

# DELAWARE SEX OFFENDER MANAGEMENT BOARD

## CREDENTIALLED SEX OFFENSE SERVICE PROVIDERS

Carvel State Office Building, 10<sup>th</sup> Floor, 820 N. French St. Wilmington, De 19801-3590

<b>Provider Name:</b> JOHN E. VANDER VEN JR., LPCMH <b>Provider #</b> 102-0419			<b>Population (s) Served:</b>
<b>Business Address:</b> 1058 S. Governors Ave Ste. 102 Dover, DE 19901			Adolescent Males Prepubescent Males (12 or under)
<b>Telephone:</b> (302) 382-8698			
<b>County(s) Served:</b> <input type="checkbox"/> New Castle <input checked="" type="checkbox"/> Kent <input type="checkbox"/> Sussex	<b>Therapy Type:</b> <input checked="" type="checkbox"/> Group <input checked="" type="checkbox"/> Individual	<b>Language(s):</b> <input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:	Developmentally Disabled Adolescent Males Families of Adolescent/Child who offend
<b>Referral Type:</b> <input checked="" type="checkbox"/> Community Outpatient <input checked="" type="checkbox"/> Non-adjudicated Offenses <input type="checkbox"/> Psychosexual Forensic Evaluation <input type="checkbox"/> Prison/Jail <input checked="" type="checkbox"/> Probation/Parole			<b>Insurance Accepted:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Provider Name:</b> DR. LAURA COONEY-KOSS, PSY.D. M.C.J. <b>Provider #</b> 103-0519			<b>Population (s) Served:</b>
<b>Business Address:</b> 500 Creek View Rd. Suite 109 Newark, De 19711			Adult Males Adult Females Adolescent Males Adolescent Females Prepubescent Males (12 or under)
<b>Telephone:</b> (302) 415-4944			
<b>County(s) Served:</b> <input checked="" type="checkbox"/> New Castle <input checked="" type="checkbox"/> Kent <input checked="" type="checkbox"/> Sussex	<b>Therapy Type:</b> <input type="checkbox"/> Group <input type="checkbox"/> Individual	<b>Language(s):</b> <input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:	Family/Spouse of Adults who offend Developmentally Disabled Adult Males Developmentally Disabled Adult Females
<b>Referral Type:</b> <input checked="" type="checkbox"/> Community Outpatient <input checked="" type="checkbox"/> Non-adjudicated Offenses <input checked="" type="checkbox"/> Psychosexual Forensic Evaluation <input checked="" type="checkbox"/> Prison/Jail <input checked="" type="checkbox"/> Probation/Parole			<b>Insurance Accepted:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Provider Name:</b> TRACIE BELTRAN <b>Provider #</b> 108-0919			<b>Population (s) Served:</b>
<b>Business Address:</b> 262 Chapman Rd. Suite 102 Newark, DE 19702			Adult Males Adult Females Adolescent Males Adolescent Females Developmentally Disabled Adult Males
<b>Telephone:</b> (302) 270-0985			
<b>County(s) Served:</b> <input checked="" type="checkbox"/> New Castle <input type="checkbox"/> Kent <input type="checkbox"/> Sussex	<b>Therapy Type:</b> <input checked="" type="checkbox"/> Group <input checked="" type="checkbox"/> Individual	<b>Language(s):</b> <input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:	Developmentally Disabled Adult Females Developmentally Disabled Adolescent Males Developmentally Disabled Adolescent Females
<b>Referral Type:</b> <input checked="" type="checkbox"/> Community Outpatient <input type="checkbox"/> Non-adjudicated Offenses <input checked="" type="checkbox"/> Psychosexual Forensic Evaluation <input checked="" type="checkbox"/> Prison/Jail <input checked="" type="checkbox"/> Probation/Parole			<b>Insurance Accepted:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<b>Provider Name: RACHEL KLEIN, PSY.D.</b> <b>Provider #107-0919</b>			<b>Population (s) Served:</b>
<b>Business Address: 500 Creek View Rd. Suite 109, Newark, DE 19711</b>			<b>Adult Males</b> <b>Adult Females</b> <b>Adolescent Males</b> <b>Adolescent Females</b> <b>Prepubescent Males (12 or under)</b> <b>Prepubescent Females (12 or under)</b>
<b>Telephone: (302) 415-4944</b>			<b>Developmentally Disabled Adult Males</b> <b>Developmentally Disabled Adult Females</b> <b>Developmentally Disabled Adolescent Males</b> <b>Developmentally Disabled Adolescent Females</b>
<b>County(s) Served:</b> <input checked="" type="checkbox"/> New Castle <input checked="" type="checkbox"/> Kent <input type="checkbox"/> Sussex	<b>Therapy Type:</b> <input type="checkbox"/> Group <input type="checkbox"/> Individual	<b>Language(s):</b> <input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:	<b>Family/Spouse of Adult who offend</b> <b>Families of Adolescent/Child who offend</b>
<b>Referral Type:</b> <input checked="" type="checkbox"/> Community Outpatient <input checked="" type="checkbox"/> Non-adjudicated Offenses <input checked="" type="checkbox"/> Psychosexual Forensic Evaluation <input checked="" type="checkbox"/> Prison/Jail <input checked="" type="checkbox"/> Probation/Parole			<b>Insurance Accepted:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<b>Provider Name: Kenneth Phillips, LPCMH</b> <b>Provider #109-1119</b>			<b>Population (s) Served:</b>
<b>Business Address: 1052 S. Governors Ave. Ste. 102 Dover, DE 19904</b>			<b>Adult Males</b> <b>Adolescent Males</b> <b>Developmentally Disabled Adult Males</b>
<b>Telephone: (302) 382-8698</b>			<b>Developmentally Disabled Adolescent Males</b> <b>Prepubescent Males (12 or under)</b> <b>Family/Spouse of Adults who offend</b> <b>Families of Adolescent/Child who offend</b>
<b>County(s) Served:</b> <input type="checkbox"/> New Castle <input checked="" type="checkbox"/> Kent <input type="checkbox"/> Sussex	<b>Therapy Type:</b> <input checked="" type="checkbox"/> Group <input checked="" type="checkbox"/> Individual	<b>Language(s):</b> <input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:	
<b>Referral Type:</b> <input checked="" type="checkbox"/> Community Outpatient <input checked="" type="checkbox"/> Non-adjudicated Offenses <input checked="" type="checkbox"/> Psychosexual Forensic Evaluation <input type="checkbox"/> Prison/Jail <input checked="" type="checkbox"/> Probation/Parole			<b>Insurance Accepted:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<b>Provider Name: Stacey Huffman, LCSW</b> <b>Provider #110-0320</b>			<b>Population (s) Served:</b>
<b>Business Address: 3522 Silverside Rd. Suite 32 Wilmington, DE 19810</b>			<b>Adult Males</b> <b>Adult Females</b> <b>Adolescent Males</b> <b>Adolescent Females</b> <b>Prepubescent Males (12 or under)</b>
<b>Telephone: (302) 276-8448</b>			<b>Family/Spouse of Adults who offend</b> <b>Developmentally Disabled Adult Males</b> <b>Developmentally Disabled Adult Females</b>
<b>County(s) Served:</b> <input checked="" type="checkbox"/> New Castle <input type="checkbox"/> Kent <input type="checkbox"/> Sussex	<b>Therapy Type:</b> <input checked="" type="checkbox"/> Group <input checked="" type="checkbox"/> Individual	<b>Language(s):</b> <input type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other:	<b>Developmentally Disabled Adolescent Males</b>
<b>Referral Type:</b> <input checked="" type="checkbox"/> Community Outpatient <input checked="" type="checkbox"/> Non-adjudicated Offenses <input checked="" type="checkbox"/> Psychosexual Forensic Evaluation <input checked="" type="checkbox"/> Prison/Jail <input checked="" type="checkbox"/> Probation/Parole			<b>Insurance Accepted:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			<b>Developmentally Disabled Adolescent Females</b> <b>Prepubescent Females (12 or under)</b> <b>Families of Adolescent/Child who offend</b>

