ADULT FOSTER HOMES

BUNGARD COTTAGE
1623 AVE F
BILLINGS MT 59102-
Phone: 702-1253 **Fax:**
Administrator: JOSEFA AVILA
Facility ID Number: **7119**
County: **YELLOWSTONE**
JCAHO:
OriginalLicenseDate: **01/15/14**
Current License Duration: **1**
LicenseNumber: **45720011** Exp. Date: **1/14/2017** **NOT PROV** Clients: **3**
Health Planning Region Number:

CACTUS DRIVE
3107 CATUS DR
BILLINGS MT 59102-
Phone: 696-7349 **Fax:**
Administrator: PAULA KETTERING
Facility ID Number: **7128**
County: **YELLOWSTONE**
JCAHO:
OriginalLicenseDate: **09/16/13**
Current License Duration: **1**
LicenseNumber: **45780004** Exp. Date: **9/2/2016** **NOT PROV** Clients: **2**
Health Planning Region Number:

CAROLS ADULT FOSTER CARE
343 MONROE ST
BILLINGS MT 59101-5365
Phone: 254-2887 **Fax:**
Administrator: CAROL ADY
Facility ID Number: **1474**
County: **YELLOWSTONE**
JCAHO:
OriginalLicenseDate: **10/06/02**
Current License Duration: **3**
LicenseNumber: **26026-001** Exp. Date: **9/30/2016** **NOT PROV** Clients: **3**
Health Planning Region Number: **3**

COZY COTTAGE 1
3824 AUDUBON WAY
BILLINGS MT 59102-
Phone: 534-3334 **Fax:**
Administrator: ROSEMARY & GANZEVELD
Facility ID Number: **1558**
County: **BILLINGS**
JCAHO:
OriginalLicenseDate: **01/24/06**
Current License Duration: **3**
LicenseNumber: **33973-001** Exp. Date: **1/5/2016** **NOT PROV** Clients: **4**
Health Planning Region Number: **3**

ELLA LEES ASSISTED LIVING AFH
6541 HESPER RD
BILLINGS MT 59106-
Phone: 656-7910 **Fax:**
Administrator: ELLA L EDLUND
Facility ID Number: **1465**
County: **YELLOWSTONE**
JCAHO:
OriginalLicenseDate: **11/13/00**
Current License Duration: **3**
LicenseNumber: **25680-001** Exp. Date: **10/31/2015** **NOT PROV** Clients: **4**
Health Planning Region Number: **3**

JOSEPH & LYNETTE LYNCH AFH
231 TAM O'SHANTER RD
BILLINGS MT 59105-3512
Phone: 259-8884 **Fax:**
Administrator: JOSEPH & LYNCH

Facility ID Number: **1494**
County: **YELLOWSTONE**
JCAHO:
OriginalLicenseDate: **03/21/02**
Current License Duration: **3**

LicenseNumber: **26704-001** Exp. Date: **2/28/2016** **NOT PROV** Clients: **1**
Health Planning Region Number: **3**

LAMBERT ADULT FOSTER CARE
1181 LYNCH CIRCLE
BILLINGS MT 59105-
Phone: 245-3462 **Fax:**
Administrator: BONNIE LAMBERT

Facility ID Number: **7129**
County: **YELLOWSTONE**
JCAHO:
OriginalLicenseDate: **09/16/13**
Current License Duration: **1**

LicenseNumber: **45780006** Exp. Date: **9/5/2016** **NOT PROV** Clients: **1**
Health Planning Region Number:

LUCINDY BRAWLEY AFH
4227 JANSMA AVE
BILLINGS MT 59101-
Phone: 670-4110 **Fax:**
Administrator: LUCINDY BRAWLEY

Facility ID Number: **1300**
County: **YELLOWSTONE**
JCAHO:
OriginalLicenseDate:
Current License Duration: **3**

LicenseNumber: **25988-001** Exp. Date: **5/31/2015** **NOT PROV** Clients: **2**
Health Planning Region Number: **3**

MARY JANE HALL ADULT FOSTER HOME
3938 OX YOKE DRIVE
BILLINGS MT 59105-
Phone: 256-2178 **Fax:** 670-5378
Administrator: MARY JANE HALL

Facility ID Number: **1536**
County: **YELLOWSTONE**
JCAHO:
OriginalLicenseDate: **03/29/04**
Current License Duration: **3**

LicenseNumber: **30670-001** Exp. Date: **3/28/2018** **NOT PROV** Clients: **3**
Health Planning Region Number: **3**

MJ HOME CARE
284 MONROE
BILLINGS MT 59101-
Phone: 652-1616 **Fax:** 254-2887
Administrator: MYANNA ADY

Facility ID Number: **1175**
County: **YELLOWSTONE**
JCAHO:
OriginalLicenseDate: **10/30/07**
Current License Duration: **3**

LicenseNumber: **36838-001** Exp. Date: **10/7/2016** **NOT PROV** Clients: **3**
Health Planning Region Number: **3**

NANCY WIER AFH
2320 LYNDALE LANE
BILLINGS MT 59102-2136
Phone: 656-3474 **Fax:**
Administrator: VICKIE ANDERSON

Facility ID Number: **1490**
County: **YELLOWSTONE**
JCAHO:
OriginalLicenseDate: **02/01/02**
Current License Duration: **2**

