

YOUTH GROUP HOMES

Parent	CANTLON FAMILY HOUTH HOME			Phone:	(406) 871-2537
Director Name:	BRITTANY	CATHEY		Title:	EXECUTIVE DIRECTOR
Parent Address:	33627 MARION LANE	POLSON	MT 59860	800 #:	(406) 676-2427
Facility Name:	CANTLON FAMILY YOUTH HOME			Facility Phone Number:	(406) 676-5091
First Name:		Last		Title:	
Contact:		Last		Title:	
Address:	35129 TIMBER LANE RD	RONAN	MT 59864-	Region	LAKE
Facility Type:	YOUTH GROUP HOME			Code:	YGH
	Number of	8	Age	11-17	Gender MALE & FEMALE
	Facility License	7697-01	Expires:	8/31/2015	Licensing DEBRA UNRUH
Parent	CHAPEL OF HOPE MINISTRIES			Phone:	(406) 323-4444
Director Name:	ANTHONY	DITONNO		Title:	EXECUTIVE DIRECTOR
Parent Address:	PO BOX 133	ROUNDUP	MT 59072	800 #:	
Facility Name:	YOUTH CHRISTIAN HOME			Facility Phone Number:	(406) 323-4444
First Name:	MALINDA	Last	DITONNO	Title:	FACILITY DIRECTOR
Contact:		Last		Title:	
Address:	16843 HWY 12 WEST	ROUNDUP	MT 59072-	Region	MUSSELSHELL
Facility Type:	YOUTH GROUP HOME			Code:	YGH
	Number of	10	Age	10-17	Gender MALE
	Facility License	28033-01	Expires:	3/31/2015	Licensing LISA MAUA
Parent	DEPARTMENT OF CORRECTIONS			Phone:	(106) 444-0851
Director Name:	KENNETH	MCGUIRE		Title:	DIRECTOR/MANAGER
Parent Address:	PO BOX 201301	HELENA	MT 59620	800 #:	
Facility Name:	RIVERSIDE YOUTH TRANSITION CENTER			Facility Phone Number:	(406) 452-3216
First Name:	CANIPAROLI	Last	GLEN	Title:	PROGRAM MANAGER
Contact:		Last		Title:	
Address:	4212 3RD AVE S	GREAT FALLS	MT 59405-	Region	CASCADE
Facility Type:	YOUTH GROUP HOME			Code:	YGH
	Number of	8	Age	10-17	Gender FEMALES
	Facility License	2803305	Expires:	1/31/2016	Licensing TRACY JOHNSON

Parent DEPARTMENT OF CORRECTIONS **Phone:** (406) 452-1792
Director Name: KENNETH MCGUIRE **Title:** DIRECTOR
Parent Address: 4212 3RD AVE SOUTH GREAT FALLS MT 59405 **800 #:**
Facility Name: YOUTH TRANSITION CENTER **Facility Phone Number:** (406) 452-1792
First Name: **Last** **Title:**
Contact: **Last** **Title:**
Address: 4212 3RD AVE SOUTH GREAT FALLS MT 59405- **Region:** CASCADE
Facility Type: YOUTH GROUP HOME **Code:** YGH
Number of 7 **Age** 12-17 **Gender** MALE
Facility License 10391-01 **Expires:** 11/30/2015 **Licensing** TRACY JOHNSON

Parent KAIROS YOUTH SERVICES **Phone:** (406) 727-0076
Director Name: JAMES CORRIGAN **Title:** EXECUTIVE DIRECTOR
Parent Address: PO BOX 3066 GREAT FALLS MT 59403-3066 **800 #:**
Facility Name: EVERGREEN YOUTH HOME AND SHELTER CARE **Facility Phone Number:** (406) 727-6900
First Name: MIKE **Last** KEY **Title:** COORDINATOR
Contact: NANCY **Last** STEFFINS **Title:** CASE MANAGER
Address: 3001 4TH AVE S GREAT FALLS MT 59405-3329 **Region:** CASCADE
Facility Type: YOUTH GROUP HOME AND YOUTH SHELTER CARE **Code:** YGH
Number of 8 **Age** 10-17 **Gender** MALE & FEMALES
Facility License 6142-04 **Expires:** 5/31/2015 **Licensing** TRACY JOHNSON

Parent KAIROS YOUTH SERVICES **Phone:** (406) 727-0076
Director Name: JAMES CORRIGAN **Title:** EXECUTIVE DIRECTOR
Parent Address: PO BOX 3066 GREAT FALLS MT 59403-3066 **800 #:**
Facility Name: MISSOURI RIVER YOUTH GROUP & SHELTER **Facility Phone Number:** (406) 761-2135
First Name: MICHAEL **Last** KAY **Title:** PROGRAM MANAGER
Contact: CHANDEA **Last** BOGGS **Title:** CASE MANAGER
Address: 1201 7TH AVE NW GREAT FALLS MT 59405- **Region:** CASCADE
Facility Type: YOUTH GROUP HOME AND YOUTH SHELTER CARE **Code:** YGH
Number of 8 **Age** 10-17 **Gender** MALE & FEMALE
Facility License 6142-01 **Expires:** 8/31/2015 **Licensing** TRACY JOHNSON

