

Administrative Office of Courts & Probation

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

District 10

Agency Facility County: Adams

Agency Name: Crossroads Mission Avenue

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Crossroads Mission Avenue	702 W 14th ST Hastings, NEBRASKA 68901	Transitional Living - Level 2	Buller, Daniel	3079218657	daniel@crossroadsmission.com
			Sweeney, Sarah	4024690936	sarah@crossroadsmission.com
	1005 & 1007 E. 5th St Hastings, NEBRASKA 68901	Transitional Living - Level 2	Buller, Daniel	3079218657	daniel@crossroadsmission.com

Agency Name: EagleFeather Counseling

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

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

Agency Name: Gaining Hope in Recovery LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Gaining Hope in Recovery LLC	223 E 14th Street suite 270 Hastings, NEBRASKA 68901	Adult Substance Use Addendum	Bittner, Nichole	4028340366	gainingrecovery@gmail.com
		Adult Substance Use Evaluation	Bittner, Nichole	4028340366	gainingrecovery@gmail.com
		Adult Substance Use Intensive Outpatient Counseling (IOP)	Bittner, Nichole	4028340366	gainingrecovery@gmail.com
		Adult Substance Use Outpatient Treatment (Individual)	Bittner, Nichole	4028340366	gainingrecovery@gmail.com
		Juvenile Substance Use Addendum	Bittner, Nichole	4028340366	gainingrecovery@gmail.com
		Juvenile Substance Use Evaluation	Bittner, Nichole	4028340366	gainingrecovery@gmail.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Bittner, Nichole	4028340366	gainingrecovery@gmail.com

Agency Name: Horizon Recovery & Counseling Center

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Horizon Recovery & Counseling Center	835 S Burlington; Ste 115 Hastings, NEBRASKA 68901	Adult Co-Occurring Evaluation	White, Lisa	4024622066	lisa@reviveinc.org
		Adult Mental Health Outpatient Counseling (Individual)	White, Lisa	4024622066	lisa@reviveinc.org
		Adult Substance Use Addendum	Pederson, Margaret	4024622066	margaret@reviveinc.org
			Strobel, Barbara	4024622066	barb@reviveinc.org
			White, Lisa	4024622066	lisa@reviveinc.org
		Adult Substance Use Evaluation	Pederson, Margaret	4024622066	margaret@reviveinc.org
			Strobel, Barbara	4024622066	barb@reviveinc.org
			White, Lisa	4024622066	lisa@reviveinc.org
		Adult Substance Use Intensive Outpatient Counseling (IOP)	Pederson, Margaret	4024622066	margaret@reviveinc.org
			Strobel, Barbara	4024622066	barb@reviveinc.org
			White, Lisa	4024622066	lisa@reviveinc.org
		Adult Substance Use Outpatient Treatment (Group)	Pederson, Margaret	4024622066	margaret@reviveinc.org
			Strobel, Barbara	4024622066	barb@reviveinc.org
			White, Lisa	4024622066	lisa@reviveinc.org
		Adult Substance Use Outpatient Treatment (Individual)	Pederson, Margaret	4024622066	margaret@reviveinc.org
			Strobel, Barbara	4024622066	barb@reviveinc.org
White, Lisa	4024622066		lisa@reviveinc.org		
Juvenile Mental Health Outpatient Counseling (Group)	White, Lisa	4024622066	lisa@reviveinc.org		

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Agency Name: Lighthouse Counseling Center

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

Agency Name: Martin K Miller

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

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Martin Miller Counseling	422 N HASTINGS AVE STE 208 Hastings, NEBRASKA 68901	(Individual)			

Agency Name: Mucklow Counseling Services

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

Agency Name: New Dimensions Counseling

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
New Dimensions Counseling	223 East 14th St. Suite 220 Hastings, NEBRASKA 68901	Adult Co-Occurring Evaluation	Patitz, Beverly	4025190159	bev.patitz.1@gmail.com
		Adult Mental Health Evaluation	Patitz, Beverly	4025190159	bev.patitz.1@gmail.com

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

Agency Name: Pathfinder Support Services Home Office

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

Agency Name: Revive

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Revive	835 S Burlington; Ste 115 Hastings, NEBRASKA 68901	Adult Co-Occurring Evaluation			
		Adult Mental Health Outpatient Counseling (Individual)			
		Adult Psychological Evaluation			
		Adult Substance Use Addendum	Pederson, Margaret	4024622066	margaret@reviveinc.org
			Strobel, Barbara	4024622066	barb@reviveinc.org
		Adult Substance Use Evaluation	Pederson, Margaret	4024622066	margaret@reviveinc.org
			Strobel, Barbara	4024622066	barb@reviveinc.org
		Adult Substance Use Intensive Outpatient Counseling (IOP)	Pederson, Margaret	4024622066	margaret@reviveinc.org
			Strobel, Barbara	4024622066	barb@reviveinc.org
		Adult Substance Use Outpatient Treatment (Group)	Pederson, Margaret	4024622066	margaret@reviveinc.org
			Strobel, Barbara	4024622066	barb@reviveinc.org
		Adult Substance Use Outpatient Treatment (Individual)	Pederson, Margaret	4024622066	margaret@reviveinc.org
			Strobel, Barbara	4024622066	barb@reviveinc.org
		Juvenile Co-Occurring Evaluation			
		Juvenile Substance Use Addendum	Pederson, Margaret	4024622066	margaret@reviveinc.org
			Strobel, Barbara	4024622066	barb@reviveinc.org
Juvenile Substance Use	Pederson,	4024622066	margaret@reviveinc.org		