LicenseNumber: **26341-001** Exp. Date: **5/31/2015** **NOT PROV** Clients: **1**
Health Planning Region Number: **3**

PAMELA KAY JACKSON
710 THICKET LANE **PO BOX 30211**
BILLINGS MT 59101-
Phone: 690-9846 **Fax:**
Administrator: PAMELA KAY JACKSON

Facility ID Number: **1562**
County: **YELLOWSTONE**
JCAHO:
OriginalLicenseDate: **02/24/06**
Current License Duration: **3**

LicenseNumber: **34172-001** Exp. Date: **2/8/2018** **NOT PROV** Clients: **2**
Health Planning Region Number: **3**

PEG'S PREFERRED CARE
4222 MURPHY AVE
BILLINGS MT 59101-
Phone: 252-6155 **Fax:**
Administrator: PEGGY GIBSON

Facility ID Number: **1325**
County: **YELLOWSTONE**
JCAHO:
OriginalLicenseDate:
Current License Duration: **3**

LicenseNumber: **26085-001** Exp. Date: **11/30/2017** **NOT PROV** Clients: **4**
Health Planning Region Number: **3**

SENIOR FOSTER CARE
1801 SLIGO LANE
BILLINGS MT 59106-
Phone: 272-6116 **Fax:** 272-6117
Administrator: RICK DEVOUS

Facility ID Number: **7112**
County: **YELLOWSTONE**
JCAHO:
OriginalLicenseDate: **10/31/13**
Current License Duration: **2**

LicenseNumber: **45780008** Exp. Date: **10/29/2016** **NOT PROV** Clients: **4**
Health Planning Region Number:

SHARON DESJARLAIS AFH
3203 LYNN AVE
BILLINGS MT 59102-
Phone: 656-1181 **Fax:**
Administrator: SHARON DESJARLAIS

Facility ID Number: **1304**
County: **YELLOWSTONE**
JCAHO:
OriginalLicenseDate:
Current License Duration: **3**

LicenseNumber: **26029-001** Exp. Date: **1/29/2018** **NOT PROV** Clients: **3**
Health Planning Region Number: **3**

TERRY & TAMI HAAN AFH
27 CAMPBELL DRIVE
BILLINGS MT 59102-
Phone: 855-3329 **Fax:**
Administrator: TERRY & HAAN

Facility ID Number: **1443**
County: **YELLOWSTONE**
JCAHO:
OriginalLicenseDate: **11/10/99**
Current License Duration: **3**

LicenseNumber: **26394-001** Exp. Date: **10/1/2017** **NOT PROV** Clients: **1**
Health Planning Region Number: **3**

TINA'S ADULT FOSTER CARE
5319 KING AVENUE WEST
BILLINGS MT 59106-
Phone: 655-9216 **Fax:**
Administrator: TINA OXLEY

Facility ID Number: **1550**
County: **YELLOWSTONE**
JCAHO:
OriginalLicenseDate: **03/01/05**
Current License Duration: **3**

LicenseNumber: **32364-001** Exp. Date: **2/18/2016** **NOT PROV** Clients: **4**
Health Planning Region Number: **3**

TONY & TINA MUNGUIA
60 WOODGRAIN
BILLINGS MT 59102-
Phone: 281-1860 **Fax:**
Administrator: TONY & TINA MUNGUIA

Facility ID Number: **1525**
County: **YELLOWSTONE**
JCAHO:
OriginalLicenseDate: **08/01/03**
Current License Duration: **3**

LicenseNumber: **29538-001** Exp. Date: **7/31/2016** **NOT PROV** Clients: **1**
Health Planning Region Number: **3**

VICKY'S ADULT FOSTER HOME
#20 ATTIKA STREET NORTH
BILLINGS MT 59105-
Phone: 534-4400 **Fax:**
Administrator: VICKY ZENT

Facility ID Number: **1535**
County: **YELLOWSTONE**
JCAHO:
OriginalLicenseDate: **02/05/04**
Current License Duration: **3**

LicenseNumber: **12127-001** Exp. Date: **2/1/2018** **NOT PROV** Clients: **3**
Health Planning Region Number: **3**

WILLIS FOSTER CARE
1116 ALDERSON AVE
BILLINGS MT 59102-4218
Phone: 252-4465 **Fax:** 252-4465
Administrator: LYNDA WHIPPLE

Facility ID Number: **1176**
County: **YELLOWSTONE**
JCAHO:
OriginalLicenseDate: **01/27/98**
Current License Duration: **3**

LicenseNumber: **26269-001** Exp. Date: **11/30/2015** **NOT PROV** Clients: **4**
Health Planning Region Number: **3**

HILLTOP AFH
8731 BRIDGER CANYON
BOZEMAN MT 59715-
Phone: 586-9445 **Fax:**
Administrator: MERLIN BYLSMA

Facility ID Number: **7059**
County: **GALLATIN**
JCAHO:
OriginalLicenseDate: **07/12/12**
Current License Duration: **2**

LicenseNumber: **44287-001** Exp. Date: **7/3/2015** **NOT PROV** Clients: **4**
Health Planning Region Number:

KERRY BORCHERT AFH
2104 UTAH
BUTTE MT 59701-
Phone: 723-3457 **Fax:**
Administrator: RON & BORCHERT

Facility ID Number: **1456**
County: **SILVER BOW**
JCAHO:
OriginalLicenseDate: **05/02/00**
Current License Duration: **3**