<b>Provider Name: Kelly Noonan, LCSW</b> <b>Provider #114-1020</b>			<b>Population (s) Served:</b>
<b>Business Address: 841 Silver Lake Blvd. Dover, DE 19901</b>			<b>Adult Males</b> <b>Adult Females</b>
<b>Telephone: (302) 632-4950</b>			
<b>County(s) Served:</b> <input checked="" type="checkbox"/> New Castle <input checked="" type="checkbox"/> Kent <input type="checkbox"/> Sussex	<b>Therapy Type:</b> <input checked="" type="checkbox"/> Group <input checked="" type="checkbox"/> Individual	<b>Language(s):</b> <input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	<b>Developmentally Disabled Adult Males</b> <b>Developmentally Disabled Adult Females</b>
<b>Referral Type:</b>			
<input checked="" type="checkbox"/> Community Outpatient <input checked="" type="checkbox"/> Non-adjudicated Offenses <input checked="" type="checkbox"/> Psychosexual Forensic Evaluation <input checked="" type="checkbox"/> Prison/Jail <input checked="" type="checkbox"/> Probation/Parole		<b>Insurance Accepted:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Provider Name: Adeline Witty, LPCMH</b> <b>Provider #115-0321</b>			<b>Population (s) Served:</b>
<b>Business Address: 33 S. State St. Dover, DE 19901</b>			<b>Adult Females</b> <b>Adolescent Males</b> <b>Adolescent Females</b> <b>Prepubescent Males (12 or under)</b>
<b>Telephone: (302) 249-1900</b>			
<b>County(s) Served:</b> <input checked="" type="checkbox"/> New Castle <input checked="" type="checkbox"/> Kent <input checked="" type="checkbox"/> Sussex	<b>Therapy Type:</b> <input type="checkbox"/> Group <input checked="" type="checkbox"/> Individual	<b>Language(s):</b> <input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	<b>Family/Spouse of Adults who offend</b> <b>Developmentally Disabled Adult Females</b>
<b>Referral Type:</b>			<b>Developmentally Disabled Adolescent Males</b>
<input type="checkbox"/> Community Outpatient <input checked="" type="checkbox"/> Non-adjudicated Offenses <input type="checkbox"/> Psychosexual Forensic Evaluation <input type="checkbox"/> Prison/Jail <input checked="" type="checkbox"/> Probation/Parole		<b>Insurance Accepted:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Developmentally Disabled Adolescent Females</b> <b>Prepubescent Females (12 or under)</b> <b>Families of Adolescent/Child who offend</b>