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Revive	835 S Burlington; Ste 115 Hastings, NEBRASKA 68901	Evaluation	Margaret		
			Strobel, Barbara	4024622066	barb@reviveinc.org

Agency Name: South Central Behavioral Services

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

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South Central Behavioral Services	616 W 5th Street Hastings, NEBRASKA 68901	Adult Mental Health Outpatient Counseling (Individual)	Hock, Sarah	3082375951	shock@scbsne.com
			Schleif, Laurin	4024635684	lschleif@scbsne.com
		Adult Substance Use Addendum	Chavez, Sara	4024635684	schavez@scbsne.com
			Cox, Sally	4024635684	scox@scbsne.com
			EagleFeather Moreno, Cristianne	4028341025	eaglefeather.counseling@gmail.com
			Hock, Sarah	3082375951	shock@scbsne.com
			Schleif, Laurin	4024635684	lschleif@scbsne.com
		Adult Substance Use Evaluation	Chavez, Sara	4024635684	schavez@scbsne.com
			Cox, Sally	4024635684	scox@scbsne.com
			EagleFeather Moreno, Cristianne	4028341025	eaglefeather.counseling@gmail.com
			Hock, Sarah	3082375951	shock@scbsne.com
			Schleif, Laurin	4024635684	lschleif@scbsne.com
		Adult Substance Use Intensive Outpatient Counseling (IOP)	Chavez, Sara	4024635684	schavez@scbsne.com
			Cox, Sally	4024635684	scox@scbsne.com
			EagleFeather Moreno, Cristianne	4028341025	eaglefeather.counseling@gmail.com
			Hock, Sarah	3082375951	shock@scbsne.com
			Schleif, Laurin	4024635684	lschleif@scbsne.com
		Adult Substance Use Outpatient Treatment (Group)	Chavez, Sara	4024635684	schavez@scbsne.com
			EagleFeather Moreno, Cristianne	4028341025	eaglefeather.counseling@gmail.com
			Hock, Sarah	3082375951	shock@scbsne.com

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

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
South Central Behavioral Services	616 W 5th Street Hastings, NEBRASKA 68901	Juvenile Mental Health Outpatient Counseling (Individual/Family)	Hock, Sarah	3082375951	shock@scbsne.com
			Schleif, Laurin	4024635684	lschleif@scbsne.com
		Juvenile Substance Use Addendum	Chavez, Sara	4024635684	schavez@scbsne.com
			EagleFeather Moreno, Cristianne	4028341025	eaglefeather.counseling@gmail.com
			Hock, Sarah	3082375951	shock@scbsne.com
			Schleif, Laurin	4024635684	lschleif@scbsne.com
		Juvenile Substance Use Evaluation	Chavez, Sara	4024635684	schavez@scbsne.com
			EagleFeather Moreno, Cristianne	4028341025	eaglefeather.counseling@gmail.com
			Hock, Sarah	3082375951	shock@scbsne.com
			Schleif, Laurin	4024635684	lschleif@scbsne.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Chavez, Sara	4024635684	schavez@scbsne.com
			EagleFeather Moreno, Cristianne	4028341025	eaglefeather.counseling@gmail.com
			Hock, Sarah	3082375951	shock@scbsne.com
			Schleif, Laurin	4024635684	lschleif@scbsne.com

Agency Name: **The Bridge, Inc**

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
The Bridge, Inc	907 S Kansas Ave Hastings, NEBRASKA 68901	Adult Substance Use Evaluation	Gregg, Jill	4024624677	jillgregg@thehastingsbridge.com
		Adult Substance Use Outpatient Treatment (Individual)	Gregg, Jill	4024624677	jillgregg@thehastingsbridge.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
The Bridge, Inc	907 S Kansas Ave Hastings, NEBRASKA 68901	Invoice - Mindfulness			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Gregg, Jill	4024624677	jillgregg@thehastingsbridge.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Gregg, Jill	4024624677	jillgregg@thehastingsbridge.com

Agency Name: Western Alternative Corrections, Inc.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Western Alternative Corrections, Inc.	101 S. Hastings Ave. Hastings, NEBRASKA 68901	Transitional Living - Level 2			

Agency Facility County: Kearney

Agency Name: Anteshia Zulkoski

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

Agency Facility County: Phelps

Agency Name: CK Counseling (CGZ Inc.)

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

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

Agency Name: Kroll Counseling

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Kroll Counseling	413 East Ave P.O. Box 466 Holdrege, NEBRASKA 68949	Adult Co-Occurring Evaluation	Kroll, Faithe	3089956548	faithe@holdregecounseling.com
		Adult Mental Health	Kroll, Faithe	3089956548	faithe@holdregecounseling.com

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

Agency Name: TheraCare, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
TheraCare, LLC	1616 West Avenue Holdrege, NEBRASKA 68949	Adult Substance Use Evaluation			
		Juvenile Substance Use Evaluation			