Parent OPEN GATE RANCH **Phone:** (406) 827-4805
Director Name: CRAIG BARRUS **Title:** DIRECTOR
Parent Address: PO BOX 1413 TROUT CREEK MT 59874-1413 **800 #:**
Facility Name: OPEN GATE RANCH **Facility Phone Number:** (406) 827-4805
First Name: **Last** **Title:**
Contact: **Last** **Title:**
Address: 48 ALGER RD N TROUT MT 59874-1413 **Region** SANDERS
Facility Type: YOUTH GROUP HOME **Code:** YGH
Number of 8 **Age** 10-19 **Gender** MALE
Facility License 7574-01 **Expires:** 7/31/2015 **Licensing** DEBRA UNRUH

Parent ST LABRE INDIAN SCHOOL **Phone:** (406) 784-2735
Director Name: VICKI J ANDERSON **Title:** DIRECTOR
Parent Address: PO BOX 458 ASHLAND MT 59003 **800 #:**
Facility Name: SHILO BOYS AND GIRLS HOME **Facility Phone Number:** (406) 784-4521
First Name: LINDA **Last** RODGERS **Title:** MANAGER
Contact: **Last** **Title:**
Address: PO BOX 458 ASHLAND MT 59003- **Region** ROSEBUD
Facility Type: YOUTH GROUP HOME **Code:** YGH
Number of 8 **Age** 5-17 **Gender** MALES & FEMALES
Facility License 22420-03 **Expires:** 12/27/2015 **Licensing** LISA MAUA

Parent YOUTH HOMES **Phone:** (406) 721-2704
Director Name: GEOFFREY BIRNBAUM **Title:** DIRECTOR
Parent Address: PO BOX 7616 MISSOULA MT 59807 **800 #:**
Facility Name: FLATHEAD YOUTH HOME **Facility Phone Number:** (406) 755-4622
First Name: LANCE **Last** ISAAK **Title:** FACILITY MANAGER
Contact: **Last** **Title:**
Address: 825 E OREGON ST KALISPELL MT 59901- **Region** FLATHEAD
Facility Type: YOUTH GROUP HOME **Code:** YGH
Number of 8 **Age** 10-17 **Gender** MALE & FEMALE
Facility License 7001-07 **Expires:** 7/31/2015 **Licensing** DEBRA UNRUH

Parent YOUTH HOMES **Phone:** (406) 721-2704
Director Name: GEOFFREY BIRNBAUM **Title:** DIRECTOR
Parent Address: PO BOX 7616 MISSOULA MT 59807- **800 #:**
Facility Name: LINDA MASSA YOUTH HOME **Facility Phone Number:** (406) 363-0619
First Name: ANNA **Last** GREEN **Title:** FACILITY DIRECTOR
Contact: **Last** **Title:**
Address: 196 PROVIDENCE WAY HAMILTON MT 59840- **Region** MISSOULA
Facility Type: YOUTH GROUP HOME **Code:** YGH
Number of 8 **Age** 10-17 **Gender** MALE & FEMALE
Facility License 7001-11 **Expires:** 6/30/2015 **Licensing** DEBRA UNRUH

Parent YOUTH HOMES **Phone:** (406) 721-2704
Director Name: GEOFFREY BIRNBAUM **Title:** DIRECTOR
Parent Address: PO BOX 7616 MISSOULA MT 59807- **800 #:**
Facility Name: TOM ROY GROUP HOME **Facility Phone Number:** (406) 728-8127
First Name: MELISSA **Last** ARNO **Title:** DIRECTOR OF
Contact: **Last** **Title:**
Address: 2824 W CENTRAL AVE MISSOULA MT 59804- **Region** MISSOULA
Facility Type: YOUTH GROUP HOME **Code:** YGH
Number of 8 **Age** 16-18 **Gender** MALE & FEMALE
Facility License 7001-04 **Expires:** 4/30/2015 **Licensing** DEBRA UNRUH

Parent YOUTH TRANSITION CENTER **Phone:** (406) 452-1792
Director Name: KEN MCGUIRE **Title:** DIRECTOR
Parent Address: 4212 3RD AVENUE SOUTH GREAT FALLS MT 59405- **800 #:**
Facility Name: BOYS FACILITY TRANSITION HOUSE **Facility Phone Number:** (406) 452-1792
First Name: TERI **Last** YOUNG **Title:** DIRECTOR
Contact: GLEN **Last** CANIPAROLI **Title:** PARENT COMPANY
Address: 4212 3RD AVENUE SOUTH GREAT FALLS MT 59405- **Region** CASCADE
Facility Type: YOUTH GROUP HOME **Code:** YGH
Number of 12 **Age** 12-17 **Gender** MALE
Facility License 10391-01 **Expires:** 11/30/2015 **Licensing** TRACY JOHNSON