# THERAPEUTIC YOUTH GROUP HOMES

**Parent** AWARE **Phone:** ( ) 563-8117
**Director Name:** LARRY NOONAN **Title:** DIRECTOR
**Parent Address:** 205 E PARK ST ANACONDA MT 59711 **800 #:**

**Facility Name:** BRANDON WAY **Facility Phone Number:** (406) 251-1254
**First Name:** JENN **Last** WILHLBORG **Title:** FACILITY MANAGER
**Contact:** **Last** **Title:**
**Address:** 5611 GHARRETT AVE MISSOULA MT 59803- **Region** MISSOULA
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
**Number of** 6 **Age** 5-13 **Gender** MALE
**Facility License** 7276-54 **Expires:** 3/31/2015 **Licensing** DEBRA UNRUH

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**Parent** AWARE **Phone:** (406) 563-8117
**Director Name:** LARRY NOONAN **Title:** DIRECTOR
**Parent Address:** 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145

**Facility Name:** CASTLE PINES **Facility Phone Number:** (406) 727-5633
**First Name:** JENIFFER **Last** ELLIOTT **Title:** PROGRAM DIRECTOR
**Contact:** **Last** **Title:**
**Address:** 2540 CASTLE PINES WAY GREAT FALLS MT 59405-3554 **Region** CASCADE
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
**Number of** 6 **Age** 9-17 **Gender** MALES
**Facility License** 7276-06 **Expires:** 6/30/2015 **Licensing** TRACY JOHNSON

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**Parent** AWARE **Phone:** (406) 563-8117
**Director Name:** LARRY NOONAN **Title:** DIRECTOR
**Parent Address:** 227 E MERCURY ST BUTTE MT 59701 **800 #:** (800) 432-6145

**Facility Name:** CLARK FORK **Facility Phone Number:** (406) 563-7731
**First Name:** CARTER **Last** ANDERSON **Title:** EXECUTIVE DIRECTOR
**Contact:** ANN **Last** BLAZ **Title:** MANAGER
**Address:** 223 E PENNSYLVANIA DEER LODGE MT 59711- **Region** POWELL
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
**Number of** 8 **Age** 10-17 **Gender** FEMALES
**Facility License** 7276-43 **Expires:** 3/31/2015 **Licensing** DEBRA UNRUH

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**Parent** AWARE **Phone:** (406) 563-8117
**Director Name:** LARRY NOONAN **Title:** DIRECTOR
**Parent Address:** 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145

**Facility Name:** DONNA AVE GROUP HOME **Facility Phone Number:** (406) 586-4308
**First Name:** CARTER **Last** ANDERSON **Title:** EXECUTIVE DIRECTOR
**Contact:** LAURA **Last** WATSON **Title:** FACILITY MANAGER
**Address:** 225 DONNA AVE BOZEMAN MT 59715-5811 **Region** GALLATIN
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
**Number of** 8 **Age** 8-17 **Gender** MALES
**Facility License** 7276-18 **Expires:** 4/30/2015 **Licensing** LISA MAUA

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**Parent** AWARE **Phone:** (406) 563-8117
**Director Name:** LARRY NOONAN **Title:** DIRECTOR
**Parent Address:** 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145

**Facility Name:** ERNEST HOUSE **Facility Phone Number:** (406) 542-2178
**First Name:** TRACI **Last** SHINABARGER **Title:** DIRECTOR
**Contact:** **Last** **Title:**
**Address:** 1709 ERNEST STREET MISSOULA MT 59801-8309 **Region** MISSOULA
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
**Number of** 6 **Age** 10-17 **Gender** FEMALE
**Facility License** 7276-21 **Expires:** 3/31/2015 **Licensing** DEBRA UNRUH

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**Parent** AWARE **Phone:** (406) 563-8117
**Director Name:** LARRY NOONAN **Title:** DIRECTOR
**Parent Address:** 205 E.PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145

**Facility Name:** FRANKLIN HOUSE **Facility Phone Number:** (406) 728-6815
**First Name:** CARTER **Last** ANDERSON **Title:** EXECUTIVE DIRECTOR
**Contact:** **Last** **Title:**
**Address:** 110 W FRANKLIN STREET MISSOULA MT 59801-3812 **Region** MISSOULA
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
**Number of** 8 **Age** 8-18 **Gender** FEMALES
**Facility License** 7276-01 **Expires:** 3/31/2015 **Licensing** DEBRA UNRUH

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**Parent** AWARE **Phone:** (406) 563-8117
**Director Name:** LARRY NOONAN **Title:** DIRECTOR
**Parent Address:** 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145

**Facility Name:** GILBERT HOUSE **Facility Phone Number:** (406) 251-8131
**First Name:** CARTER **Last** ANDERSON **Title:** EXECUTIVE DIRECTOR
**Contact:** **Last** **Title:**
**Address:** 2811 GILBERT ST MISSOULA MT 59801-3201 **Region** MISSOULA
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
**Number of** 8 **Age** 10-18 **Gender** MALES
**Facility License** 7276-02 **Expires:** 3/31/2015 **Licensing** DEBRA UNRUH

