Melissa	5313557907
			Profenna, David	5313551936
			Robinson, Natasha	5313553008
		Juvenile Substance Use Outpatient Treatment (Group)	Brown, Kari	5313553039
			Connelly, Carolyn	5313553329
			Denton, Marlee	5313553221
			Dibert, Brittany	5313557912
			Hansen, Lyndsey	4029553900
			Pedersen, Melissa	5313557907
			Profenna, David	5313551936
			Robinson, Natasha	5313553008
			Stoller, Christina	5313553379
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Brown, Kari	5313553039
			Connelly, Carolyn	5313553329
			Denton, Marlee	5313553221
			Dibert, Brittany	5313557912
			Hansen, Lyndsey	4029553900
			Pedersen,	5313557907

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Boys Town Adolescent and Adult Chemical Use Program (CUP)	13460 Walsh Drive Boys Town, NEBRASKA 68010	Juvenile Substance Use Outpatient Treatment (Individual/Family)	Melissa	
			Profenna, David	5313551936
			Robinson, Natasha	5313553008
			Stoller, Christina	5313553379
Boys Town Eastern Nebraska Foster Family Services	213 Maher Boys Town, NEBRASKA 68010	Agency Supported Foster Care	Hernandez, Melina	5313553167
		Professional Foster Care	Hernandez, Melina	5313553167
		Relative/Kinship Home Study		
Boys Town Eastern Nebraska In Home Family Services	314 Sudkya Boys Town, NEBRASKA 68010	In Home Family Service (IHFS)	Birkland, Hannah	5313553171
			Brown, Curtis	4026607905
			Darnell, Guy	4023168210
			Davis, Dontae	4026797128
			Johnsen, Kara	5314447421
			Prouty, Emma	4028103748
			Reginald, Anton	4025471860
			Spidell, Rylee	4026706356
			Strock , Cade	4026797116
			Vipond, Bradley	4022064309
Boys Town Family Home Program (Group Home A and B)	13603 Flanagan Blvd Youth Care Building Boys Town, NEBRASKA 68010	Group Home A	Mercer, Erik	5313553057
		Group Home B	Mercer, Erik	5313553057
Boys Town Intervention and Assessment (Shelter) Services	13603 Flanagan Blvd Youth Care Building Boys Town, NEBRASKA 68010	Shelter Care	Dorner, Cassandra	5313551964
			Mercer, Erik	5313553057
Boys Town Multisystemic Therapy Services (MST)	5074 Ames Avenue Omaha, NEBRASKA 68104	Multisystemic Therapy (MST)	Bradford-Taylor, Lauren	4026792096
			Elffner, Jaimie	7122160829

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guy.darnell@boystown.org
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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone
Boys Town Multisystemic Therapy Services (MST)	5074 Ames Avenue Omaha, NEBRASKA 68104	Multisystemic Therapy (MST)	Gaskill, Guadalupe	5313553025
			Kugler, Melanie	4026811420
			Lahlum Taylor, Beverly	4026570549
			Makalima, Bonginkosi	4025060144
			Muhammad , Vernon	4026506066
			Warren, Demetrius	4028712755
			Willey, Angela	4026588127
Boys Town Psychiatric Residential Treatment Facility (PRTF)	14092 Hospital Road Boys Town, NEBRASKA 68010	Hospital Based Psychiatric Residential Treatment Facility (PRTF)	Cahill , Erin	5313555456
			Crouch, Jennifer	5313555429
			Engle, Kate	5313555296
			Ervin, Daley	5313555220
			Greer, Angela	4029807608
			Gross, Tylore	5313555429
			Hamlin, Noah	5313555200
			Hernbloom, Amy	5313555420
			Johnson, Bridget	5313555424
			Kothenbeutel, Kaylee	5313555425
			Kula, Melissa	5313555424
			Mackey, Kimberly	5313555409
			Maynard Wiesenthal, Margaret	5313555476
			McGinnis, Anna	5313555229

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone
Boys Town Psychiatric Residential Treatment Facility (PRTF)	14092 Hospital Road Boys Town, NEBRASKA 68010	Hospital Based Psychiatric Residential Treatment Facility (PRTF)	Mohamed, Miski	5313555413
			Pella, Abigail	5313555224
			Russ, Kaneja	5313555455
			Sanders, Talisca	5313555228
			Sandquist, Jordan	5313555220
			Schademann, Katherine	5313555415

Agency Name: Breaking Chains LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Breaking Chains LLC	1941 S 42nd St Suite 426 Omaha, NEBRASKA 68105	General Education Class	Smith, Janee	4023121460	hooksjanee@gmail.com
		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 Intensive Outpatient (IOP)			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			

Agency Name: Brian P. Schnieder, LICSW, LADC

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miski.mohamed@boystown.org
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jordan.sandquist@boystown.org
katherine.schademann@boystown.org

Agency Name: Breaking Chains LLC

Agency Name: Brian P. Schnieder, LICSW, LADC

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Brian P. Schnieder, LICSW, LADC	8998 L Street, Suite #109 Omaha, NEBRASKA 68127	Juvenile Mental Health Outpatient Counseling (Individual/Family)	Schnieder, Brian	4028500054	brianschnieder@yahoo.com

Agency Name: Bridging the Gap Psychological Services LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Bridging the Gap Psychological Services LLC	7701 Pacific Street suite 012 Omaha, NEBRASKA 68124	Juvenile Mental Health Evaluation	White, Aaron	2287318659	drwhite@btgpsychservices.com
		Juvenile Psychological Evaluation	White, Aaron	2287318659	drwhite@btgpsychservices.com

Agency Name: CEDARS Youth Services

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
CEDARS Youth Services-Omaha Office	6901 Dodge Street, Suite 208 Omaha, NEBRASKA 68132	Agency Supported Foster Care			
		Community Youth Coaching	Watts, Kayla	4022017043	kwatts@cedarskids.org
		Family Support	Watts, Kayla	4022017043	kwatts@cedarskids.org
		In Home Family Service (IHFS)	Watts, Kayla	4022017043	kwatts@cedarskids.org
		Juvenile Co-Occurring Evaluation			
		Juvenile Electronic Monitoring GPS			
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
CEDARS Youth Services-Omaha Office	6901 Dodge Street, Suite 208 Omaha, NEBRASKA 68132	Outpatient Counseling (Individual/Family)			
		Professional Foster Care			
		Relative/Kinship Home Study			

Agency Name: CHI Immanuel PRTF

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
CHI Immanuel PRTF	6845 N68th Plaza Omaha, NEBRASKA 68122	Hospital Based Psychiatric Residential Treatment Facility (PRTF)	Edet, Cassandra	4025722251	cassie.edet@commonspirit.org
			Oberndorfer, Summer	4025722816	summer.oberndorfer@commonspirit.org
			Watson, Pamela	4025723050	pamela.watson@commonspirit.org
		Juvenile Mental Health Intensive Outpatient Counseling (IOP)			
		Juvenile Partial Hospitalization			

Agency Name: CNW Alliance

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
CNW Alliance	3009 R St Omaha, NEBRASKA 68107	Day Reporting	Rush Cardenas, Crystal	5317772567	Crystal@cnwalliance.org
		Evening Reporting	Rush Cardenas, Crystal	5317772567	Crystal@cnwalliance.org
		Family Partner	Clemow, Jorge	5317779529	Jorge@cnwalliance.org
			Rush Cardenas, Crystal	5317772567	Crystal@cnwalliance.org

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
CNW Alliance	3009 R St Omaha, NEBRASKA 68107	Family Partner	Rush Sr, William	5317779364	william@cnwalliance.org
		Family Support	Clemow, Jorge	5317779529	Jorge@cnwalliance.org
			Rush Cardenas, Crystal	5317772567	Crystal@cnwalliance.org
			Rush Sr, William	5317779364	william@cnwalliance.org

Agency Name: COUNSELING REAL LIFE, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
COUNSELING REAL LIFE, LLC	3000 FARNAM STREET East Suite#3 Omaha, NEBRASKA 68131	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: Capture Developmental and Community Services

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Capture Developmental and Community Services	1905 Harney Street STE 210 Omaha, NEBRASKA 68102	Agency Supported Foster Care			
		Day Reporting			
		Independent Living			
		Professional			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Capture Developmental and Community Services	1905 Harney Street STE 210 Omaha, NEBRASKA 68102	Foster Care			

Agency Name: Care ING

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Care ING	3930 Camden Ave Omaha, NEBRASKA 68111	Agency Supported Foster Care			

Agency Name: Care-RIE

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	8020 Howell Street Omaha, NEBRASKA 68122	Shelter Care			

Agency Name: CenterPointe, Inc

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Campus for Hope - AnchorPointe North	1490 N 16th Street Omaha, NEBRASKA 68102	Juvenile Medication Management			
Campus for Hope - StartingPointe North	1490 N 16th Omaha, NEBRASKA 68102	Juvenile Medication Management			
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			

Agency Name: Charles Drew Health Center

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Charles Drew Health Center	2915 Grant Street Omaha, NEBRASKA 68111	Juvenile Co-Occurring Evaluation	Marquez, Elvia	5314667738	elvia.marquez@charlesdrew.com
			Whitlow, LaNita	4028815708	lanita.whitlow@hotmail.com
			Williams, Shelina	4023201665	shelina.williams@charlesdrew.com
		Juvenile Mental Health Evaluation	Avant, Kamara	4028855817	kamara.avant@charlesdrew.com
			Marquez, Elvia	5314667738	elvia.marquez@charlesdrew.com
			Menendez, Michael	4025109975	michael.menendez@charlesdrew.com
			Tarrant-Moore, Hope	4024513553	hope.tarrant-moore@charlesdrew.com
			Whitlow, LaNita	4028815708	lanita.whitlow@hotmail.com
			Williams, Shelina	4023201665	shelina.williams@charlesdrew.com
		Juvenile Mental Health Outpatient Counseling (Individual/ Family)	Avant, Kamara	4028855817	kamara.avant@charlesdrew.com
			Marquez, Elvia	5314667738	elvia.marquez@charlesdrew.com
			Menendez, Michael	4025109975	michael.menendez@charlesdrew.com
			Tarrant-Moore, Hope	4024513553	hope.tarrant-moore@charlesdrew.com
			Whitlow, LaNita	4028815708	lanita.whitlow@hotmail.com
			Williams, Shelina	4023201665	shelina.williams@charlesdrew.com
		Juvenile Substance Use	Gitari, Betty	4023785566	bettymwendegitari@gmail.com
			Long,	7122150202	skylar.long@charlesdrew.com

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Charles Drew Health Center	2915 Grant Street Omaha, NEBRASKA 68111	Addendum	Skylar		
			Marquez, Elvia	5314667738	elvia.marquez@charlesdrew.com
			Tarrant-Moore, Hope	4024513553	hope.tarrant-moore@charlesdrew.com
			Whitlow, LaNita	4028815708	lanita.whitlow@hotmail.com
			Williams, Shelina	4023201665	shelina.williams@charlesdrew.com
		Juvenile Substance Use Evaluation	Gitari, Betty	4023785566	bettymwendegitari@gmail.com
			Long, Skylar	7122150202	skylar.long@charlesdrew.com
			Marquez, Elvia	5314667738	elvia.marquez@charlesdrew.com
			Tarrant-Moore, Hope	4024513553	hope.tarrant-moore@charlesdrew.com
			Whitlow, LaNita	4028815708	lanita.whitlow@hotmail.com
			Williams, Shelina	4023201665	shelina.williams@charlesdrew.com
		Juvenile Substance Use Intensive Outpatient (IOP)	Long, Skylar	7122150202	skylar.long@charlesdrew.com
			Marquez, Elvia	5314667738	elvia.marquez@charlesdrew.com
			Whitlow, LaNita	4028815708	lanita.whitlow@hotmail.com
			Williams, Shelina	4023201665	shelina.williams@charlesdrew.com
		Juvenile Substance Use Outpatient	Avant, Kamara	4028855817	kamara.avant@charlesdrew.com
			Gitari, Betty	4023785566	bettymwendegitari@gmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Charles Drew Health Center	2915 Grant Street Omaha, NEBRASKA 68111	Treatment (Group)	Long, Skylar	7122150202	skylar.long@charlesdrew.com
			Marquez, Elvia	5314667738	elvia.marquez@charlesdrew.com
			Tarrant-Moore, Hope	4024513553	hope.tarrant-moore@charlesdrew.com
			Whitlow, LaNita	4028815708	lanita.whitlow@hotmail.com
			Williams, Shelina	4023201665	shelina.williams@charlesdrew.com
		Juvenile Substance Use Outpatient Treatment (Individual/ Family)	Gitari, Betty	4023785566	bettymwendegitari@gmail.com
			Long, Skylar	7122150202	skylar.long@charlesdrew.com
			Marquez, Elvia	5314667738	elvia.marquez@charlesdrew.com
			Tarrant-Moore, Hope	4024513553	hope.tarrant-moore@charlesdrew.com
			Whitlow, LaNita	4028815708	lanita.whitlow@hotmail.com
			Williams, Shelina	4023201665	shelina.williams@charlesdrew.com
Charles Drew Health Center-DCYC	1301 S 41st Street Omaha, NEBRASKA 68105	Juvenile Co-Occurring Evaluation	Williams, Shelina	4023201665	shelina.williams@charlesdrew.com
		Juvenile Competency Evaluation			
		Juvenile Medication Management			
		Juvenile Mental Health	Williams, Shelina	4023201665	shelina.williams@charlesdrew.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Charles Drew Health Center-DCYC	1301 S 41st Street Omaha, NEBRASKA 68105	Evaluation			
		Juvenile Substance Use Evaluation	Williams, Shelina	4023201665	shelina.williams@charlesdrew.com
Charles Drew Health Center-Radius	5030 Grand Ave Omaha, NEBRASKA 68104	Juvenile Co-Occurring Evaluation	Gamble, Destiny	4026375189	the.gambl3group@gmail.com
			Williams, Shelina	4023201665	shelina.williams@charlesdrew.com
			Zoucha, Kenneth	4024693923	kenneth.zoucha@unmc.edu
		Juvenile Medication Management	Zoucha, Kenneth	4024693923	kenneth.zoucha@unmc.edu
		Juvenile Mental Health Evaluation	Avant, Kamara	4028855817	kamara.avant@charlesdrew.com
			Gamble, Destiny	4026375189	the.gambl3group@gmail.com
			Menendez, Michael	4025109975	michael.menendez@charlesdrew.com
			Whitlow, LaNita	4028815708	lanita.whitlow@hotmail.com
			Williams, Shelina	4023201665	shelina.williams@charlesdrew.com
		Juvenile Mental Health Intensive Outpatient Counseling (IOP)	Williams, Shelina	4023201665	shelina.williams@charlesdrew.com
		Juvenile Mental Health Outpatient Counseling (Group)	Avant, Kamara	4028855817	kamara.avant@charlesdrew.com
			Gamble, Destiny	4026375189	the.gambl3group@gmail.com
			Menendez,	4025109975	michael.menendez@charlesdrew.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Charles Drew Health Center-Radius	5030 Grand Ave Omaha, NEBRASKA 68104	Juvenile Mental Health Outpatient Counseling (Group)	Michael		
			Whitlow, LaNita	4028815708	lanita.whitlow@hotmail.com
			Williams, Shelina	4023201665	shelina.williams@charlesdrew.com
		Juvenile Mental Health Outpatient Counseling (Individual/ Family)	Avant, Kamara	4028855817	kamara.avant@charlesdrew.com
			Gamble, Destiny	4026375189	the.gambl3group@gmail.com
			Menendez, Michael	4025109975	michael.menendez@charlesdrew.com
			Whitlow, LaNita	4028815708	lanita.whitlow@hotmail.com
			Williams, Shelina	4023201665	shelina.williams@charlesdrew.com
		Juvenile Substance Use Addendum	Gamble, Destiny	4026375189	the.gambl3group@gmail.com
			Long, Skylar	7122150202	skylar.long@charlesdrew.com
			Marquez, Elvia	5314667738	elvia.marquez@charlesdrew.com
			Williams, Shelina	4023201665	shelina.williams@charlesdrew.com
			Zoucha, Kenneth	4024693923	kenneth.zoucha@unmc.edu
		Juvenile Substance Use Evaluation	Gamble, Destiny	4026375189	the.gambl3group@gmail.com
			Long, Skylar	7122150202	skylar.long@charlesdrew.com
			Marquez, Elvia	5314667738	elvia.marquez@charlesdrew.com
			Williams, Shelina	4023201665	shelina.williams@charlesdrew.com
			Zoucha,	4024693923	kenneth.zoucha@unmc.edu

