

Transformations, L.L.C.

Phone and Fax 502-899-5411

Provider Information Form

The information shall be provided on a strictly voluntary basis and will not affect the hiring decision. Transformations collects this information on all new hires for purposes of contracting with providers, tax reports, contracting with insurance companies, and claims billing.

First Name Shenika Middle Lanee Last Breed

Preferred Name Shenika

Birthdate (Month/Day/Year) 07/25/1977 Social Security # 405-08-9638

Gender Female

Home Address 3216 Stegner Ave

City Louisville State Kentucky Zip 40216

Name of Company (if applicable) _____

Company Address _____

Company EIN# _____

Contact Information:

*Business Phone 502-225-3189 (# to be shared with providers and clients on website)

Cell Phone 502-599-1440

Home Phone _____ Fax _____

Email Sbreed41@gmail.com

Drivers License # B95-754-857 State Ky Expiration Date 8-25-2026

College Campbellsville University

Degree Master's Major/Specialty Marriage and Family Therapy

Start Date 8/2021 Graduation Date 8/2024

License Type and Number Permit 294941 Expiration Date 9/19/2025

Licensing Supervisor of Record (for Associates/CSW applicants)

Name Nicholas Bloodworth Phone 270-250-5264 Email nwbloodworth@campbellsville.edu

Are you applying for the position of:

☐ Behavioral Health Professional ☐ Behavioral Health Professional under Clinical Supervision
☐ Targeted Case Management

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Emergency Contact Information:

Name Jeronika Hines Relationship Sister

Work Phone 502-485-8292 Home Phone _____ Cell Phone 502-821-8642

Email _____

Address 10708 Grape Arbor Drive.

City Louisville State KY Zip 40272