LicenseNumber: **26173-001** Exp. Date: **4/30/2015** **NOT PROV** Clients: **2**
Health Planning Region Number: **4**

RADER ADULT FOSTER HOME
2009 LOCUST
BUTTE MT 59701-
Phone: 299-2859 **Fax:**
Administrator: RICHARD & RADER

Facility ID Number: **1626**
County: **SILVER BOW**
JCAHO:
OriginalLicenseDate: **06/02/10**
Current License Duration: **1**

LicenseNumber: **41118-001** Exp. Date: **5/31/2015** **NOT PROV** Clients: **1**
Health Planning Region Number: **4**

FRISCH AFH
PO BOX 32 **600 HWY 282**
CLANCY MT 59634-
Phone: 933-8385 **Fax:**
Administrator: HOLLYANN FRISCH

Facility ID Number: **1595**
County: **JEFFERSON**
JCAHO:
OriginalLicenseDate: **11/13/08**
Current License Duration: **3**

LicenseNumber: **26765-001** Exp. Date: **10/31/2015** **NOT PROV** Clients: **1**
Health Planning Region Number:

EXPRESSIONS INC
240 HIDDEN MEADOW LANE
COLUMBIA FALLS MT 59912-
Phone: 897-2065 **Fax:**
Administrator: PATRICIA ZINKE

Facility ID Number: **1615**
County: **FLATHEAD**
JCAHO:
OriginalLicenseDate: **11/27/09**
Current License Duration: **3**

LicenseNumber: **40406-001** Exp. Date: **11/30/2015** **NOT PROV** Clients: **4**
Health Planning Region Number: **5**

CONNIE GRIFFIN
3753 BEACHNUT
EAST HELENA MT 59635-
Phone: 438-1292 **Fax:**
Administrator: CONNIE GRIFFIN

Facility ID Number: **7100**
County: **LEWIS & CLARK**
JCAHO:
OriginalLicenseDate: **06/01/13**
Current License Duration: **3**

LicenseNumber: **13778-001** Exp. Date: **5/31/2016** **NOT PROV** Clients: **4**
Health Planning Region Number:

HEWITT - MONEY
2620 STAGECOACH
EAST HELENA MT 59635-
Phone: 422-4997 **Fax:** 422-0140
Administrator: DANIELLE MONEY

Facility ID Number: **7141**
County: **LEWIS & CLARK**
JCAHO:
OriginalLicenseDate:
Current License Duration: **1**

LicenseNumber: **45780021** Exp. Date: **12/4/2015** **NOT PROV** Clients: **3**
Health Planning Region Number:

MONEYS AFH
PO BOX 1790
EAST HELENA MT 59635-
Phone: 422-5919 **Fax:**
Administrator: MICHELLE & MONEY

Facility ID Number: **1585**
County: **LEWIS & CLARK**
JCAHO:
OriginalLicenseDate: **07/09/08**
Current License Duration: **3**

LicenseNumber: **37989-001** Exp. Date: **1/29/2016** **NOT PROV** Clients: **4**
Health Planning Region Number: **4**

MOORE COURT ADULT FOSTER CARE
3065 MOORE COURT **PO BOX 240**
EAST HELENA MT 59635-0240
Phone: 594-3065 **Fax:**
Administrator: S LARAE TREIB

Facility ID Number: **1635**
County: **LEWIS & CLARK**
JCAHO:
OriginalLicenseDate: **12/27/10**
Current License Duration: **3**

LicenseNumber: **41965-001** Exp. Date: **11/2/2016** **NOT PROV** Clients: **4**
Health Planning Region Number: **5**

SHARONS SUNSHINE CARE
2598 CASPER
EAST HELENA MT 59635-
Phone: 458-5535 **Fax:**
Administrator: SHARON MCEWEN

Facility ID Number: **1559**
County: **LEWIS & CLARK**
JCAHO:
OriginalLicenseDate: **01/24/06**
Current License Duration: **1**

LicenseNumber: **34010-001** Exp. Date: **9/28/2015** **NOT PROV** Clients: **4**
Health Planning Region Number: **4**

ST MARYS AFH Facility ID Number: **1592**
PO BOX 2496 **788 TOBACCO** County: **LINCOLN**
EUREKA MT 59917- **JCAHO:**
Phone: 889-5765 **Fax:** OriginalLicenseDate: **11/26/08**
Administrator: STEPHANIE JARVIS Current License Duration: **3**

LicenseNumber: **35975-001** Exp. Date: **10/31/2016** **NOT PROV** Clients: **4**
Health Planning Region Number: **5**

WILLIAM WALTERS Facility ID Number: **7113**
321 HIDDEN VALLEY ROAD County: **RAVALLI**
FLORENCE MT 59833- **JCAHO:**
Phone: 273-6251 **Fax:** OriginalLicenseDate: **11/14/13**
Administrator: WILLIAM WALTERS Current License Duration: **1**

LicenseNumber: **45780009** Exp. Date: **11/13/2015** **NOT PROV** Clients: **1**
Health Planning Region Number:

HOME SWEET HOME OF GERALDINE Facility ID Number: **7111**
282 COLLINS AVE W **PO BOX 294** County: **CHOUTEAU**
GERALDINE MT 59446- **JCAHO:**
Phone: 737-4569 **Fax:** OriginalLicenseDate: **10/25/13**
Administrator: KATHY BOND Current License Duration: **1**