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Charles Drew Health Center-Radius	5030 Grand Ave Omaha, NEBRASKA 68104	Juvenile Substance Use Evaluation	Kenneth		
		Juvenile Substance Use Intensive Outpatient (IOP)	Long, Skylar	7122150202	skylar.long@charlesdrew.com
			Marquez, Elvia	5314667738	elvia.marquez@charlesdrew.com
			Whitlow, LaNita	4028815708	lanita.whitlow@hotmail.com
			Williams, Shelina	4023201665	shelina.williams@charlesdrew.com
		Juvenile Substance Use Outpatient Treatment (Group)	Gamble, Destiny	4026375189	the.gambl3group@gmail.com
			Long, Skylar	7122150202	skylar.long@charlesdrew.com
			Marquez, Elvia	5314667738	elvia.marquez@charlesdrew.com
			Whitlow, LaNita	4028815708	lanita.whitlow@hotmail.com
			Williams, Shelina	4023201665	shelina.williams@charlesdrew.com
		Juvenile Substance Use Outpatient Treatment (Individual/ Family)	Gamble, Destiny	4026375189	the.gambl3group@gmail.com
			Long, Skylar	7122150202	skylar.long@charlesdrew.com
			Marquez, Elvia	5314667738	elvia.marquez@charlesdrew.com
			Whitlow, LaNita	4028815708	lanita.whitlow@hotmail.com
			Williams, Shelina	4023201665	shelina.williams@charlesdrew.com
Charles Drew Health	5920 Maple Street Omaha, NEBRASKA 68104	Juvenile Co-Occurring Evaluation	Williams, Shelina	4023201665	shelina.williams@charlesdrew.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Center-TYAC	5920 Maple Street Omaha, NEBRASKA 68104	Juvenile Medication Management			
		Juvenile Mental Health Evaluation	Whitlow, LaNita	4028815708	lanita.whitlow@hotmail.com
			Williams, Shelina	4023201665	shelina.williams@charlesdrew.com
		Juvenile Mental Health Outpatient Counseling (Group)	Whitlow, LaNita	4028815708	lanita.whitlow@hotmail.com
			Williams, Shelina	4023201665	shelina.williams@charlesdrew.com
		Juvenile Mental Health Outpatient Counseling (Individual/ Family)	Whitlow, LaNita	4028815708	lanita.whitlow@hotmail.com
			Williams, Shelina	4023201665	shelina.williams@charlesdrew.com
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation			
		Juvenile Substance Use Intensive Outpatient (IOP)			
		Juvenile Substance Use Outpatient Treatment	Whitlow, LaNita	4028815708	lanita.whitlow@hotmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	5920 Maple Street Omaha, NEBRASKA 68104	(Group)			
		Juvenile Substance Use Outpatient Treatment (Individual/ Family)	Whitlow, LaNita	4028815708	lanita.whitlow@hotmail.com
	Charles Drew Health Center-Omaha Home for Boys 5190 Sprague Plaza Suite 201 Omaha, NEBRASKA 68104	Juvenile Co-Occurring Evaluation	Williams, Shelina	4023201665	shelina.williams@charlesdrew.com
		Juvenile Medication Management			
		Juvenile Mental Health Evaluation	Whitlow, LaNita	4028815708	lanita.whitlow@hotmail.com
			Williams, Shelina	4023201665	shelina.williams@charlesdrew.com
		Juvenile Mental Health Outpatient Counseling (Group)	Whitlow, LaNita	4028815708	lanita.whitlow@hotmail.com
			Williams, Shelina	4023201665	shelina.williams@charlesdrew.com
		Juvenile Mental Health Outpatient Counseling (Individual/ Family)	Whitlow, LaNita	4028815708	lanita.whitlow@hotmail.com
			Williams, Shelina	4023201665	shelina.williams@charlesdrew.com
		Juvenile Psychiatric Evaluation			
		Juvenile Substance Use Addendum	Long, Skylar	7122150202	skylar.long@charlesdrew.com
			Williams, Shelina	4023201665	shelina.williams@charlesdrew.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	Charles Drew Health Center-Omaha Home for Boys 5190 Sprague Plaza Suite 201 Omaha, NEBRASKA 68104	Juvenile Substance Use Evaluation	Long, Skylar	7122150202	skylar.long@charlesdrew.com
			Williams, Shelina	4023201665	shelina.williams@charlesdrew.com
		Juvenile Substance Use Intensive Outpatient (IOP)	Long, Skylar	7122150202	skylar.long@charlesdrew.com
			Whitlow, LaNita	4028815708	lanita.whitlow@hotmail.com
			Williams, Shelina	4023201665	shelina.williams@charlesdrew.com
		Juvenile Substance Use Outpatient Treatment (Group)	Long, Skylar	7122150202	skylar.long@charlesdrew.com
			Williams, Shelina	4023201665	shelina.williams@charlesdrew.com
		Juvenile Substance Use Outpatient Treatment (Individual/ Family)	Long, Skylar	7122150202	skylar.long@charlesdrew.com
			Whitlow, LaNita	4028815708	lanita.whitlow@hotmail.com
			Williams, Shelina	4023201665	shelina.williams@charlesdrew.com

Agency Name: Chicano Awareness Center dba Latino Center of the Midlands

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Chicano Awareness Center dba Latino Center of the Midlands	4821 S 24th Street Omaha, NEBRASKA 68107	General Education Class			

Agency Name: Child Saving Institute, Inc.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Child Saving	4545 Dodge Street Omaha,	Agency Supported			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Institute, Inc.	NEBRASKA 68132	Foster Care			
		Crisis Stabilization			
		Family Support			
		Shelter Care			

Agency Name: Chimney Rock Psychological Health

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Chimney Rock Psychological Health	6311 Ames Ave Unit 195 Omaha, NEBRASKA 68104	Juvenile Mental Health Evaluation	Mason, Eric	7252728830	ericmason@redrockph.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Mason, Eric	7252728830	ericmason@redrockph.com
		Juvenile Substance Use Evaluation	Mason, Eric	7252728830	ericmason@redrockph.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Mason, Eric	7252728830	ericmason@redrockph.com
		Juveniles Who Sexually Harm Outpatient Treatment (Individual/Family)	Mason, Eric	7252728830	ericmason@redrockph.com
		Juveniles Who Sexually Harm Risk Evaluation	Mason, Eric	7252728830	ericmason@redrockph.com

Agency Name: Chosen Counseling, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Chosen Counseling, LLC	6069 Camden Avenue Omaha, NEBRASKA 68104	Family Partner			
		Family Support			
		Intensive Family Preservation			
		Juvenile Substance Use			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Chosen Counseling, LLC	6069 Camden Avenue Omaha, NEBRASKA 68104	Addendum			
		Juvenile Substance Use Evaluation			
		Juvenile Substance Use Intensive Outpatient (IOP)			
		Juvenile Substance Use Outpatient Treatment (Group)			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			
Love and Light Counseling	11207 West Dodge Road Suite #250 Omaha, NEBRASKA 68154	Family Partner			
		Family Support			
		Intensive Family Preservation			
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation			
		Juvenile Substance Use Intensive Outpatient (IOP)			
		Juvenile Substance Use Outpatient Treatment (Group)			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			

Agency Name: Code Z Outreach

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Code Z Outreach	4136 Grand Ave Omaha, NEBRASKA 68111	Family Partner	Bowden, Jemar	4024520550	jrocc44amg@gmail.com
			Louis, Latron	4027145083	codezoutreach@gmail.com

Agency Name: Colleen A Conoley PC

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Colleen A Conoley PC	11330 Q Street Suite 205 Omaha, NEBRASKA 68137	Invoice - Competency Evaluation	Conoley, Colleen	4026994769	caconoley@luxsci.net
		Juvenile Competency Evaluation	Conoley, Colleen	4026994769	caconoley@luxsci.net
		Juvenile Mental Health Evaluation	Conoley, Colleen	4026994769	caconoley@luxsci.net
		Juvenile Psychological Evaluation	Conoley, Colleen	4026994769	caconoley@luxsci.net

Agency Name: Community Alliance Rehabilitation Services

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Community Alliance Rehabilitation Services	7150 Arbor Street Omaha, NEBRASKA 68106	Juvenile Mental Health Evaluation			
		Juvenile Psychiatric Evaluation			

Agency Name: Community Options Individual and Family Services

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Community Options Individual and Family Services	1941 S. 42nd St. Suite 134 Omaha, NEBRASKA 68105	Family Support	Cuevas, Kaylee	7202444247	kaylee@coifs.org
			Hanson, Caitlyn	4027204672	Caitlyn@coifs.org
			Pierce, Duana	4024908055	deedee@coifs.org
			Stock, Angela	4026586468	Angies@coifs.org

Agency Name: Compassion & Care Nebraska

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Compassion & Care Nebraska	9502 Fort Street Omaha, NEBRASKA 68134	Day Reporting	Lewis, Robert	4025989048	robert.ccneb@gmail.com
		Evening Reporting	Lewis, Robert	4025989048	robert.ccneb@gmail.com
		Family Partner			
		Family Support			

Agency Name: Complete Behavioral Health

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Complete Behavioral Health	4565 S 133rd St Omaha, NEBRASKA 68137	Juvenile Co-Occurring Evaluation	Martin, Jennifer	7122590437	jenny.martin2233@gmail.com
			Tamayo, Kelly	4025902947	drkellytamayo@gmail.com
		Juvenile Competency Evaluation	Tamayo, Kelly	4025902947	drkellytamayo@gmail.com
		Juvenile Mental Health Evaluation	Martin, Jennifer	7122590437	jenny.martin2233@gmail.com
			Tamayo, Kelly	4025902947	drkellytamayo@gmail.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Martin, Jennifer	7122590437	jenny.martin2233@gmail.com
			Tamayo, Kelly	4025902947	drkellytamayo@gmail.com
		Juvenile Psychological Evaluation	Tamayo, Kelly	4025902947	drkellytamayo@gmail.com
		Juvenile Substance Use Addendum	Martin, Jennifer	7122590437	jenny.martin2233@gmail.com
			Tamayo, Kelly	4025902947	drkellytamayo@gmail.com
		Juvenile Substance Use Evaluation	Martin, Jennifer	7122590437	jenny.martin2233@gmail.com
			Tamayo, Kelly	4025902947	drkellytamayo@gmail.com
		Juvenile Substance Use	Martin,	7122590437	jenny.martin2233@gmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Complete Behavioral Health	4565 S 133rd St Omaha, NEBRASKA 68137	Outpatient Treatment (Individual/Family)	Jennifer		

Agency Name: Complete Family Treatment Services

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Complete Family Treatment Services	10846 John Galt Blvd Omaha, NEBRASKA 68137	Expedited Co-Occurring Evaluation			
		Expedited Mental Health Evaluation			
		Expedited Substance Use Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/ Family)	Hall, John	4027703764	john.hall@completefamilytreatment.com
		Juveniles Who Sexually Harm Outpatient Treatment (Individual/ Family)	Hall, John	4027703764	john.hall@completefamilytreatment.com
		Juveniles Who Sexually Harm Risk Evaluation	Hall, John	4027703764	john.hall@completefamilytreatment.com

Agency Name: Concord Mediation Center

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Concord Mediation	2910 S. 84th Street Omaha, NEBRASKA	Expedited Family Group	Besley, Jenaime	4027086032	besleyjenaime@gmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Center	68124	Conference			
		Mediation - Juvenile	Besley, Jenaime	4027086032	besleyjenaime@gmail.com

Agency Name: Conflict Resolution Youth Home

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Conflict Resolution Youth Home	4609 N 24th Street Omaha, NEBRASKA 68110	Case Managed Tutoring			
		Day Reporting	Blackburn, Courtnei	4029173552	courtnei.blackburn@ops.org
			Blaufuss, Sarah	5312556201	Sblaufuss81@gmail.com
			Mccarthur, Latoya	5312627181	harmoniahomecare26@gmail.com
			Simpson, Vanisha	4027799995	youthhome.resolution@gmail.com
		Evening Reporting	Blackburn, Courtnei	4029173552	courtnei.blackburn@ops.org
			Blaufuss, Sarah	5312556201	Sblaufuss81@gmail.com
			Mccarthur, Latoya	5312627181	harmoniahomecare26@gmail.com
			Simpson, Vanisha	4027799995	youthhome.resolution@gmail.com
		Family Support	Blackburn, Courtnei	4029173552	courtnei.blackburn@ops.org
			Blaufuss, Sarah	5312556201	Sblaufuss81@gmail.com
			Mccarthur, Latoya	5312627181	harmoniahomecare26@gmail.com
			Simpson, Vanisha	4027799995	youthhome.resolution@gmail.com

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Agency Name: Cultivating Paths Counseling, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Cultivating Paths Counseling, LLC	1941 South 42nd Street, Suite 307 Omaha, NEBRASKA 68105	Juvenile Co-Occurring Evaluation	Tucker, Mildred	4029798350	cultivatingpaths@gmail.com
		Juvenile Mental Health Outpatient Counseling (Individual/ Family)	Tucker, Mildred	4029798350	cultivatingpaths@gmail.com
		Juvenile Substance Use Addendum	Deutsch-Mackey, Michelle	4028063403	m.mackey.cultivatingpaths@gmail.com
			Hanna, Abigail	5313290824	ahanna991.cultivatingpaths@gmail.com
			Smith, Janee	4023121460	hooksjanee@gmail.com
			Tucker, Mildred	4029798350	cultivatingpaths@gmail.com
			Warrick, Kristan	4026398501	kris.cultivatingpaths@gmail.com
		Juvenile Substance Use Evaluation	Deutsch-Mackey, Michelle	4028063403	m.mackey.cultivatingpaths@gmail.com
			Hanna, Abigail	5313290824	ahanna991.cultivatingpaths@gmail.com
			Smith, Janee	4023121460	hooksjanee@gmail.com
			Tucker, Mildred	4029798350	cultivatingpaths@gmail.com
			Warrick, Kristan	4026398501	kris.cultivatingpaths@gmail.com

Agency Name: Deens THD Enterprise LLC

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Deens THD Enterprise LLC	12919 C Plaza Omaha, NEBRASKA 68144	Family Partner	Blakely , Eric	4027143494	Wavezel@gmail.com
			Clark, LaTrenda	4022389643	trendaclark@yahoo.com
			Harris, Walter	5313295103	walterdionharris73@gmail.com
			Starks, Michael	4029174489	Skeetmarino3344@yahoo.com