<b>Provider Name: Ada Morris, LCSW</b> <b>Provider #115-1220</b>			<b>Population (s) Served:</b>
<b>Business Address: 1058 S. Governors Ave Dover, DE 19901</b>			<b>Adult Females</b> <b>Adolescent Males</b>
<b>Telephone: (302) 382-8698</b>			
<b>County(s) Served:</b> <input type="checkbox"/> New Castle <input checked="" type="checkbox"/> Kent <input type="checkbox"/> Sussex	<b>Therapy Type:</b> <input checked="" type="checkbox"/> Group <input checked="" type="checkbox"/> Individual	<b>Language(s):</b> <input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	<b>Family/Spouse of Adults who offend</b>
<b>Referral Type:</b>			
<input checked="" type="checkbox"/> Community Outpatient <input checked="" type="checkbox"/> Non-adjudicated Offenses <input checked="" type="checkbox"/> Psychosexual Forensic Evaluation <input checked="" type="checkbox"/> Prison/Jail <input checked="" type="checkbox"/> Probation/Parole		<b>Insurance Accepted:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Provider Name: Alexander Gould PSY.D.  
Provider #117-0607

Population (s) Served:

Business Address: 500 Creek View Rd. Suite 109 Newark, DE 19711

Adult Males  
Adult Females  
Adolescent Males  
Adolescent Females

Telephone: (302) 415-4944

County(s) Served:

- New Castle  
 Kent  
 Sussex

Therapy Type:

- Group  
 Individual

Language(s):

- English  
 Spanish  
 Other

Referral Type:

- Community Outpatient  
 Non-adjudicated Offenses  
 Psychosexual Forensic Evaluation  
 Prison/Jail  
 Probation/Parole

Insurance Accepted:

- Yes  
 No

Provider Name: Nicole Walker PSY.D.  
Provider #118-0607

Population (s) Served:

Business Address: 500 Creek View Rd. Suite 109 Newark, DE 19711

Adult Males  
Adult Females  
Adolescent Males  
Adolescent Females

Telephone: (302) 415-4944

County(s) Served:

- New Castle  
 Kent  
 Sussex

Therapy Type:

- Group  
 Individual

Language(s):

- English  
 Spanish  
 Other

Prepubescent Males (12 or under)  
Prepubescent Females (12 or under)  
Family/Spouse of Adults who offend  
Developmentally Disabled Adult Males  
Developmentally Disabled Adult Females

Referral Type:

- Community Outpatient  
 Non-adjudicated Offenses  
 Psychosexual Forensic Evaluation  
 Prison/Jail  
 Probation/Parole

Insurance Accepted:

- Yes  
 No

Developmentally Disabled Adolescent Males  
Developmentally Disabled Adolescent Females  
Families of Adolescent/Child who offend

Provider Name: Allison Dovi PSY.D.  
Provider #119-0721

Population (s) Served:

Business Address: 500 Creek View Rd. Suite 109 Newark, DE 19711

Adult Males  
Adult Females  
Adolescent Males  
Adolescent Females

Telephone: (302) 415-4944

County(s) Served:

- New Castle  
 Kent  
 Sussex

Therapy Type:

- Group  
 Individual

Language(s):

- English  
 Spanish  
 Other

Prepubescent Males (12 or under)  
Prepubescent Females (12 or under)  
Family/Spouse of Adults who offend  
Developmentally Disabled Adult Males  
Developmentally Disabled Adult Females

Referral Type:

- Community Outpatient  
 Non-adjudicated Offenses  
 Psychosexual Forensic Evaluation  
 Prison/Jail  
 Probation/Parole

Insurance Accepted:

- Yes  
 No

Developmentally Disabled Adolescent Males  
Developmentally Disabled Adolescent Females  
Families of Adolescent/Child who offend