LicenseNumber: **45780007** Exp. Date: **10/24/2015** **NOT PROV** Clients: **4**
Health Planning Region Number:

ANGELS HOME CARE CENTER Facility ID Number: **7133**
5010 9TH AVE S County: **CASCADE**
GREAT FALLS MT 59405- **JCAHO:**
Phone: 761-0829 **Fax:** OriginalLicenseDate: **04/17/14**
Administrator: ROBERT VANSPYK Current License Duration: **1**

LicenseNumber: **45780015** Exp. Date: **4/16/2016** **NOT PROV** Clients: **4**
Health Planning Region Number:

HALLOCK AFH Facility ID Number: **1446**
3611 4TH AVE N County: **CASCADE**
GREAT FALLS MT 59401- **JCAHO:**
Phone: 452-6019 **Fax:** OriginalLicenseDate: **01/03/00**
Administrator: LYNN HALLOCK Current License Duration: **1**

LicenseNumber: **25788-001** Exp. Date: **10/31/2015** **NOT PROV** Clients: **4**
Health Planning Region Number: **2**

JUNIPER
2400 2ND AVE SW
GREAT FALLS MT 59404-
Phone: 231-1852 **Fax:**
Administrator: TRESA NAGY
Facility ID Number: **7096**
County: **CASCADE**
JCAHO:
OriginalLicenseDate: **05/29/13**
Current License Duration: **2**
LicenseNumber: **45781-001** Exp. Date: **5/31/2016** **NOT PROV** Clients: **3**
Health Planning Region Number:

LYNDA SULLIVAN
804 48TH ST S
GREAT FALLS MT 59405-5729
Phone: **Fax:**
Administrator: LYNDA SULLIVAN
Facility ID Number: **1526**
County: **CASCADE**
JCAHO:
OriginalLicenseDate: **08/01/03**
Current License Duration: **3**
LicenseNumber: **26538-001** Exp. Date: **7/31/2016** **NOT PROV** Clients: **2**
Health Planning Region Number: **2**

PASS
805 7TH AVE N
GREAT FALLS MT 59401-
Phone: 315-3333 **Fax:**
Administrator: SAMANTHA JOHNSON
Facility ID Number: **7095**
County: **CASCADE**
JCAHO:
OriginalLicenseDate: **05/29/13**
Current License Duration: **1**
LicenseNumber: **45728-1** Exp. Date: **5/31/2015** **NOT PROV** Clients: **3**
Health Planning Region Number:

STRABLE HOME
1808 1ST AVE NORTH
GREAT FALLS MT 59401-
Phone: 452-7420 **Fax:** 452-5498
Administrator: ADRIA STRABLE
Facility ID Number: **7136**
County: **CASCADE**
JCAHO:
OriginalLicenseDate: **07/29/14**
Current License Duration: **1**
LicenseNumber: **45780014** Exp. Date: **7/2/2015** **NOT PROV** Clients: **2**
Health Planning Region Number:

CHERRY WOOD
104 CHERRYWOOD COURT
HAMILTON MT 59840-
Phone: 381-5805 **Fax:**
Administrator: P JUNE RUSSELL
Facility ID Number: **7124**
County: **RAVALLI**
JCAHO:
OriginalLicenseDate: **02/26/14**
Current License Duration: **2**
LicenseNumber: **45780013** Exp. Date: **2/25/2017** **NOT PROV** Clients: **2**
Health Planning Region Number:

DELAP AFH
234 ROARING LION RD
HAMILTON MT 59840-
Phone: 363-1900 **Fax:**
Administrator: MARIJO DELAP

Facility ID Number: **1597**
County: **RAVALLI**
JCAHO:
OriginalLicenseDate: **02/20/09**
Current License Duration: **3**

LicenseNumber: **39030-001** Exp. Date: **1/31/2017** **NOT PROV** Clients: **2**
Health Planning Region Number: **5**

GLENROY HOUSE
207 B GLENROY
HAMILTON MT 59840-
Phone: 381-5805 **Fax:**
Administrator: P JUNE RUSSELL

Facility ID Number: **7080**
County: **RAVALLI**
JCAHO:
OriginalLicenseDate: **01/29/13**
Current License Duration: **1**

LicenseNumber: **45198-001** Exp. Date: **12/31/2015** **NOT PROV** Clients: **2**
Health Planning Region Number:

GLENROY HOUSE II
203 A GLENROY
HAMILTON MT 59840-
Phone: 363-7034 **Fax:**
Administrator: P JUNE RUSSELL

Facility ID Number: **7098**
County: **RAVALLI**
JCAHO:
OriginalLicenseDate: **06/04/13**
Current License Duration: **2**

LicenseNumber: **45706-001** Exp. Date: **5/31/2016** **NOT PROV** Clients: **2**
Health Planning Region Number:

GLENROY III
101 RICKETTS ROAD
HAMILTON MT 59840-
Phone: 375-7569 **Fax:**
Administrator: P JUNE RUSSELL

Facility ID Number: **7117**
County: **MISSOULA**
JCAHO:
OriginalLicenseDate:
Current License Duration: **1**

LicenseNumber: **45780010** Exp. Date: **12/29/2016** **NOT PROV** Clients: **2**
Health Planning Region Number:

SKALKAHO FARM
534 SKALKAHO HWY
HAMILTON MT 59840-
Phone: 375-1203 **Fax:** 375-2455
Administrator: P JUNE RUSSELL