Agency Name: Developmental Disability Center of Nebraska, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Developmental Disability Center of Nebraska, LLC	1805 N 73RD ST Omaha, NEBRASKA 68114	Agency Supported Foster Care			
		Day Reporting			
		Invoice - Day Reporting			
		Invoice - Group Home A			
		Professional Foster Care			

Agency Name: Different World - New Beginnings

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Different World - New Beginnings	4609 N. 24th Street Omaha, NEBRASKA 68111	Day Reporting	Mackey, Terrence	4026126711	Tmackeyomaha@aol.com
			Roper, Forrest	4022539249	forrestroper@gmail.com
		Family Support	Mackey, Terrence	4026126711	Tmackeyomaha@aol.com
			Roper, Forrest	4022539249	forrestroper@gmail.com

Agency Name: Douglas County Youth Center

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Douglas County Youth Center	1301 S 41st Street Omaha, NEBRASKA 68105	Invoice - H.O.M.E.			
		Invoice - Secure Detention			
		Invoice - Staff Detention			

Agency Name: Dr. Doraine Baul-Pinson

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Dr. Doraine Baul-Pinson	1941 S. 42nd Street Ste Center Mall Omaha, NEBRASKA 68105	Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			

Agency Name: Dukes Village Development

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Dukes Village Development	1941 S 42nd St #107 Omaha, NEBRASKA 68105	Day Reporting			
		Evening Reporting			

Agency Name: E3 Youth Empowerment Center

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
E3 Youth Empowerment Center	5332 Fontenelle Boulevard Omaha, NEBRASKA 68111	Day Reporting	Smith, Charkel	4029498883	E3networkomaha@gmail.com

Agency Name: Effective Counseling, LLC

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Effective Counseling, LLC	14713 Ames Avenue Omaha, NEBRASKA 68116	Expedited Substance Use Evaluation	Sims III, John	4026098548	EffectiveCounselingNebraska@gmail.com
		Juvenile Substance Use Addendum	Sims III, John	4026098548	EffectiveCounselingNebraska@gmail.com
		Juvenile Substance Use Evaluation	Sims III, John	4026098548	EffectiveCounselingNebraska@gmail.com
		Juvenile Substance Use Outpatient Treatment (Individual/ Family)	Sims III, John	4026098548	EffectiveCounselingNebraska@gmail.com

Agency Name: Ellis Psychiatric

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Ellis Psychiatric	223 East Condron Street Valley, NEBRASKA 68064	Expedited Mental Health Evaluation	Ellis, Mary	4028716010	maryellislaw@gmail.com
		Juvenile Medication Management	Ellis, Mary	4028716010	maryellislaw@gmail.com
		Juvenile Mental Health Evaluation	Ellis, Mary	4028716010	maryellislaw@gmail.com
		Juvenile Psychiatric Evaluation Interview Only	Ellis, Mary	4028716010	maryellislaw@gmail.com

Agency Name: Embracing Heart Supportive Service

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Embracing Heart Supportive Service	11069 I Street Omaha, NEBRASKA 68137	Day Reporting	Ezui, Tanya	4022017719	info@embracingheart.com
			Vann, Bridgette	4027060606	bridgettevann@ymail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Embracing Heart Supportive Service	11069 I Street Omaha, NEBRASKA 68137	Evening Reporting	Ezui, Tanya	4022017719	info@embracingheart.com
			Vann, Bridgette	4027060606	bridgettevann@ymail.com
		Family Partner			
		Family Support	Ezui, Tanya	4022017719	info@embracingheart.com
			Vann, Bridgette	4027060606	bridgettevann@ymail.com
		Independent Living	Ezui, Tanya	4022017719	info@embracingheart.com

Agency Name: Encourage and Engage LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Encourage and Engage LLC	1905 HARNEY ST STE 708 Omaha, NEBRASKA 68102	Day Reporting			
		Evening Reporting			

Agency Name: Evolutional Care Nebraska

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	9502Fort Street Omaha, NEBRASKA 68134	General Education Class	Thomas , Tamiko	4028815834	tamiko@ecneb.com

Agency Name: Families and Connections Collaborative Services, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Families and Connections Collaborative Services, LLC	5678 North 103rd Street Omaha, NEBRASKA 68134	Case Managed Tutoring			
		Day Reporting	Caldwell , Lorraine	4023190989	msranedrop4545@gmail.com
			Dawkins,	4022103581	janessadawkins@gmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Families and Connections Collaborative Services, LLC	5678 North 103rd Street Omaha, NEBRASKA 68134	Day Reporting	Janessa		
		Evening Reporting	Dawkins, Janessa	4022103581	janessadawkins@gmail.com
			Smith, KaDeidra	4026863058	goldngirl5285@yahoo.com
		Family Partner	Caldwell , Lorraine	4023190989	msranedrop4545@gmail.com
			Dawkins, Janessa	4022103581	janessadawkins@gmail.com
			Smith, KaDeidra	4026863058	goldngirl5285@yahoo.com
		Family Support	Caldwell , Lorraine	4023190989	msranedrop4545@gmail.com
			Dawkins, Janessa	4022103581	janessadawkins@gmail.com
		Independent Living	Caldwell , Lorraine	4023190989	msranedrop4545@gmail.com
			Dawkins, Janessa	4022103581	janessadawkins@gmail.com
			Smith, KaDeidra	4026863058	goldngirl5285@yahoo.com

Agency Name: Family Enrichment

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Family Enrichment	820 S 75th Street Omaha, NEBRASKA 68114	Juvenile Medication Management			
		Juvenile Psychiatric Evaluation			
		Juvenile Psychiatric Evaluation Interview Only			

Agency Name: Flourish Counseling LLC

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Flourish Counseling LLC	3677 North 129th Street Omaha, NEBRASKA 68164	Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation			

Agency Name: Focus C3, PC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Focus C3, PC	10748 Virginia Plaza Suite 107 Omaha, NEBRASKA 68128	Juvenile Co-Occurring Evaluation	Akers, Anita	4029334411	anita@focusc3.com
			Engle, Christine	4029334411	cme2911@gmail.com
		Juvenile Mental Health Evaluation	Akers, Anita	4029334411	anita@focusc3.com
			Engle, Christine	4029334411	cme2911@gmail.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Akers, Anita	4029334411	anita@focusc3.com
			Engle, Christine	4029334411	cme2911@gmail.com
			Laufenberg, James	4022902602	james@focusc3.com
		Juvenile Substance Use Addendum	Engle, Christine	4029334411	cme2911@gmail.com
		Juvenile Substance Use Evaluation	Engle, Christine	4029334411	cme2911@gmail.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Akers, Anita	4029334411	anita@focusc3.com
			Engle, Christine	4029334411	cme2911@gmail.com

Agency Name: Fostering Futures LLC

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Fostering Futures LLC	3347 Ames Avenue Omaha, NEBRASKA 68111	Shelter Care			

Agency Name: Fulcrum Counseling Services, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Fulcrum Counseling Services, LLC	11235 Davenport St STE 103H Omaha, NEBRASKA 68154	Juvenile Co-Occurring Evaluation	Crouch, Samuel	3082250500	scrouch@fulcrumcs.com
		Juvenile Mental Health Evaluation	Crouch, Samuel	3082250500	scrouch@fulcrumcs.com
		Juvenile Mental Health Outpatient Counseling (Group)			
		Juvenile Mental Health Outpatient Counseling (Individual/ Family)	Crouch, Samuel	3082250500	scrouch@fulcrumcs.com
		Juvenile Substance Use Addendum	Smith, Shandell	4028802762	SAVEOURKIDSANDYOUTH@GMAIL.COM
		Juvenile Substance Use Evaluation	Crouch, Samuel	3082250500	scrouch@fulcrumcs.com
			Smith, Shandell	4028802762	SAVEOURKIDSANDYOUTH@GMAIL.COM
		Juvenile Substance Use Outpatient Treatment (Individual/ Family)	Crouch, Samuel	3082250500	scrouch@fulcrumcs.com
			Smith, Shandell	4028802762	SAVEOURKIDSANDYOUTH@GMAIL.COM
		Juveniles Who	Crouch,	3082250500	scrouch@fulcrumcs.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Fulcrum Counseling Services, LLC	11235 Davenport St STE 103H Omaha, NEBRASKA 68154	Sexually Harm Risk Evaluation	Samuel		

Agency Name: GG Enterprise

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
GG Enterprise	10040 Regency Circle Suite 250 Omaha, NEBRASKA 68114	Juvenile Competency Evaluation	Gard, Gary	4023935432	ggard@drgarygard.com
		Juvenile Mental Health Evaluation	Gard, Gary	4023935432	ggard@drgarygard.com
		Juvenile Psychological Evaluation	Gard, Gary	4023935432	ggard@drgarygard.com
		Juveniles Who Sexually Harm Outpatient Treatment (Individual/Family)	Gard, Gary	4023935432	ggard@drgarygard.com
		Juveniles Who Sexually Harm Risk Evaluation	Gard, Gary	4023935432	ggard@drgarygard.com

Agency Name: Generational Health LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Generational Health LLC	2506 N. 72nd St Omaha, NEBRASKA 68134	Juvenile Co-Occurring Evaluation	Langford, Shannon	5312399260	healthygenerations1@gmail.com
		Juvenile Mental Health Evaluation	Langford, Shannon	5312399260	healthygenerations1@gmail.com
		Juvenile Substance Use	Langford, Shannon	5312399260	healthygenerations1@gmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Generational Health LLC	2506 N. 72nd St Omaha, NEBRASKA 68134	Addendum			
		Juvenile Substance Use Evaluation	Langford, Shannon	5312399260	healthygenerations1@gmail.com

Agency Name: Georgia's House of Hope

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Georgia's House of Hope	701 South 75th Street Omaha, NEBRASKA 68114	Family Partner			

Agency Name: Golden Rule Living LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Golden Rule Living LLC	2616 Maple St Omaha, NEBRASKA 68111	Day Reporting	Stewart, Golden	4028136559	stewartgolden@yahoo.com
		Evening Reporting	Stewart, Golden	4028136559	stewartgolden@yahoo.com
		Family Support	Stewart, Golden	4028136559	stewartgolden@yahoo.com

Agency Name: Halo Counseling Center, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Halo Counseling Center, LLC	8998 L St STE 110 Omaha, NEBRASKA 68127	Juvenile Mental Health Outpatient Counseling (Group)	Schnieder, Brian	4028500054	brianschnieder@yahoo.com
		Juvenile Substance Use Outpatient Treatment (Group)			

Agency Name: Heartland Family Service

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Heartland Family Service	2101 S 42nd Street Omaha, NEBRASKA 68105	Community Youth Coaching			
		Family Partner			
		Family Support			
		General Education Class	Jorgensen, Shannon	4055527425	sjorgensen@heartlandfamilyservice.org
		Juvenile Co-Occurring Evaluation	Andersen, Luke	4028817740	landersen@heartlandfamilyservice.org
			Hardin, Reese	4025533000	rhardin@heartlandfamilyservice.org
			Schult, Caitlin	4025547204	cschult@heartlandfamilyservice.org
		Juvenile Medication Management			
		Juvenile Mental Health Evaluation	Andersen, Luke	4028817740	landersen@heartlandfamilyservice.org
			Royer, Mary	4025527012	mroyer@heartlandfamilyservice.org
			Schult, Caitlin	4025547204	cschult@heartlandfamilyservice.org
		Juvenile Mental Health Outpatient Counseling (Group)	Andersen, Luke	4028817740	landersen@heartlandfamilyservice.org
			Royer, Mary	4025527012	mroyer@heartlandfamilyservice.org
			Schult, Caitlin	4025547204	cschult@heartlandfamilyservice.org
		Juvenile Mental Health Outpatient Counseling (Individual/ Family)	Andersen, Luke	4028817740	landersen@heartlandfamilyservice.org
			Hardin, Reese	4025533000	rhardin@heartlandfamilyservice.org
			Royer, Mary	4025527012	mroyer@heartlandfamilyservice.org
			Schult, Caitlin	4025547204	cschult@heartlandfamilyservice.org

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Heartland Family Service	2101 S 42nd Street Omaha, NEBRASKA 68105	Juvenile Psychiatric Evaluation			
		Juvenile Psychological Evaluation			
		Juvenile Substance Use Addendum	Andersen, Luke	4028817740	landersen@heartlandfamilyservice.org
			Schult, Caitlin	4025547204	cschult@heartlandfamilyservice.org
		Juvenile Substance Use Evaluation	Andersen, Luke	4028817740	landersen@heartlandfamilyservice.org
			Schult, Caitlin	4025547204	cschult@heartlandfamilyservice.org
		Juvenile Substance Use Outpatient Treatment (Group)	Schult, Caitlin	4025547204	cschult@heartlandfamilyservice.org
		Juvenile Substance Use Outpatient Treatment (Individual/ Family)	Schult, Caitlin	4025547204	cschult@heartlandfamilyservice.org

Agency Name: Holmes2Inspire

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Holmes2Inspire	4326 Grand Ave Omaha, NEBRASKA 68111	Community Treatment Aide (CTA)			
		Family Partner	Holmes Jr, Rob	4026127518	Holmes2inspire@gmail.com
		Family Support	Holmes Jr, Rob	4026127518	Holmes2inspire@gmail.com

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Agency Name: Iloveme Enterprises LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Iloveme Enterprises LLC	5425 N 103rd Street, Suite 8 Omaha, NEBRASKA 68134	Family Support	Louis, Nicole	4028134459	nlouisauthor@gmail.com
		General Education Class	Louis, Nicole	4028134459	nlouisauthor@gmail.com

Agency Name: Imagine by Northpoint

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Imagine by Northpoint	8710 Frederick St. #100 Omaha, NE 68124 Omaha, NEBRASKA 68124	Juvenile Mental Health Day Treatment	Stevenson, Sandy	2085799858	sstevenson@northpointrecovery.com
		Juvenile Mental Health Intensive Outpatient Counseling (IOP)	Stevenson, Sandy	2085799858	sstevenson@northpointrecovery.com
		Juvenile Substance Use Intensive Outpatient (IOP)	Stevenson, Sandy	2085799858	sstevenson@northpointrecovery.com

Agency Name: Infinite Avenues Counseling, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Infinite Avenues Counseling, LLC	5414 S 99th St Omaha, NEBRASKA 68127	Expedited Co-Occurring Evaluation			
		Expedited Mental Health Evaluation			
		Expedited	Segoviano,	5313017817	jsegoviano@infiniteavenuescounseling.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Infinite Avenues Counseling, LLC	5414 S 99th St Omaha, NEBRASKA 68127	Substance Use Evaluation	Jessica		
		Juvenile Substance Use Addendum	Segoviano, Jessica	5313017817	jsegoviano@infiniteavenuescounseling.com
		Juvenile Substance Use Evaluation	Segoviano, Jessica	5313017817	jsegoviano@infiniteavenuescounseling.com
		Juvenile Substance Use Outpatient Treatment (Group)	Segoviano, Jessica	5313017817	jsegoviano@infiniteavenuescounseling.com
		Juvenile Substance Use Outpatient Treatment (Individual/ Family)	Segoviano, Jessica	5313017817	jsegoviano@infiniteavenuescounseling.com

