

# 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
	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-Occurring	EagleFeather Moreno,	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	Evaluation	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: Lighthouse Counseling Center

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Lighthouse Counseling Center	432 N Minnesota Ave Hastings, NEBRASKA 68901	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 (Individual)	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	Juvenile Mental Health Outpatient Counseling (Individual/Family)	MILLER, MARTIN	4024611477	santytorch@yahoo.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	MILLER, MARTIN	4024611477	santytorch@yahoo.com

### Agency Name: Mucklow Counseling Services

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Mucklow Counseling Services	2217 West 12th Street suite 4 Hastings, NEBRASKA 68901	Adult Co-Occurring Evaluation	Mucklow, Greg	3082381428	gmucklow@gmail.com
		Adult Mental Health Evaluation	Mucklow, Greg	3082381428	gmucklow@gmail.com
		Adult Mental Health Outpatient Counseling (Individual)	Mucklow, Greg	3082381428	gmucklow@gmail.com
		Adult Sex Offense-Specific Evaluation	Mucklow, Greg	3082381428	gmucklow@gmail.com
		Adult Sex Offense-Specific Outpatient Counseling (Individual/Group)	Mucklow, Greg	3082381428	gmucklow@gmail.com
		Adult Substance Use Addendum	Mucklow, Greg	3082381428	gmucklow@gmail.com
		Adult Substance Use Evaluation	Mucklow, Greg	3082381428	gmucklow@gmail.com
		Adult Substance Use 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	223 East 14th St. Suite	Adult Co-Occurring Evaluation	Patitz, Beverly	4025190159	bev.patitz.

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Dimensions Counseling	220 Hastings, NEBRASKA 68901				1@gmail.com
		Adult Mental Health Evaluation	Patitz, Beverly	4025190159	bev.patitz.1@gmail.com
		Adult Mental Health Outpatient Counseling (Individual)	Patitz, Beverly	4025190159	bev.patitz.1@gmail.com
		Adult Substance Use Addendum	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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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Revive	2205 Osborne Dr E Hastings, NEBRASKA 68901	Adult Co-Occurring 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	Cherecwich, Danielle	4027052436	Danielle@reviveinc.org
			Pederson, Margaret	4024622066	margaret@reviveinc.org
			Strobel, Barbara	4024622066	barb@reviveinc.org
		Adult Substance Use Intensive Outpatient Counseling (IOP)	Cherecwich, Danielle	4027052436	Danielle@reviveinc.org
			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	Pederson,	4024622066	margaret@reviveinc.org		

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Revive	2205 Osborne Dr E Hastings, NEBRASKA 68901	Addendum	Margaret		
			Strobel, Barbara	4024622066	barb@reviveinc.org
		Juvenile Substance Use Evaluation	Pederson, Margaret	4024622066	margaret@reviveinc.org
			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)	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)	Cox, Sally	4024635684	scox@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	Adult Mental Health Outpatient Counseling (Individual)	Hock, Sarah	3082375951	shock@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
		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
		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
		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
		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



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South Central Behavioral Services	616 W 5th Street Hastings, NEBRASKA 68901	Agency Supported Foster Care	Harrenstein, Kim	4024695583	kharrenstein@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
		Juvenile Mental Health Outpatient Counseling (Group)	Chavez, Sara	4024635684	schavez@scbsne.com
			EagleFeather Moreno, Cristianne	4028341025	eaglefeather.counseling@gmail.com
			Hock, Sarah	3082375951	shock@scbsne.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Chavez, Sara	4024635684	schavez@scbsne.com
			EagleFeather Moreno, Cristianne	4028341025	eaglefeather.counseling@gmail.com
			Hock, Sarah	3082375951	shock@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
		Juvenile Substance Use Evaluation	Chavez, Sara	4024635684	schavez@scbsne.com
			EagleFeather Moreno, Cristianne	4028341025	eaglefeather.counseling@gmail.com
			Hock, Sarah	3082375951	shock@scbsne.com
		Juvenile Substance Use Outpatient Treatment	Chavez, Sara	4024635684	schavez@scbsne.com
			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
South Central Behavioral Services	616 W 5th Street Hastings, NEBRASKA 68901	(Individual/Family)	Moreno, Cristianne		
			Hock, Sarah	3082375951	shock@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
		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 Name: enCourage Advocacy Center**

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
enCourage Advocacy Center	220 S. Burlington Ave. Suite 4 Hastings, NEBRASKA 68901	PRS-BIP	Trautman, Alicia	4024635810	allie@encouragecenter.org

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### Agency Facility County: Kearney

#### Agency Name: Anteshia Zulkoski

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

### Agency Facility County: Phelps

#### Agency Name: CK Counseling (CGZ Inc.)

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

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
CK Counseling (CGZ Inc.)	417 East Avenue Holdrege, NEBRASKA 68949	Outpatient Counseling (Individual/Family)	Candance		
		Juvenile Psychiatric Evaluation Interview Only			
		Juvenile Substance Use Addendum	Nichols, Candance	3089913123	ckcounseling@gmail.com
		Juvenile Substance Use Evaluation	Nichols, Candance	3089913123	ckcounseling@gmail.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Nichols, Candance	3089913123	ckcounseling@gmail.com

### **Agency Name: Healthy Horizons Counseling, LLC**

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

### **Agency Name: Kroll Counseling**

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

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Kroll Counseling	413 East Ave P.O. Box 466 Holdrege, NEBRASKA 68949	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: Mindi Young**

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Mindi Young	417 East Ave. Holdrege, NEBRASKA 68949	Adult Substance Use Addendum	Young, Mindi	3082937252	youngmindi4@gmail.com
		Adult Substance Use Evaluation	Young, Mindi	3082937252	youngmindi4@gmail.com
		Adult Substance Use Outpatient Treatment (Individual)	Young, Mindi	3082937252	youngmindi4@gmail.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Young, Mindi	3082937252	youngmindi4@gmail.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			