Facility ID Number: **7025**
County: **RAVALLI**
JCAHO:
OriginalLicenseDate:
Current License Duration: **2**

LicenseNumber: **42476-001** Exp. Date: **7/31/2016** **NOT PROV** Clients: **3**
Health Planning Region Number:

WALKER HOUSE
101 RICKETTS RD
HAMILTON MT 59840-
Phone: 381-5805 **Fax:** 375-2455
Administrator: PAMELA RUSSELL

Facility ID Number: **7087**
County: **RAVALLI**
JCAHO:
OriginalLicenseDate:
Current License Duration: **3**

LicenseNumber: **35030-001** Exp. Date: **12/31/2015** **NOT PROV** Clients: **3**
Health Planning Region Number:

CARE & COMFORT HOME
607 4TH STREET
HAVRE MT 59501-
Phone: 262-7504 **Fax:** 265-2899
Administrator: APRIL CUSTER

Facility ID Number: **1517**
County: **HILL**
JCAHO:
OriginalLicenseDate: **02/01/03**
Current License Duration: **2**

LicenseNumber: **28640-001** Exp. Date: **6/19/2016** **NOT PROV** Clients: **4**
Health Planning Region Number: **2**

TURTLEDOVE RECOVERY HOME
38 6TH ST
HAVRE MT 59501-
Phone: 265-2559 **Fax:**
Administrator: CHERI BRINDLE

Facility ID Number: **1567**
County: **HILL**
JCAHO:
OriginalLicenseDate: **03/15/06**
Current License Duration: **3**

LicenseNumber: **34386-001** Exp. Date: **2/29/2016** **NOT PROV** Clients: **4**
Health Planning Region Number: **2**

ALAN & MARTHA BOTTELSON
7113 WHITETAIL WAY
HELENA MT 59602-9424
Phone: 458-9547 **Fax:**
Administrator: ALAN & BOTTELSON

Facility ID Number: **1563**
County: **LEWIS & CLARK**
JCAHO:
OriginalLicenseDate: **12/31/05**
Current License Duration: **1**

LicenseNumber: **26174-001** Exp. Date: **11/30/2015** **NOT PROV** Clients: **4**
Health Planning Region Number: **4**

BOYD HOUSE
2305 BLAINE LANE
HELENA MT 59602-
Phone: 449-9941 **Fax:**
Administrator: ANNA MAY BOYD

Facility ID Number: **1632**
County: **LEWIS & CLARK**
JCAHO:
OriginalLicenseDate: **11/18/10**
Current License Duration: **3**

LicenseNumber: **41860-001** Exp. Date: **11/29/2017** **NOT PROV** Clients: **2**
Health Planning Region Number: **5**

CONNIE'S COUNTRY COTTAGE
8130 DIAMOND SPRINGS DRIVE
HELENA MT 59602-
Phone: 431-1292 **Fax:**
Administrator: CONSTANCE MAYER

Facility ID Number: **1512**
County: **LEWIS & CLARK**
JCAHO:
OriginalLicenseDate: **12/11/02**
Current License Duration: **3**

LicenseNumber: **28416-001** Exp. Date: **2/28/2016** **NOT PROV** Clients: **4**
Health Planning Region Number: **4**

FRED & CAROL HARPER AFH
901 GARFIELD STREET
HELENA MT 59601-5719
Phone: 449-3732 **Fax:**
Administrator: FRED & HARPER

Facility ID Number: **1371**
County: **LEWIS & CLARK**
JCAHO:
OriginalLicenseDate:
Current License Duration: **2**

LicenseNumber: **26750-001** Exp. Date: **10/31/2016** **NOT PROV** Clients: **1**
Health Planning Region Number: **4**

JAMES & GAIL MILLER
114 OAKWOOD LANE
HELENA MT 59601-
Phone: 442-6966 **Fax:**
Administrator: GAIL & MILLER

Facility ID Number: **7053**
County:
JCAHO:
OriginalLicenseDate: **05/08/12**
Current License Duration: **1**

LicenseNumber: **0044051-1** Exp. Date: **4/30/2015** **NOT PROV** Clients: **3**
Health Planning Region Number:

KATHY'S ADULT FOSTER HOME
5940 DELRAY RD
HELENA MT 59601-
Phone: 422-4495 **Fax:**
Administrator: KATHRYN LAKE

Facility ID Number: **1553**
County: **LEWIS & CLARK**
JCAHO:
OriginalLicenseDate: **07/15/05**
Current License Duration: **2**

LicenseNumber: **25771-001** Exp. Date: **6/30/2016** **NOT PROV** Clients: **4**
Health Planning Region Number: **4**

KEA WADDELL FOSTER HOME
3425 VIENNA DRIVE
HELENA MT 59602-0000
Phone: 227-7345 **Fax:**
Administrator: KEA WADDELL

Facility ID Number: **1527**
County: **LEWIS & CLARK**
JCAHO:
OriginalLicenseDate: **02/01/04**
Current License Duration: **3**

LicenseNumber: **30421-001** Exp. Date: **1/31/2016** **NOT PROV** Clients: **4**
Health Planning Region Number: **4**

KRISTIN OLSEN
613 S RODNEY
HELENA MT 59601-
Phone: 465-5416 **Fax:**
Administrator: KRISTIN OLSEN