Agency Name: Infinite Grace Homecare LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Infinite Grace Homecare LLC	2410 Bancroft St Omaha, NEBRASKA 68105	Family Support	Thompson, Glinda	4022154411	gthompson0615@gmail.com

Agency Name: Inroads To Recovery

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Inroads	2808 N 75th St	Juvenile	Carrasco,	4026132241	veronicac@inroadstorecovery.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
To Recovery	Omaha, NEBRASKA 68134	Medication Management	Veronica		
		Juvenile Psychiatric Evaluation			

Agency Name: JS REACH IOP/OP

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
JS REACH IOP/ OP	1941 S 42nd Street suite #140 Omaha, NEBRASKA 68105	Juvenile Substance Use Addendum	Besley, Jenaime	4027086032	besleyjenaime@gmail.com
			Scott, Judi	4025910871	j.scottcounseling@gmail.com
		Juvenile Substance Use Evaluation	Besley, Jenaime	4027086032	besleyjenaime@gmail.com
			Scott, Judi	4025910871	j.scottcounseling@gmail.com
		Juvenile Substance Use Outpatient Treatment (Group)	Besley, Jenaime	4027086032	besleyjenaime@gmail.com
			Scott, Judi	4025910871	j.scottcounseling@gmail.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Besley, Jenaime	4027086032	besleyjenaime@gmail.com
			Scott, Judi	4025910871	j.scottcounseling@gmail.com

Agency Name: Jammie Parrott

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Jammie Parrott	4852 s 51st St Omaha, NEBRASKA 68117	Family Partner	Parrott, Jammie	4025983199	Parrott.jammie@yahoo.com

Agency Name: Jenda Family Services

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Jenda Family	711 N. 108th Court Omaha,	Family Support			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Services - Omaha	NEBRASKA 68154				

Agency Name: KVC Nebraska

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
KVC Nebraska	11550 I St. Suite 100 Omaha, NEBRASKA 68137	Agency Supported Foster Care	Beene, Berkley	4028906443	bbeene@kvc.org
			Chandler, Travis	4026194125	tchandler@kvc.org
			Jarmin, Samantha	4025785086	sjarmin@kvc.org
			Parks, Lauren	4023205944	Lparks@kvc.org
			Sprakel, Liza	4029801188	lsprakel@kvc.org
			Sutherland, Maizy	4026178873	mlsutherland@kvc.org
		Expedited Co-Occurring Evaluation	Christian, Gloria	7852598007	gkchristian@kvc.org
			Mapes, Kathleen	4025470741	kmapes@kvc.org
			Prusia, Jade	4025061008	jprusia@KVC.org
		Expedited Mental Health Evaluation	Christian, Gloria	7852598007	gkchristian@kvc.org
			Mapes, Kathleen	4025470741	kmapes@kvc.org
			Prusia, Jade	4025061008	jprusia@KVC.org
			Thompson, Michaela	4029570252	mithompson@kvc.org
		Expedited Substance Use Evaluation	Christian, Gloria	7852598007	gkchristian@kvc.org
			Mapes, Kathleen	4025470741	kmapes@kvc.org
			Prusia, Jade	4025061008	jprusia@KVC.org

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
KVC Nebraska	11550 I St. Suite 100 Omaha, NEBRASKA 68137	Family Support	Barber, Rakeesha	4028890946	rbarber@kvc.org
			Christian, Gloria	7852598007	gkchristian@kvc.org
			Kunkle, Emily	4026515719	ekunkle@kvc.org
			Mapes, Kathleen	4025470741	kmapes@kvc.org
			Thompson, Michaela	4029570252	mithompson@kvc.org
		Intensive Family Preservation	Barber, Rakeesha	4028890946	rbarber@kvc.org
			Christian, Gloria	7852598007	gkchristian@kvc.org
			Kunkle, Emily	4026515719	ekunkle@kvc.org
			Mapes, Kathleen	4025470741	kmapes@kvc.org
			McGhee, Keonna	4026578360	kmcghee@kvc.org
			Thompson, Michaela	4029570252	mithompson@kvc.org
		Invoice - Professional Foster Care			
		Juvenile Co-Occurring Evaluation	Mapes, Kathleen	4025470741	kmapes@kvc.org
			Prusia, Jade	4025061008	jprusia@KVC.org
			Thompson, Michaela	4029570252	mithompson@kvc.org
		Juvenile Mental Health Evaluation	Mapes, Kathleen	4025470741	kmapes@kvc.org
			Prusia, Jade	4025061008	jprusia@KVC.org
			Thompson, Michaela	4029570252	mithompson@kvc.org
		Juvenile Mental Health	Christian,	7852598007	gkchristian@kvc.org

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
KVC Nebraska	11550 I St. Suite 100 Omaha, NEBRASKA 68137	Outpatient Counseling (Group)	Gloria		
			Mapes, Kathleen	4025470741	kmapes@kvc.org
			Prusia, Jade	4025061008	jprusia@KVC.org
			Thompson, Michaela	4029570252	mithompson@kvc.org
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Christian, Gloria	7852598007	gkchristian@kvc.org
			Kunkle, Emily	4026515719	ekunkle@kvc.org
			Mapes, Kathleen	4025470741	kmapes@kvc.org
			Prusia, Jade	4025061008	jprusia@KVC.org
			Thompson, Michaela	4029570252	mithompson@kvc.org
		Juvenile Substance Use Addendum	Christian, Gloria	7852598007	gkchristian@kvc.org
			Mapes, Kathleen	4025470741	kmapes@kvc.org
			Prusia, Jade	4025061008	jprusia@KVC.org
			Thompson, Michaela	4029570252	mithompson@kvc.org
		Juvenile Substance Use Evaluation	Christian, Gloria	7852598007	gkchristian@kvc.org
			Mapes, Kathleen	4025470741	kmapes@kvc.org
			Prusia, Jade	4025061008	jprusia@KVC.org
			Thompson, Michaela	4029570252	mithompson@kvc.org
		Juvenile Substance Use Intensive Outpatient (IOP)	Christian, Gloria	7852598007	gkchristian@kvc.org
			Mapes, Kathleen	4025470741	kmapes@kvc.org
			Prusia, Jade	4025061008	jprusia@KVC.org

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
KVC Nebraska	11550 I St. Suite 100 Omaha, NEBRASKA 68137	Juvenile Substance Use Intensive Outpatient (IOP)	Thompson, Michaela	4029570252	mithompson@kvc.org
		Juvenile Substance Use Outpatient Treatment (Group)	Christian, Gloria	7852598007	gkchristian@kvc.org
			Mapes, Kathleen	4025470741	kmapes@kvc.org
			Prusia, Jade	4025061008	jprusia@KVC.org
			Thompson, Michaela	4029570252	mithompson@kvc.org
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Mapes, Kathleen	4025470741	kmapes@kvc.org
			Prusia, Jade	4025061008	jprusia@KVC.org
			Thompson, Michaela	4029570252	mithompson@kvc.org
		Professional Foster Care	Beene, Berkley	4028906443	bbeene@kvc.org
			Chandler, Travis	4026194125	tchandler@kvc.org
			Jarmin, Samantha	4025785086	sjarmin@kvc.org
			Parks, Lauren	4023205944	Lparks@kvc.org
			Sprakel, Liza	4029801188	lsprakel@kvc.org
			Sutherland, Maizy	4026178873	mlsutherland@kvc.org
		Relative/Kinship Home Study	Griess-Johnston, Cynthia	4023206690	cgriess@kvc.org
			Parks, Lauren	4023205944	Lparks@kvc.org

Agency Name: Keck Counseling LLC

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Keck Counseling LLC	5150 Nth 90th Omaha, NEBRASKA 68134	Juvenile Substance Use Addendum	Keck, Amy	5317729749	Ajksm18@gmail.com
		Juvenile Substance Use Evaluation	Keck, Amy	5317729749	Ajksm18@gmail.com

Agency Name: Kenesha Sides

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Kenesha Sides	3929 Blondo St Omaha, NEBRASKA 68111	Day Reporting	Sides, Kenesha	5317214609	Kenesha29@gmail.com

Agency Name: Kersten Borer LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Kersten Borer LLC	7602 Pacific Street Suite 304 Omaha, NEBRASKA 68114	Juvenile Co-Occurring Evaluation	Borer, Kersten	4025155383	kerstenborerllc@cox.net
		Juvenile Mental Health Evaluation	Borer, Kersten	4025155383	kerstenborerllc@cox.net
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Borer, Kersten	4025155383	kerstenborerllc@cox.net
		Juvenile Substance Use Addendum	Borer, Kersten	4025155383	kerstenborerllc@cox.net
		Juvenile Substance Use Evaluation	Borer, Kersten	4025155383	kerstenborerllc@cox.net
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Borer, Kersten	4025155383	kerstenborerllc@cox.net

Agency Name: LET US TALK ABOUT IT, COACHING

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
LET US TALK ABOUT IT, COACHING	8790 F ST Suit 313 Omaha, NEBRASKA 68127	Day Reporting	Sanoe, Mariem	3478300087	m.sanoe@letustalkcoaching.com
		Evening Reporting	Sanoe, Mariem	3478300087	m.sanoe@letustalkcoaching.com
		Family Partner	Sanoe, Mariem	3478300087	m.sanoe@letustalkcoaching.com

Agency Name: LILY HAVEN

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
LILY HAVEN	3507 Harney St. Omaha, NEBRASKA 68131	General Education Class	Thoendel, Sarina	5312132663	sthoendel@lilyhaven.org

Agency Name: LNR SafePlace LNR Services LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
LNR SafePlace LNR Services LLC	2325 n 70th st Omaha, NEBRASKA 68104	Family Partner	Parker, Mohogany	4023168813	Mohoganyparker3@gmail.com

Agency Name: Leaders to Legends LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Leaders to Legends LLC	1423 Ogden Street Omaha, NEBRASKA 68110	Day Reporting	Griffin, LeDonna	4024907147	ledonna.griffin@gmail.com
		Evening Reporting	Griffin, LeDonna	4024907147	ledonna.griffin@gmail.com
		Family Support	Griffin, LeDonna	4024907147	ledonna.griffin@gmail.com

Agency Name: Legacy Therapy

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Legacy Therapy	1941 S. 42nd St. Suite 416-W Omaha, NEBRASKA 68105	Expedited Mental Health Evaluation			
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			

Agency Name: Legal Family Services LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Legal Family Services LLC	11329 P St Suite 105 Omaha, NEBRASKA 68137	Expedited Mental Health Evaluation			
		Family Partner	Berry, Jade	7126219472	jberry@legalfamilyservices.org
			Mueller, Claire	4028891455	cmueller@legalfamilyservices.org
			Raasch, Debra	3082937415	draasch@legalfamilyservices.org
			Santoyo, Alejandra	9566080746	asantoyo@legalfamilyservices.org
			Schultz, Amy	4025154860	aschultz@legalfamilyservices.org
			Wood, Melissa	9047102601	mwood@legalfamilyservices.org
		Family Support	Berry, Jade	7126219472	jberry@legalfamilyservices.org
			Mueller, Claire	4028891455	cmueller@legalfamilyservices.org
			Raasch, Debra	3082937415	draasch@legalfamilyservices.org
			Santoyo, Alejandra	9566080746	asantoyo@legalfamilyservices.org
			Schultz, Amy	4025154860	aschultz@legalfamilyservices.org

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Legal Family Services LLC	11329 P St Suite 105 Omaha, NEBRASKA 68137	Family Support	Wood, Melissa	9047102601	mwood@legalfamilyservices.org
		Juvenile Mental Health Evaluation			

Agency Name: Let Me Talk Productions

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Let Me Talk Productions	3610 Dodge Street Suite B113 Omaha, NEBRASKA 68104	Family Partner			

Agency Name: LifeForge Counseling

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
LifeForge Counseling	11218 Elm Street Suite B Omaha, NEBRASKA 68144	Juveniles Who Sexually Harm Intensive Outpatient Counseling (IOP)	Ihle, Christopher	5313755126	ihle.christopher@gmail.com
		Juveniles Who Sexually Harm Outpatient Treatment (Individual/Family)	Ihle, Christopher	5313755126	ihle.christopher@gmail.com

Agency Name: Lindsay Denker LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Lindsay Denker LLC	9239 W Center Rd, Suite 226 Omaha, NEBRASKA 68124	Expedited Co-Occurring Evaluation			
		Expedited Mental Health Evaluation			
		Expedited Substance Use Evaluation			
		Juvenile Co-Occurring	Denker,	4029326643	therapywithlinds@gmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Lindsay Denker LLC	9239 W Center Rd, Suite 226 Omaha, NEBRASKA 68124	Evaluation	Lindsay		
		Juvenile Mental Health Evaluation	Denker, Lindsay	4029326643	therapywithlinds@gmail.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Denker, Lindsay	4029326643	therapywithlinds@gmail.com
		Juvenile Psychological Evaluation	Denker, Lindsay	4029326643	therapywithlinds@gmail.com
		Juvenile Substance Use Addendum	Denker, Lindsay	4029326643	therapywithlinds@gmail.com
		Juvenile Substance Use Evaluation	Denker, Lindsay	4029326643	therapywithlinds@gmail.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Denker, Lindsay	4029326643	therapywithlinds@gmail.com

Agency Name: Looking Forward Counseling Services

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Looking Forward Counseling Services	13513 Cottner St. Omaha, NEBRASKA 68137	Expedited Co-Occurring Evaluation	Eggert, Krysti	4029571709	lookingforwardcounseling@gmail.com
		Expedited Mental Health Evaluation	Eggert, Krysti	4029571709	lookingforwardcounseling@gmail.com
		Expedited Substance Use Evaluation	Eggert, Krysti	4029571709	lookingforwardcounseling@gmail.com
		Juvenile Co-Occurring Evaluation	Eggert, Krysti	4029571709	lookingforwardcounseling@gmail.com
		Juvenile Mental Health Evaluation	Eggert, Krysti	4029571709	lookingforwardcounseling@gmail.com
		Juvenile Mental Health Outpatient Counseling	Eggert, Krysti	4029571709	lookingforwardcounseling@gmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Looking Forward Counseling Services	13513 Cottner St. Omaha, NEBRASKA 68137	(Individual/Family)			
		Juvenile Substance Use Addendum	Eggert, Krysti	4029571709	lookingforwardcounseling@gmail.com
		Juvenile Substance Use Evaluation	Eggert, Krysti	4029571709	lookingforwardcounseling@gmail.com

Agency Name: Lotus Centre, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Lotus Centre, LLC	7602 Pacific St Ste. 102 Omaha, NEBRASKA 68114	Juvenile Co-Occurring Evaluation	Schmidt, James "Jim"	4026808280	jschmidt@lotuscentre.org
		Juvenile Mental Health Evaluation	Schmidt, James "Jim"	4026808280	jschmidt@lotuscentre.org
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Schmidt, James "Jim"	4026808280	jschmidt@lotuscentre.org
		Juvenile Substance Use Addendum	Schmidt, James "Jim"	4026808280	jschmidt@lotuscentre.org
		Juvenile Substance Use Evaluation	Schmidt, James "Jim"	4026808280	jschmidt@lotuscentre.org
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			

Agency Name: Lutheran Family Services

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Lutheran Family Services	7929 W. Center Rd Omaha, NEBRASKA 68124	Agency Supported Foster Care			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Lutheran Family Services	7929 W. Center Rd Omaha, NEBRASKA 68124	Family Partner			
		Family Support			
		Invoice - Professional Foster Care			
		Juvenile Medication Management			
		Juvenile Psychiatric Evaluation			
		Juvenile Substance Use Outpatient Treatment (Group)			
		Professional Foster Care			
	11011 Q Street, Building C Suite 104 Omaha, NEBRASKA 68137	Juvenile Co-Occurring Evaluation	Walsh, Natasha	4022134167	natasha.walsh@onelfs.org
		Juvenile Mental Health Evaluation	Walsh, Natasha	4022134167	natasha.walsh@onelfs.org
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Walsh, Natasha	4022134167	natasha.walsh@onelfs.org
		Juvenile Substance Use Addendum	Walsh, Natasha	4022134167	natasha.walsh@onelfs.org
		Juvenile Substance Use Evaluation	Walsh, Natasha	4022134167	natasha.walsh@onelfs.org
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Walsh, Natasha	4022134167	natasha.walsh@onelfs.org

Agency Name: MAHANAIM

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	2226 S 141st Plz 10 Omaha, NEBRASKA 68144	Day Reporting	YAMEOGO, SERGE	9179824958	sergiop4x@yahoo.fr

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	2226 S 141st Plz 10 Omaha, NEBRASKA 68144	Evening Reporting	YAMEOGO, SERGE	9179824958	sergiop4x@yahoo.fr
		Family Partner	YAMEOGO, SERGE	9179824958	sergiop4x@yahoo.fr
		Family Support	YAMEOGO, SERGE	9179824958	sergiop4x@yahoo.fr

Agency Name: MAKE A DIFFERENCE OUTREACH TRANSITIONAL PROGRAM

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	3411 N 16 St Omaha, NEBRASKA 68110	Family Partner			
		Family Support			

Agency Name: MAYS Foundation

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
MAYS Foundation	5020 Grand Ave Omaha, NEBRASKA 68104	Case Managed Tutoring	Duncan, Tiffany	4027180743	tiffduncan@gmail.com
		Day Reporting	Duncan, Tiffany	4027180743	tiffduncan@gmail.com
			Long, Darryle	4027180743	eagleonedetail@gmail.com
			Ramirez Reyes, Diana	4027180743	dr5517938@gmail.com
		Evening Reporting	Duncan, Tiffany	4027180743	tiffduncan@gmail.com
			Long, Darryle	4027180743	eagleonedetail@gmail.com
			Ramirez Reyes, Diana	4027180743	dr5517938@gmail.com
		Family Support	Duncan, Tiffany	4027180743	tiffduncan@gmail.com

Agency Name: Maddelyn Bal

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Maddelyn Bal	7701 Pacific St 208 Omaha, NEBRASKA 68124	Juvenile Co-Occurring Evaluation	Bal, Maddelyn	4026168607	Maddelyn.bal@gmail.com
		Juvenile Mental Health Evaluation	Bal, Maddelyn	4026168607	Maddelyn.bal@gmail.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Bal, Maddelyn	4026168607	Maddelyn.bal@gmail.com
		Juvenile Substance Use Addendum	Bal, Maddelyn	4026168607	Maddelyn.bal@gmail.com
		Juvenile Substance Use Evaluation	Bal, Maddelyn	4026168607	Maddelyn.bal@gmail.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Bal, Maddelyn	4026168607	Maddelyn.bal@gmail.com

Agency Name: Maggett Counseling LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	11907 Arbor St. Suite A Omaha, NEBRASKA 68144	Juvenile Co-Occurring Evaluation	Maggett, Joseph	4023126840	joseph@maggett-counseling.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Maggett, Joseph	4023126840	joseph@maggett-counseling.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Maggett, Joseph	4023126840	joseph@maggett-counseling.com

Agency Name: Making Better Choices LLC.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Making Better Choices LLC.	16458 Virgina St Omaha, NEBRASKA 68136	Group Home B	Baker, Cedrick	5313295641	Bakercedrick100@yahoo.com

Agency Name: Megan Wolff Counseling

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Megan Wolff Counseling	8790 F Street Omaha, NEBRASKA 68127	Juvenile Co-Occurring Evaluation	Wolff, Megan	5312257017	megan@meganwolffcounseling.com
		Juvenile Mental Health Evaluation	Wolff, Megan	5312257017	megan@meganwolffcounseling.com
		Juvenile Substance Use Addendum	Wolff, Megan	5312257017	megan@meganwolffcounseling.com
		Juvenile Substance Use Evaluation	Wolff, Megan	5312257017	megan@meganwolffcounseling.com

Agency Name: Mentorship and Miracles Corp.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Mentorship and Miracles Corp.	4844 Hamilton St Omaha, NEBRASKA 68132	Day Reporting	Aponte, Veronica	5313756432	programdirector@mentorshipnmiracles.com
			Berumen, Maryhelen	5317726150	Mary@mentorshipnmiracles.com
			Cherry, Evon	5317725311	evon@mentorshipnmiracles.com
			De La Cruz Lara, Anahi	4026867226	anahi@mentorshipnmiracles.com
			Diaz, Giselle	5312628377	giselle@mentorshipnmiracles.com
			Moreno Del Alto, Alejandra	4028100937	Alejandra@mentorshipnmiracles.com
		Evening Reporting	Berumen, Maryhelen	5317726150	Mary@mentorshipnmiracles.com
			Cherry,	5317725311	evon@mentorshipnmiracles.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Mentorship and Miracles Corp.	4844 Hamilton St Omaha, NEBRASKA 68132	Evening Reporting	Evon		
			De La Cruz Lara, Anahi	4026867226	anahi@mentorshipnmiracles.com
			Diaz, Giselle	5312628377	giselle@mentorshipnmiracles.com
			Moreno Del Alto, Alejandra	4028100937	Alejandra@mentorshipnmiracles.com
		Family Support	Berumen, Maryhelen	5317726150	Mary@mentorshipnmiracles.com
			Cherry, Evon	5317725311	evon@mentorshipnmiracles.com
			De La Cruz Lara, Anahi	4026867226	anahi@mentorshipnmiracles.com
			Diaz, Giselle	5312628377	giselle@mentorshipnmiracles.com
			Moreno Del Alto, Alejandra	4028100937	Alejandra@mentorshipnmiracles.com

Agency Name: Midwest Community Services DBA Midwest Family Services

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Midwest Community Services LLC	9411 F street Omaha, NEBRASKA 68127	Agency Supported Foster Care			
		Day Reporting			
		Evening Reporting			
		Juvenile Mental Health Day Treatment			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Psychological			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Midwest Community Services LLC	9411 F street Omaha, NEBRASKA 68127	Evaluation			
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation			
		Juveniles Who Sexually Harm Risk Evaluation			
		Relative/Kinship Home Study			

Agency Name: Mondo Group

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Mondo Group	5326 Hanover Circle Omaha, NEBRASKA 68152	Day Reporting	Penn, Robert	4027392069	rapenn72@gmail.com
		Evening Reporting	Penn, Robert	4027392069	rapenn72@gmail.com
		Family Partner	Penn, Robert	4027392069	rapenn72@gmail.com
		General Education Class	Penn, Robert	4027392069	rapenn72@gmail.com

Agency Name: Munroe Meyer Institute at the University of Nebraska Medical Center

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Munroe Meyer Institute at the University of Nebraska Medical Center	6902 Pine Street Omaha, NEBRASKA 68106	Juvenile Co-Occurring Evaluation	Franta Bretscher, Erika	6364842972	erika.franta@unmc.edu
			Rangel-Pacheco, Abril	4027140713	arangelpacheco@unmc.edu
		Juvenile Mental Health Evaluation	Franta Bretscher, Erika	6364842972	erika.franta@unmc.edu
			Rangel-Pacheco,	4027140713	arangelpacheco@unmc.edu

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Munroe Meyer Institute at the University of Nebraska Medical Center	6902 Pine Street Omaha, NEBRASKA 68106	Juvenile Mental Health Evaluation	Abril		
		Juvenile Psychological Evaluation	Franta Bretscher, Erika	6364842972	erika.franta@unmc.edu
			Rangel-Pacheco, Abril	4027140713	arangelpacheco@unmc.edu

Agency Name: NEBRASKA NEUROBEHAVIORAL SERVICES, INC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
NEBRASKA NEUROBEHAVIORAL SERVICES, INC	10306 Ellison Circle Omaha, NEBRASKA 68132	Day Reporting			
		Invoice - Day Reporting			
		Invoice - Group Home A			
		Professional Foster Care			
		Shelter Care			

Agency Name: NOVA Treatment Community

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
NOVA Treatment Community	8502 Mormon Bridge Road Omaha, NEBRASKA 68152	Agency Supported Foster Care			
		Family Support			
		Professional Foster Care			
		Relative/Kinship Home Study			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
NOVA Treatment Community	8502 Mormon Bridge Road Omaha, NEBRASKA 68152	Specialty Psychiatric Residential Treatment Facility (PRTF)	Henderson, Kimberly	4029918558	khenderson@novatc.org
			Renner, Mikaela	4026773586	mrenner@novatc.org
			Stancil Dowden, Linda	4029918547	ldowden@novatc.org

Agency Name: Nala Care Mental Health

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Nala Care Mental Health	13750 Millard Ave Ste 201 Omaha, NEBRASKA 68130	Juvenile Co-Occurring Evaluation	Webb, Tiffany	5318002641	Tgormley@nalamentalhealth.com
		Juvenile Mental Health Evaluation	Webb, Tiffany	5318002641	Tgormley@nalamentalhealth.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Webb, Tiffany	5318002641	Tgormley@nalamentalhealth.com
		Juvenile Substance Use Evaluation	Webb, Tiffany	5318002641	Tgormley@nalamentalhealth.com

Agency Name: Nathaniel Crump

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Nathaniel Crump	4965 NW Radio HWY Omaha, NEBRASKA 68104	Family Partner			

Agency Name: Nebraska Behavioral Health Group LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Nebraska Behavioral Health Group	11602 W Center Road Suite 225 Omaha, NEBRASKA	Expedited Mental Health Evaluation	Murphy, Sara	4022096197	smurphy@nebhg.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
LLC	68114	Expedited Mental Health Evaluation	Ramsey, Barbara	4025096263	bramsey@nebhg.com
			Schrad, Ashley	4022106134	aschrad@nebhg.com
		Juvenile Mental Health Evaluation	Schrad, Ashley	4022106134	aschrad@nebhg.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Schrad, Ashley	4022106134	aschrad@nebhg.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Schrad, Ashley	4022106134	aschrad@nebhg.com

Agency Name: New Balance Counseling

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
new balance counseling	6056 Ames Ave Omaha, NEBRASKA 68104	Juvenile Co-Occurring Evaluation	Bell, Antoinette	4027099849	newbalancecounseling@gmail.com
		Juvenile Mental Health Evaluation	Bell, Antoinette	4027099849	newbalancecounseling@gmail.com
		Juvenile Substance Use Addendum	Bell, Antoinette	4027099849	newbalancecounseling@gmail.com
		Juvenile Substance Use Evaluation	Bell, Antoinette	4027099849	newbalancecounseling@gmail.com

Agency Name: New Beginnings Counseling

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
New Beginnings Counseling	10840 Old Mill Rd 300 Omaha, NEBRASKA 68154	Juvenile Co-Occurring Evaluation	Baumgart, Brandy	4025989601	brandy@newbeginningsomaha.com
		Juvenile Mental Health Evaluation	Baumgart, Brandy	4025989601	brandy@newbeginningsomaha.com
		Juvenile Mental Health Outpatient Counseling (Individual/ Family)	Baumgart, Brandy	4025989601	brandy@newbeginningsomaha.com
		Juvenile Substance Use Addendum	Baumgart, Brandy	4025989601	brandy@newbeginningsomaha.com
		Juvenile Substance Use Evaluation	Baumgart, Brandy	4025989601	brandy@newbeginningsomaha.com
		Juvenile Substance Use Outpatient Treatment (Individual/ Family)	Baumgart, Brandy	4025989601	brandy@newbeginningsomaha.com
	10840 Old Mill Rd Ste 300 Omaha, NEBRASKA 68154	Juvenile Co-Occurring Evaluation	Baumgart, Brandy	4025989601	brandy@newbeginningsomaha.com
		Juvenile Mental Health Evaluation	Baumgart, Brandy	4025989601	brandy@newbeginningsomaha.com
			Thomas, Judy	4024312443	judy@newbeginningsomaha.com
		Juvenile Mental Health Outpatient Counseling	Baumgart, Brandy	4025989601	brandy@newbeginningsomaha.com
			Thomas, Judy	4024312443	judy@newbeginningsomaha.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	10840 Old Mill Rd Ste 300 Omaha, NEBRASKA 68154	(Individual/ Family)	Womach, Jessica	5312390456	jessicawomach@newbeginningsomaha.com
		Juvenile Substance Use Addendum	Baumgart, Brandy	4025989601	brandy@newbeginningsomaha.com
		Juvenile Substance Use Evaluation	Baumgart, Brandy	4025989601	brandy@newbeginningsomaha.com
		Juvenile Substance Use Outpatient Treatment (Individual/ Family)	Baumgart, Brandy	4025989601	brandy@newbeginningsomaha.com
			Thomas, Judy	4024312443	judy@newbeginningsomaha.com

Agency Name: New Life Family Alliance

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
New Life Family Alliance	3610 Dodge Street,Ste204 Omaha, NEBRASKA 68131	Family Partner	Laa, Aban	4023158189	alaa@nlfaomaha.org
		Family Support	Laa, Aban	4023158189	alaa@nlfaomaha.org

Agency Name: Next Page LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Next Page LLC	1701 N 24th St STE 102 Omaha, NEBRASKA 68110	Family Partner	Fernandez, Nyeshia	4028120446	nextpageomaha@gmail.com
		Family Support	Fernandez, Nyeshia	4028120446	nextpageomaha@gmail.com
		General Education Class	Fernandez, Nyeshia	4028120446	nextpageomaha@gmail.com
	5223 Bauman Avenue Omaha, NEBRASKA	Day Reporting	Fernandez, Nyeshia	4028120446	nextpageomaha@gmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Next Page LLC	68152	Evening Reporting	Fernandez, Nyeshia	4028120446	nextpageomaha@gmail.com

Agency Name: North Omaha Collective, Inc.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
North Omaha Collective, Inc.	2518 North 24th Street Omaha, NEBRASKA 68110	General Education Class	Hill, Judith	5314445460	Judith@northomahacollective.org
			Phiseme, Manel	5312500389	manel@northomahacollective.org
			Shields, JaQuita	5312500473	jaquita@northomahacollective.org

Agency Name: North Omaha Community Partnership

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
North Omaha Community Partnership	2406 Fowler Ave Suite 312 Omaha, NEBRASKA 68111	Case Managed Tutoring			
		Day Reporting			
		Evening Reporting			
		Family Partner			
		Family Support			
		Intensive Family Preservation			

Agency Name: North Omaha Learning Academy

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
North Omaha Learning Academy	4407 Fontenelle BLVD. Omaha, NEBRASKA 68104	Day Reporting			
		Evening Reporting			
		Family Support			

Agency Name: Northside Behavioral Health Group

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	14216 Dayton Circle STE 5 Omaha, NEBRASKA 68137	Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			

Agency Name: O. NE Mentoring Academy

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
A. V. Sorenson Recreational Center	4808 Cass St. Omaha, NEBRASKA 68132	Family Partner			
Adams Park Community Center	3230 John Creighton Blvd Omaha, NEBRASKA 68111	Family Partner			
Charles B. Washington Library	2868 Ames St. Omaha, NEBRASKA 68111	Family Partner			
Willa Cather Branch	1905 S. 44th St. Omaha, NEBRASKA 68105	Family Partner			