Facility ID Number: **1636**
County: **LEWIS & CLARK**
JCAHO:
OriginalLicenseDate: **01/13/11**
Current License Duration: **1**

LicenseNumber: **26377-001** Exp. Date: **5/31/2016** **NOT PROV** Clients: **2**
Health Planning Region Number: **5**

MELCHER ADULT FOSTER HOME
5452 BIRDSEYE ROAD
HELENA MT 59602-
Phone: 442-0895 **Fax:**
Administrator: WALLACE & MELCHER

Facility ID Number: **7072**
County: **LEWIS & CLARK**
JCAHO:
OriginalLicenseDate: **12/04/12**
Current License Duration: **1**

LicenseNumber: **26745-001** Exp. Date: **11/30/2017** **NOT PROV** Clients: **1**
Health Planning Region Number:

MICHAEL & CHERYL STEELE AFH
5940 DEL RAY DRIVE
HELENA MT 59602-
Phone: 458-6113 **Fax:**
Administrator: MICHAEL & STEELE

Facility ID Number: **1314**
County: **LEWIS & CLARK**
JCAHO:
OriginalLicenseDate: **01/08/98**
Current License Duration: **3**

LicenseNumber: **06334-001** Exp. Date: **1/30/2016** **NOT PROV** Clients: **4**
Health Planning Region Number: **4**

MOOSE CREEK ROAD
196 LINCOLN RD WEST
HELENA MT 59602-
Phone: 442-6382 **Fax:**
Administrator: CASEY FILLER

Facility ID Number: **7142**
County: **LEWIS & CLARK**
JCAHO:
OriginalLicenseDate: **12/29/14**
Current License Duration: **1**

LicenseNumber: **45780022** Exp. Date: **12/28/2015** **NOT PROV** Clients: **1**
Health Planning Region Number:

NEW BEGINNINGS
1759 KARMEN ROAD
HELENA MT 59602-
Phone: 438-1101 **Fax:**
Administrator: LEONELLA JOHNSON

Facility ID Number: **7044**
County: **LEWIS & CLARK**
JCAHO:
OriginalLicenseDate: **03/14/12**
Current License Duration: **3**

LicenseNumber: **43849-001** Exp. Date: **3/31/2016** **NOT PROV** Clients: **2**
Health Planning Region Number:

STEVE CAHILL AFH
3260 TERRACE AVE
HELENA MT 59602-
Phone: 442-3432 **Fax:**
Administrator: STEVE CAHILL

Facility ID Number: **1459**
County: **LEWIS & CLARK**
JCAHO:
OriginalLicenseDate: **05/16/00**
Current License Duration: **3**

LicenseNumber: **26746-001** Exp. Date: **4/30/2015** **NOT PROV** Clients: **4**
Health Planning Region Number: **4**

WENDY'S TENDER CARE
6285 SLEEPING GIANT VIEW DR
HELENA MT 59602-9174
Phone: 458-6277 **Fax:**
Administrator: WENDY OCHADLEUS

Facility ID Number: **1502**
County: **LEWIS & CLARK**
JCAHO:
OriginalLicenseDate: **07/10/02**
Current License Duration: **2**

LicenseNumber: **27341-001** Exp. Date: **5/31/2015** **NOT PROV** Clients: **4**
Health Planning Region Number: **4**

WEST VIEW
3290 VINCES COURT
HELENA MT 59602-
Phone: 475-3190 **Fax:**
Administrator: LINDA ALLISON

Facility ID Number: **7130**
County: **LEWIS & CLARK**
JCAHO:
OriginalLicenseDate: **09/30/13**
Current License Duration: **1**

LicenseNumber: **45780003** Exp. Date: **8/27/2015** **NOT PROV** Clients: **3**
Health Planning Region Number:

YOU'RE HOME
200 STABERN STREET
HELENA MT 59601-
Phone: 457-0220 **Fax:**
Administrator: ROBIN TALBERT

Facility ID Number: **1370**
County: **LEWIS & CLARK**
JCAHO:
OriginalLicenseDate: **06/30/00**
Current License Duration: **1**

LicenseNumber: **26537-001** Exp. Date: **11/18/2015** **NOT PROV** Clients: **4**
Health Planning Region Number: **4**

ZANA SMITH AFH
3447 VIENNA DR
HELENA MT 59602-
Phone: 422-4275 **Fax:**
Administrator: ZANA SMITH

Facility ID Number: **1415**
County: **LEWIS & CLARK**
JCAHO:
OriginalLicenseDate: **06/16/98**
Current License Duration: **3**

LicenseNumber: **26757-001** Exp. Date: **2/5/2016** **NOT PROV** Clients: **4**
Health Planning Region Number: **4**

ITZ 4 U AFH
182 NICHOLSON DR
KALISPELL MT 59901-
Phone: 752-4153 **Fax:**
Administrator: BELLA JACOBS

Facility ID Number: **1501**
County: **FLATHEAD**
JCAHO:
OriginalLicenseDate: **07/01/02**
Current License Duration: **3**

LicenseNumber: **27339-001** Exp. Date: **6/30/2015** **NOT PROV** Clients: **4**
Health Planning Region Number: **5**

LANGSTONS ADULT FOSTER CARE
1467 HWY 2 WEST
KALISPELL MT 59901-
Phone: 257-4999 **Fax:**
Administrator: ROBERT & LANGSTON

Facility ID Number: **1543**
County: **FLATHEAD**
JCAHO:
OriginalLicenseDate: **06/08/04**
Current License Duration: **3**