Agency Name: OMNI Inventive Care

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
OMNI Inventive Care	5115 F Street Omaha, NEBRASKA 68117	Agency Supported Foster Care	Wochnick, Taylor	5033349467	taylor.wochnick@omniic.com
		Day Reporting	Pruis-Trapp, Ashlee	4026905901	ashlee.trapp@omniic.com
		Evening Reporting	Pruis-Trapp, Ashlee	4026905901	ashlee.trapp@omniic.com
		Expedited Co-Occurring	Hernandez,	4022145343	toni.hernandez@omniic.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
OMNI Inventive Care	5115 F Street Omaha, NEBRASKA 68117	Evaluation	Antonieta		
		Expedited Mental Health Evaluation	Hernandez, Antonieta	4022145343	toni.hernandez@omniic.com
			Sorrell, Catherine	4023979866	kate.sorrell@omniic.com
		Expedited Substance Use Evaluation	Hernandez, Antonieta	4022145343	toni.hernandez@omniic.com
		Family Support	Forrest, Eric	4023018890	eric.forrest@omniic.com
			Kilnoski, Sarah	7123143626	sarah.kilnoski@omniic.com
			Wiehe, Benjamin	4026703015	benjamin.wiehe@omniic.com
			Wochnick, Taylor	5033349467	taylor.wochnick@omniic.com
		Intensive Family Preservation	Brown, Tahra	3082939288	Tahra.Brown@omniic.com
			Forrest, Eric	4023018890	eric.forrest@omniic.com
			Hernandez, Antonieta	4022145343	toni.hernandez@omniic.com
			Kilnoski, Sarah	7123143626	sarah.kilnoski@omniic.com
			Sorrell, Catherine	4023979866	kate.sorrell@omniic.com
			Wochnick, Taylor	5033349467	taylor.wochnick@omniic.com
		Invoice - Community Based Alternative Residential			
		Invoice - Day Reporting			
		Invoice - Group Home A			
		Invoice - Professional Foster Care			
		Invoice-Enhanced In-			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
OMNI Inventive Care	5115 F Street Omaha, NEBRASKA 68117	Home Evaluation			
		Juvenile Co-Occurring Evaluation	Hernandez, Antonieta	4022145343	toni.hernandez@omniic.com
		Juvenile Mental Health Evaluation	Hernandez, Antonieta	4022145343	toni.hernandez@omniic.com
			Sorrell, Catherine	4023979866	kate.sorrell@omniic.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Brown, Tahra	3082939288	Tahra.Brown@omniic.com
			Forrest, Eric	4023018890	eric.forrest@omniic.com
			Hernandez, Antonieta	4022145343	toni.hernandez@omniic.com
			Sorrell, Catherine	4023979866	kate.sorrell@omniic.com
		Juvenile Psychological Evaluation			
		Juvenile Substance Use Evaluation	Hernandez, Antonieta	4022145343	toni.hernandez@omniic.com
		Juvenile Substance Use Outpatient Treatment (Group)			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Hernandez, Antonieta	4022145343	toni.hernandez@omniic.com
		Juveniles Who Sexually Harm Risk Evaluation			
		Professional Foster Care	Wochnick, Taylor	5033349467	taylor.wochnick@omniic.com
		Relative/Kinship Home Study	Pruis-Trapp, Ashlee	4026905901	ashlee.trapp@omniic.com
			Wochnick, Taylor	5033349467	taylor.wochnick@omniic.com
	8715 Oak Street Omaha,	Expedited Co-Occurring Evaluation			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	NEBRASKA 68124	Expedited Mental Health Evaluation			
		Expedited Substance Use Evaluation			

Agency Name: Omaha Home for Boys (OHB)

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Omaha Home for Boys (OHB)	4343 N 52nd Street Omaha, NEBRASKA 68104	Crisis Stabilization	Bartlett, Rachelle	5312220500	rbartlett@ohb.org
		Day Reporting	Krause, Katie	4023502574	kkrause@ohb.org
		Evening Reporting	Krause, Katie	4023502574	kkrause@ohb.org
		Family Support			
		Group Home A	Bartlett, Rachelle	5312220500	rbartlett@ohb.org
		Independent Living	Ramsey, Jordan	4024577055	jramsey@ohb.org
		Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Bartlett, Rachelle	5312220500	rbartlett@ohb.org
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation	Bartlett, Rachelle	5312220500	rbartlett@ohb.org
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Bartlett, Rachelle	5312220500	rbartlett@ohb.org

Agency Name: Omaha Rebels AIMS

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Omaha Rebels AIMS	1824 N 16th St Omaha, NEBRASKA 68110	Family Support	Smiley, Andrea	4029681684	asmileyomaha@yahoo.com

Agency Name: OneWorld Community Health Center

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
OneWorld Community Health Center	4920 South 30th Street Omaha, NEBRASKA 68107	Juvenile Medication Management			
		Juvenile Mental Health Evaluation	Marquez, Longfellow	4022507810	sharedsolutionscounseling@gmail.com
		Juvenile Mental Health Outpatient Counseling (Individual/ Family)	Marquez, Longfellow	4022507810	sharedsolutionscounseling@gmail.com
		Juvenile Psychiatric Evaluation			
		Juvenile Psychiatric Evaluation Interview Only			

Agency Name: Optum Behavioral Care of Ohio DBA A Better Way Therapy of Nebraska

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Optum Behavioral Care of Ohio DBA A Better Way Therapy of Nebraska	11204 Davenport St Ste 200 Omaha, NEBRASKA 68154	Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			

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Agency Name: Optum Behavioral Care of Ohio dba Capstone Behavioral Health of Nebraska

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Capstone Behavioral Health of Nebaska	1941 S 42nd St Suite 328 Omaha, NEBRASKA 68105	Expedited Co-Occurring Evaluation	Roth, Jessica	4027046224	jessica.roth@optum.com
			Thompson, Jacquelyn	4026089146	jacquelyn.thompson1@optum.com
		Expedited Mental Health Evaluation	Roth, Jessica	4027046224	jessica.roth@optum.com
			Thompson, Jacquelyn	4026089146	jacquelyn.thompson1@optum.com
		Expedited Substance Use Evaluation	Roth, Jessica	4027046224	jessica.roth@optum.com
			Thompson, Jacquelyn	4026089146	jacquelyn.thompson1@optum.com
		Juvenile Co-Occurring Evaluation	Hoover, Jillian	5312327154	Jillian.hoover@gmail.com
			Roth, Jessica	4027046224	jessica.roth@optum.com
			Thompson, Jacquelyn	4026089146	jacquelyn.thompson1@optum.com
		Juvenile Mental Health Evaluation	Needelman, Joshua	4026148444	josh.needelman@optum.com
			Roth, Jessica	4027046224	jessica.roth@optum.com
			Thompson, Jacquelyn	4026089146	jacquelyn.thompson1@optum.com
		Juvenile Mental Health Outpatient Counseling (Group)	Hoover, Jillian	5312327154	Jillian.hoover@gmail.com
			Jones, Kendra	4025901735	Kendra.jones@optum.com
			Roth, Jessica	4027046224	jessica.roth@optum.com
			Signorelli, Mary	4026148444	mary.signorelli@optum.com
			Thompson, Jacquelyn	4026089146	jacquelyn.thompson1@optum.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Capstone Behavioral Health of Nebaska	1941 S 42nd St Suite 328 Omaha, NEBRASKA 68105	Juvenile Mental Health Outpatient Counseling (Individual/ Family)	Hoover, Jillian	5312327154	Jillian.hoover@gmail.com
			Jones, Kendra	4025901735	Kendra.jones@optum.com
			Lindner, Jennifer	4025172948	jennifer.lindner@optum.com
			Morell, Elizabeth	4026148444	emorell@capstonebehavioralhealth.com
			Roth, Jessica	4027046224	jessica.roth@optum.com
			Signorelli, Mary	4026148444	mary.signorelli@optum.com
			Thompson, Jacquelyn	4026089146	jacquelyn.thompson1@optum.com
		Juvenile Psychological Evaluation	Lindner, Jennifer	4025172948	jennifer.lindner@optum.com
			Morell, Elizabeth	4026148444	emorell@capstonebehavioralhealth.com
			Needelman, Joshua	4026148444	josh.needelman@optum.com
		Juvenile Substance Use Addendum	Hoover, Jillian	5312327154	Jillian.hoover@gmail.com
			Roth, Jessica	4027046224	jessica.roth@optum.com
			Thompson, Jacquelyn	4026089146	jacquelyn.thompson1@optum.com
		Juvenile Substance Use Evaluation	Hoover, Jillian	5312327154	Jillian.hoover@gmail.com
			Roth, Jessica	4027046224	jessica.roth@optum.com
			Thompson, Jacquelyn	4026089146	jacquelyn.thompson1@optum.com
		Juvenile Substance Use Outpatient Treatment	Hoover, Jillian	5312327154	Jillian.hoover@gmail.com
			Roth,	4027046224	jessica.roth@optum.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Capstone Behavioral Health of Nebaska	1941 S 42nd St Suite 328 Omaha, NEBRASKA 68105	(Group)	Jessica		
			Thompson, Jacquelyn	4026089146	jacquelyn.thompson1@optum.com
		Juvenile Substance Use Outpatient Treatment (Individual/ Family)	Hoover, Jillian	5312327154	Jillian.hoover@gmail.com
			Roth, Jessica	4027046224	jessica.roth@optum.com
			Thompson, Jacquelyn	4026089146	jacquelyn.thompson1@optum.com

Agency Name: Owens & Associates, Inc.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Owens & Associates, Inc.	7415 N 30 Street Omaha, NEBRASKA 68112	Continuous Alcohol Monitoring (CAM)			

Agency Name: Owens Educational Services, Inc.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone
Owens Educational Services, Inc.	7413 N 30th Street Omaha, NEBRASKA 68112	Continuous Alcohol Monitoring (CAM)	Bothwell, Robin	4026583796
		Day Reporting	Parker, Kiara	4026719969
		Evening Reporting	Parker, Kiara	4026719969
		Family Support		
		General Education Class	Wilkins, James	4024640784
		Invoice - Mileage		
		Juvenile Electronic Monitoring Cell Phone	Bothwell, Robin	4026583796
		Juvenile Electronic Monitoring GPS	Bothwell, Robin	4026583796
		Juvenile Electronic Monitoring Land Line	Bothwell, Robin	4026583796

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Agency Name: Owens & Associates, Inc.

Agency Name: Owens Educational Services, Inc.

Individual Email
Robin.Bothwell@OwensEducationalServices.org
Kiara.parker@owenseducationalservices.org
Kiara.parker@owenseducationalservices.org
james.wilkins@theowenscompanies.com
Robin.Bothwell@OwensEducationalServices.org
Robin.Bothwell@OwensEducationalServices.org
Robin.Bothwell@OwensEducationalServices.org

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Agency Name: Paradigm, Inc.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Paradigm, Inc.	809 South 174th Street Omaha, NEBRASKA 68118	Family Support			
		Intensive Family Preservation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			

Agency Name: Pathway To Recovery LLC.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Pathway To Recovery LLC.	1941 S 42nd St STE 416-O Omaha, NEBRASKA 68105	Juvenile Substance Use Addendum	Besley, Jenaime	4027086032	besleyjenaime@gmail.com
			Scott, Judi	4025910871	j.scottcounseling@gmail.com
		Juvenile Substance Use Evaluation	Besley, Jenaime	4027086032	besleyjenaime@gmail.com
			Scott, Judi	4025910871	j.scottcounseling@gmail.com
		Juvenile Substance Use Intensive Outpatient (IOP)	Besley, Jenaime	4027086032	besleyjenaime@gmail.com
			Scott, Judi	4025910871	j.scottcounseling@gmail.com
		Juvenile Substance Use Outpatient Treatment (Group)	Besley, Jenaime	4027086032	besleyjenaime@gmail.com
			Scott, Judi	4025910871	j.scottcounseling@gmail.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Besley, Jenaime	4027086032	besleyjenaime@gmail.com
			Scott, Judi	4025910871	j.scottcounseling@gmail.com

Agency Name: Perceptions

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Perceptions	11819 Miracle Hills Drive Suite 203 Omaha,	Juvenile Co-Occurring Evaluation			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Perceptions	NEBRASKA 68154	Juvenile Mental Health Outpatient Counseling (Individual/ Family)	Andres, Sandra	4024144131	sandy-andres@perceptionstherapy.com
			Harrison, Elizabeth	4026748427	Liz-harrison@perceptionstherapy.com
			Peterson, Shannon	4022044447	shannon-peterson@perceptionstherapy.com
		Juvenile Substance Use Evaluation			
		Juvenile Substance Use Outpatient Treatment (Individual/ Family)	Peterson, Shannon	4022044447	shannon-peterson@perceptionstherapy.com

Agency Name: Pleasant Palms Community Services LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Pleasant Palms Community Services LLC	7815 Military Ave Omaha, NEBRASKA 68134	Case Managed Tutoring			
		Day Reporting			
		Family Partner			
		Family Support			

Agency Name: Ponca Tribe of Nebraska

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Ponca Tribe of Nebraska	2602 J St Omaha, NEBRASKA 68107	Juvenile Medication Management			
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Psychiatric Evaluation			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Ponca Tribe of Nebraska	2602 J St Omaha, NEBRASKA 68107	Juvenile Psychiatric Evaluation Interview Only			
		Juvenile Psychological Evaluation			
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation			

Agency Name: Prolific Innovative Care LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Prolific Innovative Care Day/Evening Reporting	1517 Farnam St. Omaha, NEBRASKA 68102	Day Reporting			
		Evening Reporting			
Prolific Innovative Care LLC	5404 Ames Avenue Omaha, NEBRASKA 68104	Family Support	Grixby, Cortney	4022103966	cgrixby@prolificinnovativecare.com

Agency Name: Prose Of A Con LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Prose Of A Con LLC	5020 N 27th St Omaha, NEBRASKA 68111	Day Reporting	Wardlow, WayOfLife	4025941695	proseofacon@gmail.com
		Evening Reporting	Wardlow, WayOfLife	4025941695	proseofacon@gmail.com
		Family Support	Wardlow, WayOfLife	4025941695	proseofacon@gmail.com

Agency Name: RADIUS

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
RADIUS	5040 Grand Avenue Omaha,	Family Partner			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
RADIUS	NEBRASKA 68104	In Home Family Service (IHFS)	Parmer, Alisa	5318950034	alisa.parmer@radiusomaha.org
		Specialized Restorative Residential Program (RESTORE)			

Agency Name: ROC 2. ROC llc

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
ROC 2. ROC llc	7211 minne lusa blvd Omaha, NEBRASKA 68112	Day Reporting	Hogue, Monique	4025782391	Droppinjewelsllc@gmail.com
			Hogue, Travis	4027071859	Tchogue1975@gmail.com
		Evening Reporting	Hogue, Monique	4025782391	Droppinjewelsllc@gmail.com
			Hogue, Travis	4027071859	Tchogue1975@gmail.com
		Family Partner	Carter, Cherie	4024527869	healinghouseofhope7@gmail.com
			Clark, LaTrenda	4022389643	trendaclark@yahoo.com
			Hogue, Monique	4025782391	Droppinjewelsllc@gmail.com
			Hogue, Travis	4027071859	Tchogue1975@gmail.com
			Marion, Kustardee	4022087999	demeshamarion@yahoo.com

Agency Name: ReConnect, Inc.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
ReConnect, Inc.	1941 So. 42nd St., Suite 502 Omaha, NEBRASKA 68105	Day Reporting			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
ReConnect, Inc.	1941 So. 42nd St., Suite 502 Omaha, NEBRASKA 68105	Family Support			

Agency Name: ReGang LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
ReGang LLC	3845 Franklin St Omaha, NEBRASKA 68111	Family Support	Harbour, Tylon	4029173797	Regangllc@gmail.com

Agency Name: Reed Campbell Counseling & Consulting, PC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Reed Campbell Counseling & Consulting, PC	319 S 17th St Suite 232 Omaha, NEBRASKA 68102	Juvenile Co-Occurring Evaluation	Campbell, Reed	4029152251	reed@rccounselingconsulting.com
		Juvenile Mental Health Evaluation	Campbell, Reed	4029152251	reed@rccounselingconsulting.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Campbell, Reed	4029152251	reed@rccounselingconsulting.com
		Juvenile Substance Use Addendum	Campbell, Reed	4029152251	reed@rccounselingconsulting.com
		Juvenile Substance Use Evaluation	Campbell, Reed	4029152251	reed@rccounselingconsulting.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Campbell, Reed	4029152251	reed@rccounselingconsulting.com

Agency Name: Remedy Road LLC

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Remedy Road LLC	4211 south 143rd circle Omaha, NEBRASKA 68137	Agency Supported Foster Care			
		Day Reporting			
		Invoice - Day Reporting			
		Invoice - Group Home A			
		Professional Foster Care			

Agency Name: Renewed Life Counseling, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Renewed Life Counseling, LLC	13520 Discovery Drive Suite 202 Omaha, NEBRASKA 68137	Expedited Co-Occurring Evaluation	Stroud, Haley	4029158344	Haleystroud@renewedlifecounseling.org
		Expedited Mental Health Evaluation	Stroud, Haley	4029158344	Haleystroud@renewedlifecounseling.org
		Expedited Substance Use Evaluation	Stroud, Haley	4029158344	Haleystroud@renewedlifecounseling.org
		Juvenile Co-Occurring Evaluation	Stroud, Haley	4029158344	Haleystroud@renewedlifecounseling.org
		Juvenile Mental Health Evaluation	Stroud, Haley	4029158344	Haleystroud@renewedlifecounseling.org
		Juvenile Mental Health Outpatient Counseling (Individual/ Family)	Stroud, Haley	4029158344	Haleystroud@renewedlifecounseling.org
		Juvenile Substance Use	Stroud, Haley	4029158344	Haleystroud@renewedlifecounseling.org

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Renewed Life Counseling, LLC	13520 Discovery Drive Suite 202 Omaha, NEBRASKA 68137	Addendum			
		Juvenile Substance Use Evaluation	Stroud, Haley	4029158344	Haleystroud@renewedlifecounseling.org
		Juvenile Substance Use Outpatient Treatment (Individual/ Family)	Stroud, Haley	4029158344	Haleystroud@renewedlifecounseling.org

Agency Name: Renewed Vision Counseling and Developmental Disability Center

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone
Renewed Vision Counseling and Developmental Disability Center	4642 S. 132nd St Omaha, NEBRASKA 68137	Agency Supported Foster Care	Johnson, Jamie	5312509314
			Leyva, Andrew	9152278271
			Miller, Kari	4029363619
	4610 S 133rd St Omaha, NEBRASKA 68137	Agency Supported Foster Care	Leyva, Andrew	9152278271
		Day Reporting	Hawthorne, Shinita	4028754968
		Evening Reporting	Hawthorne, Shinita	4028754968
		Invoice - Day Reporting		
		Invoice - Group Home A		
		Juvenile Co-Occurring Evaluation	Miller, Kari	4029363619
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Miller, Kari	4029363619
		Juvenile Substance Use Addendum		

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Agency Name: Renewed Vision Counseling and Developmental Disability Center

Individual Email
jamie.johnson@renewedvisioncddc.com
Vye7@pm.me
K871@hotmail.com
Vye7@pm.me
shinita.hawthorne@renewedvisioncddc.com
shinita.hawthorne@renewedvisioncddc.com
K871@hotmail.com
K871@hotmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone
	4610 S 133rd St Omaha, NEBRASKA 68137	Juvenile Substance Use Evaluation		
		Juvenile Substance Use Outpatient Treatment (Individual/Family)		
		Relative/Kinship Home Study		

Agency Name: Resiliency & Recovery, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Resiliency & Recovery, LLC	108 N 49th Street Suite B103 Omaha, NEBRASKA 68132	Juvenile Substance Use Addendum	Bolter, Shannon	4022003808	shannon@recoveryomaha.org
		Juvenile Substance Use Evaluation	Bolter, Shannon	4022003808	shannon@recoveryomaha.org
		Juvenile Substance Use Outpatient Treatment (Group)	Bolter, Shannon	4022003808	shannon@recoveryomaha.org
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Bolter, Shannon	4022003808	shannon@recoveryomaha.org

Agency Name: Restore Rebuild Reconnect Counseling Center LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Restore Rebuild Reconnect Counseling Center LLC	1941 S. 42nd street Suite 506 Omaha, NEBRASKA 68105	Juvenile Co-Occurring Evaluation	Chavez, Sara	4024635684	sara@r3cc.net
			Flowers, LaRhonda	4027884846	larhonda@r3cc.net
		Juvenile Medication Management	Tudor, Petrisor	3077520225	peter@r3cc.net
		Juvenile Mental Health Outpatient	Botello, Meagan	7123149814	meagan@r3cc.net

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Individual Email

Agency Name: Resiliency & Recovery, LLC

Agency Name: Restore Rebuild Reconnect Counseling Center LLC

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Restore Rebuild Reconnect Counseling Center LLC	1941 S. 42nd street Suite 506 Omaha, NEBRASKA 68105	Counseling (Individual/Family)	Chavez, Sara	4024635684	sara@r3cc.net
			Everett, Tanajah	4028712632	tanajah@r3cc.net
			Flowers, LaRhonda	4027884846	larhonda@r3cc.net
			Marshall, Christopher	4026809216	chris@r3cc.net
			Siegrist, Austin	6414257812	austin@r3cc.net
		Juvenile Substance Use Addendum	Chavez, Sara	4024635684	sara@r3cc.net
			Cron, Kayla	4026208689	kaylahashberger@gmail.com
			Flowers, LaRhonda	4027884846	larhonda@r3cc.net
		Juvenile Substance Use Evaluation	Chavez, Sara	4024635684	sara@r3cc.net
			Cron, Kayla	4026208689	kaylahashberger@gmail.com
			Flowers, LaRhonda	4027884846	larhonda@r3cc.net
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Botello, Meagan	7123149814	meagan@r3cc.net
			Chavez, Sara	4024635684	sara@r3cc.net
			Cron, Kayla	4026208689	kaylahashberger@gmail.com
			Flowers, LaRhonda	4027884846	larhonda@r3cc.net
			Marshall, Christopher	4026809216	chris@r3cc.net
			Siegrist, Austin	6414257812	austin@r3cc.net

Agency Name: Restored Life Therapy Services LLC

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Restored Life Therapy Services LLC	1529 S 203 St Suite 103 Omaha, NEBRASKA 68130	Juvenile Mental Health Outpatient Counseling (Individual/Family)			

Agency Name: Revive Community Services

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Revive Community Services	18930 Grover Street Omaha, NEBRASKA 68130	Day Reporting			
		Evening Reporting			

Agency Name: Riko's Crown

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Riko's Crown	1819 Pratt St Omaha, NEBRASKA 68110	Day Reporting	Mitchell, Sherika	4025983943	climmieshc@outlook.com
		Evening Reporting	Mitchell, Sherika	4025983943	climmieshc@outlook.com

Agency Name: Rite of Passage, Inc.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Uta Halee Academy	10625 Calhoun Rd Omaha, NEBRASKA 68112	Crisis Stabilization	Bowman, Brittany	6057590577	Brittany.bowman@rop.com
		Group Home A	Bowman, Brittany	6057590577	Brittany.bowman@rop.com
		Juvenile Mental Health Therapeutic Group Home	Bowman, Brittany	6057590577	Brittany.bowman@rop.com
		Juvenile Mental Health Therapeutic Group Home - Room & Board			
		Juvenile Substance Use Therapeutic Group Home	Bowman, Brittany	6057590577	Brittany.bowman@rop.com

Agency Name: Ronald Smith

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Ronald Smith	3841 Decatur Street Omaha, NEBRASKA 68111	Family Partner	Smith, Ronald	4028409820	cprsmith@yahoo.com

Agency Name: SAVE OUR KIDS AND YOUTH LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
SAVE OUR KIDS AND YOUTH LLC	4430 FLORENCE BLVD Omaha, NEBRASKA 68102	Family Partner	Smith, Shandell	4028802762	SAVEOURKIDSANDYOUTH@GMAIL.COM
		Family Support	Smith, Shandell	4028802762	SAVEOURKIDSANDYOUTH@GMAIL.COM
		Independent Living	Smith, Shandell	4028802762	SAVEOURKIDSANDYOUTH@GMAIL.COM
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation			

Agency Name: Saga Family Services

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Saga Family Services	14918 Polk St Omaha, NEBRASKA 68137	Family Partner			

Agency Name: Saved to Serve Counseling

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Saved to Serve Counseling	11907 Arbor Street STE C Omaha,	Expedited Co-Occurring Evaluation	Riley, LaTaunya	5312504099	saved2servecounseling@yahoo.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Saved to Serve Counseling	NEBRASKA 68144	Expedited Mental Health Evaluation	Riley, LaTaunya	5312504099	saved2servecounseling@yahoo.com
		Expedited Substance Use Evaluation	Riley, LaTaunya	5312504099	saved2servecounseling@yahoo.com
		Juvenile Co-Occurring Evaluation	Riley, LaTaunya	5312504099	saved2servecounseling@yahoo.com
		Juvenile Mental Health Evaluation	Riley, LaTaunya	5312504099	saved2servecounseling@yahoo.com
		Juvenile Substance Use Addendum	Riley, LaTaunya	5312504099	saved2servecounseling@yahoo.com
		Juvenile Substance Use Evaluation	Riley, LaTaunya	5312504099	saved2servecounseling@yahoo.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Riley, LaTaunya	5312504099	saved2servecounseling@yahoo.com

Agency Name: Serenity Matters Counseling

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Serenity Matters Counseling	5620 Ames Ave Omaha, NEBRASKA 68104	Juvenile Co-Occurring Evaluation	Prince, Reginald	4028303877	norwal2003@gmail.com
		Juvenile Mental Health Evaluation	Prince, Reginald	4028303877	norwal2003@gmail.com
		Juvenile Mental Health Intensive Outpatient Counseling (IOP)			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Prince, Reginald	4028303877	norwal2003@gmail.com
		Juvenile Substance Use	Browning-	4028303890	cbrowningprince@gmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Serenity Matters Counseling	5620 Ames Ave Omaha, NEBRASKA 68104	Addendum	Prince, Crystal		
			Prince, Reginald	4028303877	norwal2003@gmail.com
		Juvenile Substance Use Evaluation	Prince, Reginald	4028303877	norwal2003@gmail.com
		Juvenile Substance Use Intensive Outpatient (IOP)	Browning-Prince, Crystal	4028303890	cbrowningprince@gmail.com
			Prince, Reginald	4028303877	norwal2003@gmail.com
		Juvenile Substance Use Outpatient Treatment (Group)	Browning-Prince, Crystal	4028303890	cbrowningprince@gmail.com
			Prince, Reginald	4028303877	norwal2003@gmail.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Prince, Reginald	4028303877	norwal2003@gmail.com

Agency Name: Solutions Enterprises, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Solutions Enterprise at Teen Solutions LLC	4871 NW Radial Hwy Omaha, NEBRASKA 68104	Juvenile Co-Occurring Evaluation	Chartier, Angela	4026809201	angie@growwithsolutions.org
		Juvenile Mental Health Intensive Outpatient Counseling (IOP)	Chartier, Angela	4026809201	angie@growwithsolutions.org
		Juvenile Mental Health Outpatient Counseling (Group)	Chartier, Angela	4026809201	angie@growwithsolutions.org
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Chartier, Angela	4026809201	angie@growwithsolutions.org

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Solutions Enterprise at Teen Solutions LLC	4871 NW Radial Hwy Omaha, NEBRASKA 68104	Juvenile Substance Use Addendum	Chartier, Angela	4026809201	angie@growwithsolutions.org
		Juvenile Substance Use Evaluation	Chartier, Angela	4026809201	angie@growwithsolutions.org
		Juvenile Substance Use Intensive Outpatient (IOP)	Chartier, Angela	4026809201	angie@growwithsolutions.org
		Juvenile Substance Use Outpatient Treatment (Group)	Chartier, Angela	4026809201	angie@growwithsolutions.org
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Chartier, Angela	4026809201	angie@growwithsolutions.org

Agency Name: SoundMind Therapy Services LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
SoundMind Therapy Services LLC	13520 Discovery Dr. Ste 203 Omaha, NEBRASKA 68137	Juvenile Co-Occurring Evaluation	Ajuoga , Lucy	4029985619	soundmindtherapyservices@gmail.com
		Juvenile Mental Health Evaluation	Ajuoga , Lucy	4029985619	soundmindtherapyservices@gmail.com
		Juvenile Mental Health Outpatient Counseling (Individual/ Family)	Ajuoga , Lucy	4029985619	soundmindtherapyservices@gmail.com
		Juvenile Substance Use Addendum	Ajuoga , Lucy	4029985619	soundmindtherapyservices@gmail.com
		Juvenile Substance Use Evaluation	Ajuoga , Lucy	4029985619	soundmindtherapyservices@gmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
SoundMind Therapy Services LLC	13520 Discovery Dr. Ste 203 Omaha, NEBRASKA 68137	Juvenile Substance Use Outpatient Treatment (Individual/ Family)	Ajuoga , Lucy	4029985619	soundmindtherapyservices@gmail.com
		Juveniles Who Sexually Harm Outpatient Treatment (Individual/ Family)			
	13520 Discovery Dr. Ste 203 Omaha, NEBRASKA 68137	Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/ Family)			
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation			

Agency Name: Stay In School Stop The Violence

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Stay In School Stop The Violence	1310 North 29th St Suite 2 Omaha, NEBRASKA 68131	Family Partner			
		Family Support	Almonte, Danitalynn	4028713122	ms.dezires@gmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Stay In School Stop The Violence	1310 North 29th St Suite 2 Omaha, NEBRASKA 68131	Family Support	Davis, Jerry	4027085597	edu@staystopfound.org

Agency Name: Successful Principles

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Successful Principles	4407 Fontenelle Blvd Omaha, NEBRASKA 68104	Family Support			

Agency Name: Tawaina's Wellness 2 Wealth LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Tawaina's Wellness 2 Wealth LLC	6311 Ames Ave suite 1149 Omaha, NEBRASKA 68104	Case Managed Tutoring			
		Family Partner			