LicenseNumber: **25821-001** Exp. Date: **5/31/2015** **NOT PROV** Clients: **4**
Health Planning Region Number: **5**

QUALITY OF LIFE
409 PARKWAY DR
KALISPELL MT 59901-
Phone: 756-2273 **Fax:** 756-2283
Administrator: LAURA & SCHLIEPER

Facility ID Number: **1174**
County: **FLATHEAD**
JCAHO:
OriginalLicenseDate: **09/17/07**
Current License Duration: **1**

LicenseNumber: **36677-001** Exp. Date: **7/31/2015** **NOT PROV** Clients: **4**
Health Planning Region Number: **5**

VALLEY VIEW SENIOR CARE
260 WINDSONG WAY
KALISPELL MT 59901-
Phone: 756-7121 **Fax:**
Administrator: TIMOTHY & HEAPS

Facility ID Number: **1646**
County: **FLATHEAD**
JCAHO:
OriginalLicenseDate: **06/09/11**
Current License Duration: **2**

LicenseNumber: **44150-001** Exp. Date: **5/31/2015** **NOT PROV** Clients: **4**
Health Planning Region Number:

CAROL'S CARE HOME
404 IDAHO
LIBBY MT 59923-
Phone: 293-6132 **Fax:**
Administrator: CAROL ROBERTS

Facility ID Number: **1458**
County: **LINCOLN**
JCAHO:
OriginalLicenseDate: **05/25/00**
Current License Duration: **2**

LicenseNumber: **26015-001** Exp. Date: **5/31/2016** **NOT PROV** Clients: **3**
Health Planning Region Number: **5**

RAE ANN ADULT FOSTER HOME Facility ID Number: **7061**
459 CONIFER ROAD County: **LINCOLN**
LIBBY MT 59923- **JCAHO:**
Phone: 293-9980 **Fax:** OriginalLicenseDate: **08/03/12**
Administrator: RAE ANN MOXLEY Current License Duration: **3**

LicenseNumber: **44364-001** Exp. Date: **7/31/2016** **NOT PROV** Clients: **2**
Health Planning Region Number:

SEEDS OF LOVE Facility ID Number: **1602**
14 COULEE DRIVE County: **PARK**
LIVINGSTON MT 59047- **JCAHO:**
Phone: 222-7578 **Fax:** OriginalLicenseDate: **06/08/09**
Administrator: CHANDA ANDERSON Current License Duration: **3**

LicenseNumber: **39558-001** Exp. Date: **6/4/2015** **NOT PROV** Clients: **4**
Health Planning Region Number:

DONALD & VIVIAN WESTALL AFH Facility ID Number: **1480**
1017 ORR County: **CUSTER**
MILES CITY MT 59301- **JCAHO:**
Phone: 234-6727 **Fax:** OriginalLicenseDate: **07/09/01**
Administrator: DONALD & WESTALL Current License Duration: **2**

LicenseNumber: **25919-001** Exp. Date: **7/8/2016** **NOT PROV** Clients: **2**
Health Planning Region Number: **1**

RICHARD LLOYD Facility ID Number: **1637**
PO BOX 152 County: **MISSOULA**
MILLTOWN MT 59851- **JCAHO:**
Phone: 721-5662 **Fax:** 543-6139 OriginalLicenseDate: **01/28/11**
Administrator: RICHARD LLOYD Current License Duration: **2**

LicenseNumber: **42086-001** Exp. Date: **12/31/2015** **NOT PROV** Clients: **1**
Health Planning Region Number: **5**

COUNTRY VIEW Facility ID Number: **7052**
3533 N AVE W County: **MISSOULA**
MISSOULA MT 59804- **JCAHO:**
Phone: 721-6646 **Fax:** OriginalLicenseDate: **05/08/12**
Administrator: LARRY & PARMITER Current License Duration: **1**

LicenseNumber: **0027462-1** Exp. Date: **4/30/2016** **NOT PROV** Clients: **4**
Health Planning Region Number:

DEBRA POPKO
310 S SURREY
MISSOULA MT 59808-
Phone: 728-0381 **Fax:**
Administrator: DEBRA POPKO

Facility ID Number: **1514**
County: **MISSOULA**
JCAHO:
OriginalLicenseDate: **01/01/03**
Current License Duration: **3**

LicenseNumber: **28607-001** Exp. Date: **11/30/2015** **NOT PROV** Clients: **2**
Health Planning Region Number: **5**

FATHER GEORGE DUMAIS ROCKMONT INC AFH
1700 MADELINE AVE
MISSOULA MT 59801-
Phone: 728-0469 **Fax:**
Administrator: FATHER DUMAIS

Facility ID Number: **1359**
County: **MISSOULA**
JCAHO:
OriginalLicenseDate:
Current License Duration: **3**

LicenseNumber: **26360-001** Exp. Date: **10/31/2015** **NOT PROV** Clients: **1**
Health Planning Region Number: **5**

GARY & DONNA SCHWARZ
1555 1/2 TEMPER DR
MISSOULA MT 59802-
Phone: 549-7789 **Fax:**
Administrator: GARY SCHWARZ

Facility ID Number: **7060**
County: **MISSOULA**
JCAHO:
OriginalLicenseDate: **07/27/12**
Current License Duration: **1**

LicenseNumber: **42355-001** Exp. Date: **6/30/2015** **NOT PROV** Clients: **1**
Health Planning Region Number:

HOME AGAIN ELDER CARE
1000 HOPE ST
MISSOULA MT 59806-
Phone: 728-0783 **Fax:**
Administrator: FLORENCE HAGEN

Facility ID Number: **1616**
County: **MISSOULA**
JCAHO:
OriginalLicenseDate: **01/14/10**
Current License Duration: **2**

LicenseNumber: **39533-001** Exp. Date: **6/30/2015** **NOT PROV** Clients: **3**
Health Planning Region Number: **5**

KELLY & GREG SIKES
3135 CATHY COURT
MISSOULA MT 59803-
Phone: 251-9750 **Fax:**
Administrator: KELLY & SIKES

Facility ID Number: **1575**
County: **MISSOULA**
JCAHO:
OriginalLicenseDate: **03/07/07**
Current License Duration: **2**

LicenseNumber: **35982-001** Exp. Date: **2/28/2016** **NOT PROV** Clients: **4**
Health Planning Region Number: **5**

MADDISON FOSTER HOME Facility ID Number: **7139**
526 CANYON GATE County: **MISSOULA**
MISSOULA MT 59803- **JCAHO:**
Phone: 531-5450 **Fax:** OriginalLicenseDate: **10/28/14**
Administrator: PATRICK MADDISON Current License Duration: **1**

LicenseNumber: **45780019** Exp. Date: **10/27/2015** **NOT PROV** Clients: **1**
Health Planning Region Number:

MINA AIRHART Facility ID Number: **1414**
243 N TRAVIOS County: **MISSOULA**
MISSOULA MT 59808- **JCAHO:**
Phone: 543-6365 **Fax:** OriginalLicenseDate: **09/16/98**
Administrator: MINA AIRHART Current License Duration: **3**

LicenseNumber: **26535-001** Exp. Date: **8/31/2015** **NOT PROV** Clients: **1**
Health Planning Region Number: **5**

OHANA HOUSE Facility ID Number: **7086**
2118 INVERNESS PL County: **MISSOULA**
MISSOULA MT 59801- **JCAHO:**
Phone: 493-6886 **Fax:** OriginalLicenseDate: **03/31/14**
Administrator: NICOLAUS HAMMOND Current License Duration: **1**

LicenseNumber: **45399-001** Exp. Date: **3/31/2017** **NOT PROV** Clients: **1**
Health Planning Region Number:

PAMELA HOPPE AFH Facility ID Number: **1173**
2319 SUZANNE CT County: **MISSOULA**
MISSOULA MT 59804-5143 **JCAHO:**
Phone: 493-0367 **Fax:** OriginalLicenseDate: **06/20/96**
Administrator: PAMELA HOPPE Current License Duration: **3**

LicenseNumber: **26356-001** Exp. Date: **2/28/2017** **NOT PROV** Clients: **2**
Health Planning Region Number: **5**

SHARON HARDY AFH Facility ID Number: **1500**
4700 MARITSA COURT #3 County: **MISSOULA**
MISSOULA MT 59803- **JCAHO:**
Phone: 251-7956 **Fax:** OriginalLicenseDate: **07/01/02**
Administrator: SHARON HARDY Current License Duration: **2**

LicenseNumber: **25590-02** Exp. Date: **6/30/2015** **NOT PROV** Clients: **1**
Health Planning Region Number: **5**

TARGET RANGE AFH
2101 HUMBLE RD
MISSOULA MT 59804-
Phone: 728-8667 **Fax:**
Administrator: LEROY TRIPP

Facility ID Number: **1618**
County: **MISSOULA**
JCAHO:
OriginalLicenseDate: **02/03/10**
Current License Duration: **3**

LicenseNumber: **40683-001** Exp. Date: **1/31/2016** **NOT PROV** Clients: **4**
Health Planning Region Number: **5**

D AND D HOME PLUS
501 S LAUNDER
TERRY MT 59349-
Phone: 635-9174 **Fax:** 635-5588
Administrator: DANIEL AND KIRKPATRICK

Facility ID Number: **1518**
County: **PRAIRIE**
JCAHO:
OriginalLicenseDate: **03/31/03**
Current License Duration: **3**

LicenseNumber: **28862-001** Exp. Date: **1/2/2018** **NOT PROV** Clients: **2**
Health Planning Region Number: **1**

MT SILCOX AFH
210 SOUTH MADISON STREET **PO BOX 1721**
THOMPSON FALLS MT 59873-
Phone: 210-1737 **Fax:**
Administrator: MARY LOU HENZE

Facility ID Number: **7027**
County: **SANDERS**
JCAHO:
OriginalLicenseDate: **12/14/11**
Current License Duration: **1**

LicenseNumber: **43361-001** Exp. Date: **11/30/2015** **NOT PROV** Clients: **4**
Health Planning Region Number:

OPEN BUCKLE RECOVERY HOME
70 OPEN BUCKLE
VAUGHN MT 59487-
Phone: 264-5222 **Fax:**
Administrator: MANDY KEIPER

Facility ID Number: **7097**
County: **CASCADE**
JCAHO:
OriginalLicenseDate: **05/29/13**
Current License Duration: **2**

LicenseNumber: **45780-001** Exp. Date: **5/23/2016** **NOT PROV** Clients: **3**
Health Planning Region Number:

Total Facilities: 89 **Total Clients: 248**