Agency Name: Teen Solutions LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Teen Solutions LLC	4871 NW Radial Highway Omaha, NEBRASKA 68104	Day Reporting	Faulkner, John	4025170249	John@solutionssoberliving.org
			Faulkner, Michelle	4023191718	Michelle@solutionssoberliving.org
			Faulkner, Wyat	4024019466	wyat@teensolutionsomaha.org
		Evening Reporting	Faulkner, John	4025170249	John@solutionssoberliving.org
			Faulkner, Michelle	4023191718	Michelle@solutionssoberliving.org
			Faulkner, Wyat	4024019466	wyat@teensolutionsomaha.org

Agency Name: Tenacious Rebirth LLC

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Tenacious Rebirth LLC	8505 Pratt Street Omaha, NEBRASKA 68134	Expedited Co-Occurring Evaluation	Boyd, Sierra	4023822790	sboyd@tenaciousrebirthllc.com
		Expedited Mental Health Evaluation	Boyd, Sierra	4023822790	sboyd@tenaciousrebirthllc.com
		Expedited Substance Use Evaluation	Boyd, Sierra	4023822790	sboyd@tenaciousrebirthllc.com
		Juvenile Mental Health Evaluation	Boyd, Sierra	4023822790	sboyd@tenaciousrebirthllc.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			

Agency Name: Terrell Therapy

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Terrell Therapy	8790 F Street Omaha, NE 68127 Omaha, NEBRASKA 68127	Family Partner	Terrell, Timothy	4025950780	Tim.PRC11@gmail.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Terrell, Timothy	4025950780	Tim.PRC11@gmail.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Terrell, Timothy	4025950780	Tim.PRC11@gmail.com
		Juveniles Who Sexually Harm Outpatient Treatment (Individual/Family)			

Agency Name: The Comeback Center LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
The Comeback Center LLC	10625 girard st Omaha, NEBRASKA 68122	Day Reporting	Marion, Kustardee	4022087999	demeshamarion@yahoo.com
		Evening Reporting	Marion, Kustardee	4022087999	demeshamarion@yahoo.com

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Agency Name: The Cornell Knight Center

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
The Cornell Knight Center LLC	5404 Ames Ave Omaha, NEBRASKA 68104	Day Reporting	Knight, Jonelle	4027089587	Knight40204@gmail.com
			Knight, Mary	4022666400	cornellknightcenter@gmail.com
		Evening Reporting	Knight, Jonelle	4027089587	Knight40204@gmail.com
			Knight, Mary	4022666400	cornellknightcenter@gmail.com

Agency Name: The Gamble Group, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
The Gamble Group, LLC	6406 Vane St Omaha, NEBRASKA 68152	Day Reporting	Gamble, Destiny	4026375189	the.gambl3group@gmail.com
		Evening Reporting	Gamble, Destiny	4026375189	the.gambl3group@gmail.com
		Family Support	Gamble, Destiny	4026375189	the.gambl3group@gmail.com

Agency Name: The Human Way Therapy Services, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
The Human Way Therapy Services, LLC	11707 M Cir Omaha, NEBRASKA 68137	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			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
The Human Way Therapy Services, LLC	11707 M Cir Omaha, NEBRASKA 68137	Outpatient Treatment (Individual/Family)			

Agency Name: The Ogba Way

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
The Ogba Way	20901 Appaloosa Dr Elkhorn, NEBRASKA 68022	Case Managed Tutoring	Bell, Sharon	4027076938	Sharon.Bell7288@gmail.com
		Family Partner	Carruth-King, Shantae	4022017384	taecarruth73@gmail.com
			Ogba, Joe	4027143520	joeogba35@gmail.com
		Family Support	Brown, David	4022139946	db@livenxt.org
			Brown, Lamar	4025102732	lamar@communitybasedservices.co
			Carruth-King, Shantae	4022017384	taecarruth73@gmail.com
			King, Edward	4027070873	ed@hopecenterforkids.com
			King, Johnny	4022015250	taecarruth1973@gmail.com
			Ogba, Gretchen	4024701628	gsogba13@gmail.com
			Ogba, Joe	4027143520	joeogba35@gmail.com
			Ross, Abigail	7125616940	abbyross0118@gmail.com
			Spencer, Valerie	4029836461	Valerie3080@gmail.com
			Tut, Beny	4029178069	benektut@gmail.com
			Varela	4029176715	pamelavarela02@gmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
The Ogba Way	20901 Appaloosa Dr Elkhorn, NEBRASKA 68022	Family Support	Haros, Pamela		
	8790 F St. Suite 701 Omaha, NEBRASKA 68127	Case Managed Tutoring			
		Community Youth Coaching	Bandy, Michael	4023120418	mbandy1987@gmail.com
			Bell, Sharon	4027076938	Sharon.Bell7288@gmail.com
			Brown, David	4022139946	db@livenxt.org
			Brown, Lamar	4025102732	lamar@communitybasedservices.co
			Carruth-King, Shantae	4022017384	taecarruth73@gmail.com
			Clark, LaTrenda	4022389643	trendaclark@yahoo.com
			Doss , LC	5312391086	ldoss@jesuitacademy.org
			Horton, Jamison	4023123433	jamison@onehopefamily.org
			King, Edward	4027070873	ed@hopecenterforkids.com
			King, Johnny	4022015250	taecarruth1973@gmail.com
			Ogba, Gretchen	4024701628	gsogba13@gmail.com
			Ogba, Joe	4027143520	joeogba35@gmail.com
			Ross, Abigail	7125616940	abbyross0118@gmail.com
			Ross, TeArrea	4023067598	tjross_23@yahoo.com
			Spencer, Logi	5312053210	Peterspencer402@gmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	8790 F St. Suite 701 Omaha, NEBRASKA 68127	Community Youth Coaching	Spencer, Valerie	4029836461	Valerie3080@gmail.com
			Stovall, Jeramiah	4026128130	jcstovall112@gmail.com
			Tut, Beny	4029178069	benektut@gmail.com
			Varela Haros, Pamela	4029176715	pamelavarela02@gmail.com

Agency Name: The Village Effect Inc

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
The Village Effect Inc	4324 FOWLER AVE Omaha, NEBRASKA 68111	Family Partner			

Agency Name: Theodore J. DeLaet, Ph.D., P.C.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Theodore J. DeLaet, Ph.D., P.C.	11414 West Center Road Suite 243 Omaha, NEBRASKA 68144	Invoice - Competency Evaluation	DeLaet, Theodore	4023338210	ted.delaet@wcpp.omhcoxmail.com
		Juvenile Psychological Evaluation	DeLaet, Theodore	4023338210	ted.delaet@wcpp.omhcoxmail.com
		Juveniles Who Sexually Harm Risk Evaluation	DeLaet, Theodore	4023338210	ted.delaet@wcpp.omhcoxmail.com

Agency Name: Thrivival Academy

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Thrivival	2936 Izard St.	Day Reporting	Barlow,	4029835553	Tdeib@icloud.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Academy	Omaha, NEBRASKA 68131		Tarrence		
		Evening Reporting	Barlow, Tarrence	4029835553	Tdeib@icloud.com
		Family Partner	Barlow, Tarrence	4029835553	Tdeib@icloud.com
			Grant, Isaiah	4025478324	iaaaahshm@gmail.com
		Family Support	Barlow, Tarrence	4029835553	Tdeib@icloud.com

Agency Name: Trisha Troia Counseling

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Trisha Troia Counseling	23913 Southwest St #6 Waterloo, NEBRASKA 68069	Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation			
		Juvenile Substance Use Addendum	Troia, Trisha	4022900543	trishtroia@gmail.com
		Juvenile Substance Use Evaluation	Troia, Trisha	4022900543	trishtroia@gmail.com

Agency Name: UNMC Physicians Corporation

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
University of Nebraska Physicians	988101 Nebraska Medical Center Omaha, NEBRASKA 68198	Juvenile Co-Occurring Evaluation	Sharma, Varun	4025526007	varsharma@unmc.edu
			Zoucha, Kenneth	4024693923	kenneth.zoucha@unmc.edu
		Juvenile Medication Management	Sharma, Varun	4025526007	varsharma@unmc.edu

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
University of Nebraska Physicians	988101 Nebraska Medical Center Omaha, NEBRASKA 68198	Juvenile Medication Management	Zoucha, Kenneth	4024693923	kenneth.zoucha@unmc.edu
		Juvenile Mental Health Evaluation	Sharma, Varun	4025526007	varsharma@unmc.edu
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Psychiatric Evaluation	Sharma, Varun	4025526007	varsharma@unmc.edu
		Juvenile Psychiatric Evaluation Interview Only	Sharma, Varun	4025526007	varsharma@unmc.edu
		Juvenile Substance Use Evaluation	Zoucha, Kenneth	4024693923	kenneth.zoucha@unmc.edu
		Juvenile Substance Use Outpatient Treatment (Group)			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Zoucha, Kenneth	4024693923	kenneth.zoucha@unmc.edu

Agency Name: Unconventional Healing LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Unconventional Healing LLC	4214 N 64th St Omaha, NEBRASKA 68104	Expedited Co-Occurring Evaluation	Larson, Alee	4024014387	alee@unconventionalhealing.org
		Expedited Mental Health Evaluation	Larson, Alee	4024014387	alee@unconventionalhealing.org
		Expedited Substance Use Evaluation	Larson, Alee	4024014387	alee@unconventionalhealing.org
		Juvenile Co-	Larson,	4024014387	alee@unconventionalhealing.org

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Unconventional Healing LLC	4214 N 64th St Omaha, NEBRASKA 68104	Occurring Evaluation	Alee		
		Juvenile Mental Health Evaluation	Larson, Alee	4024014387	alee@unconventionalhealing.org
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Larson, Alee	4024014387	alee@unconventionalhealing.org
		Juvenile Substance Use Addendum	Larson, Alee	4024014387	alee@unconventionalhealing.org
		Juvenile Substance Use Evaluation	Larson, Alee	4024014387	alee@unconventionalhealing.org
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Larson, Alee	4024014387	alee@unconventionalhealing.org
		Juveniles Who Sexually Harm Risk Evaluation			

Agency Name: Unity Youth & Family Services

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Unity Youth & Family Services	7810 Davenport St Omaha, NEBRASKA 68114	Expedited Mental Health Evaluation			
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
	6901 Dodge St Suite 104 Omaha, NEBRASKA 68132	Expedited Mental Health Evaluation			
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	6901 Dodge St Suite 104 Omaha, NEBRASKA 68132	Outpatient Counseling (Individual/Family)			

Agency Name: Vigilnet America LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Vigilnet America LLC	4862 S 96th Street Suite 2 Omaha, NEBRASKA 68127	Continuous Alcohol Monitoring (CAM)	Musel, Hunter	5312058118	hmusel@vigilnet.com
			Sinnott, Dave	4025379450	dsinnott@vigilnet.com
		Invoice - Mileage			
		Juvenile Electronic Monitoring Cell Phone	Musel, Hunter	5312058118	hmusel@vigilnet.com
			Richey, Cassandra	5312725144	crichey@vigilnet.com
			Sinnott, Dave	4025379450	dsinnott@vigilnet.com
		Juvenile Electronic Monitoring GPS	Musel, Hunter	5312058118	hmusel@vigilnet.com
			Richey, Cassandra	5312725144	crichey@vigilnet.com
			Sinnott, Dave	4025379450	dsinnott@vigilnet.com
		Juvenile Electronic Monitoring Land Line	Musel, Hunter	5312058118	hmusel@vigilnet.com
			Richey, Cassandra	5312725144	crichey@vigilnet.com
			Sinnott, Dave	4025379450	dsinnott@vigilnet.com

Agency Name: Wicks Psychological Services, Inc.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Wicks Psychological Services, Inc.	6550 S. 84th Street Suite 300 Omaha, NEBRASKA 68127	Juvenile Mental Health Outpatient Counseling (Individual/Family)	Wicks, Chris	4023397991	cwicks@cox.net
		Juveniles Who Sexually Harm Outpatient Treatment (Individual/Family)	Wicks, Chris	4023397991	cwicks@cox.net

Agency Name: Wild and Wise Counseling, LLC

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Wild and Wise Counseling, LLC	663 N. 132nd Street PMB 7271 Omaha, NEBRASKA 68154	Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			

Agency Name: Woodhaven Counseling Associates, Inc

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Woodhaven Counseling Associates, Inc	12001 Q Street Omaha, NEBRASKA 68137	Juveniles Who Sexually Harm Outpatient Treatment (Individual/Family)	Overby, Sheryl	4025920328	soverby@woodhavencounseling.com

Agency Name: YouTurn

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
YouTurn	117 N 32nd Ave, Ste 100 Omaha, NEBRASKA 68131	Family Support	Zelasney, Brooke	4029821224	Brooke@youturnomaha.org

Agency Name: Youth Futures

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Youth Futures	2435 S 130th Circle Suite 200 Omaha, NEBRASKA 68144	Family Support			

Agency Name: community based services llc

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
community based	po box 34205	Community Youth	Ellis, Latasha	4022377993	Latasha@communitybasedservices.co

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
services llc	Omaha, NEBRASKA 68134	Coaching	Escobar, Jose	4023147952	danny@communitybasedservices.co
			Huerta-Martinez, Alma	4022067545	alma@communitybasedservices.co
			Jones, Diante	4027060136	diante@communitybasedservices.co
			Lopez, Emily	5317723042	emily1@communitybasedservices.co
			Mitchell, Darrnell	4028851250	darrnell@communitybasedservices.co
			Sackor, muhammed	4025172891	muhammed@communitybasedservices.co
			Sederburg, Benjamin	4026778363	ben@communitybasedservices.co
			Shively, korrine	5312107979	korrie@communitybasedservices.co
			Strong, LaDonna	4027182182	ladonna@communitybasedservices.co
			Tapia, Brando	4029058889	brando@communitybasedservices.co
			Williams, Nia	5312679751	nia@communitybasedservices.co
			allen, matthew	4025102732	mallen@communitybasedservices.co
			lewis, dwight	4027079437	dwight@communitybasedservices.co
		Continuous Alcohol Monitoring (CAM)	allen, matthew	4025102732	mallen@communitybasedservices.co
		Family Partner	Ellis, Latasha	4022377993	Latasha@communitybasedservices.co
			Escobar, Jose	4023147952	danny@communitybasedservices.co

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
		Family Partner	Jones, Diante	4027060136	diante@communitybasedservices.co
			Lopez, Emily	5317723042	emily1@communitybasedservices.co
			Strong, LaDonna	4027182182	ladonna@communitybasedservices.co
			allen, matthew	4025102732	mallen@communitybasedservices.co
		Family Support	Ellis, Latasha	4022377993	Latasha@communitybasedservices.co
			Escobar, Jose	4023147952	danny@communitybasedservices.co
			Huerta-Martinez, Alma	4022067545	alma@communitybasedservices.co
			Jones, Diante	4027060136	diante@communitybasedservices.co
			Lopez, Emily	5317723042	emily1@communitybasedservices.co
			Mitchell, Darrnell	4028851250	darrnell@communitybasedservices.co
			Sackor, muhammed	4025172891	muhammed@communitybasedservices.co
			Sederburg, Benjamin	4026778363	ben@communitybasedservices.co
			Shively, korrine	5312107979	korrie@communitybasedservices.co
			Strong, LaDonna	4027182182	ladonna@communitybasedservices.co
			Tapia, Brando	4029058889	brando@communitybasedservices.co
			Williams, Nia	5312679751	nia@communitybasedservices.co
			allen, matthew	4025102732	mallen@communitybasedservices.co

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
		Family Support	lewis, dwight	4027079437	dwight@communitybasedservices.co
		General Education Class			