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**Parent** AWARE **Phone:** (406) 563-8117
**Director Name:** LARRY NOONAN **Title:** DIRECTOR
**Parent Address:** 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145

**Facility Name:** GOLD CREEK **Facility Phone Number:** (406) 563-7705
**First Name:** CARTER **Last** ANDERSON **Title:** EXECUTIVE DIRECTOR
**Contact:** SERENA **Last** BAIR **Title:** MANAGER
**Address:** 219 E PENNSYLVANIA DEER LODGE MT 59711- **Region** POWELL
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
**Number of** 8 **Age** 10-17 **Gender** MALES
**Facility License** 7276-32 **Expires:** 3/31/2015 **Licensing** DEBRA UNRUH

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**Parent** AWARE **Phone:** (406) 563-8117
**Director Name:** LARRY NOONAN **Title:** DIRECTOR
**Parent Address:** 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145

**Facility Name:** LOST CREEK **Facility Phone Number:** (406) 563-5622
**First Name:** TERRY **Last** GALLE **Title:** COMMUNITY DIRECTOR
**Contact:** DAN **Last** LAUGHLLN **Title:** MANAGER
**Address:** 14 N CEDAR ANACONDA MT 59711- **Region** POWELL
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
**Number of** 8 **Age** 10-17 **Gender** MALES
**Facility License** 7276-23 **Expires:** 3/31/2015 **Licensing** DEBRA UNRUH

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**Parent** AWARE **Phone:** (406) 563-8117
**Director Name:** LARRY NOONAN **Title:** DIRECTOR
**Parent Address:** 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145

**Facility Name:** MISSION TRAIL HOME **Facility Phone Number:** (406) 756-1073
**First Name:** CARTER **Last** ANDERSON **Title:** EXECUTIVE DIRECTOR
**Contact:** AUSTIN **Last** MORSE **Title:** MANAGER
**Address:** 2167 MISSION TRAIL RD KALISPELL MT 59901-2242 **Region** FLATHEAD
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
**Number of** 6 **Age** 8-17 **Gender** MALES
**Facility License** 7276-25 **Expires:** 4/30/2015 **Licensing** DEBRA UNRUH

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**Parent** AWARE **Phone:** (406) 563-8117
**Director Name:** LARRY NOONAN **Title:** DIRECTOR
**Parent Address:** 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145

**Facility Name:** MOUNT POWELL **Facility Phone Number:** (406) 563-5048
**First Name:** CARTER **Last** ANDERSON **Title:** EXECUTIVE DIRECTOR
**Contact:** SHARI **Last** MATTICE **Title:** MANAGER
**Address:** 305 PENNSYLVANIA ANACONDA MT 59711- **Region** POWELL
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
**Number of** 8 **Age** 9-17 **Gender** FEMALES
**Facility License** 7276-36 **Expires:** 3/31/2015 **Licensing** DEBRA UNRUH

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**Parent** AWARE **Phone:** (406) 563-8117
**Director Name:** LARRY NOONAN **Title:** DIRECTOR
**Parent Address:** 205 EAST PARK ST ANACONDA MT 59711 **800 #:**

**Facility Name:** OTTAWA **Facility Phone Number:** (406) 494-1772
**First Name:** CARTER **Last** ANDERSON **Title:** EXECUTIVE DIRECTOR
**Contact:** **Last** **Title:**
**Address:** 3025 OTTAWA BUTTE MT 59701- **Region** SILVER BOW
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
**Number of** 8 **Age** 8-17 **Gender** MALE
**Facility License** 7276-09 **Expires:** 12/31/2014 **Licensing** DEBRA UNRUH

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**Parent** AWARE **Phone:** (406) 563-8117
**Director Name:** LARRY NOONAN **Title:** DIRECTOR
**Parent Address:** 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145

**Facility Name:** PINSKI HOUSE GIRLS **Facility Phone Number:** (406) 268-1985
**First Name:** JENIFFER **Last** ELLIOTT **Title:** MANAGER
**Contact:** **Last** **Title:**
**Address:** 1508 27TH AVE S GREAT FALLS MT 59405-2737 **Region** CASCADE
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
**Number of** 6 **Age** 9-17 **Gender** FEMALES
**Facility License** 7276-05 **Expires:** 6/30/2015 **Licensing** TRACY JOHNSON

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**Parent** AWARE **Phone:** (406) 563-8117
**Director Name:** LARRY NOONAN **Title:** DIRECTOR
**Parent Address:** 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145

**Facility Name:** PINTLAR **Facility Phone Number:** (406) 563-5010
**First Name:** CARTER **Last** ANDERSON **Title:** EXECUTIVE DIRECTOR
**Contact:** SARAH **Last** LEIPHIME **Title:** MANAGER
**Address:** 301 E PENNSYLVANIA ST ANACONDA MT 59711- **Region** POWELL
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
**Number of** 8 **Age** 9-14 **Gender** MALES
**Facility License** 7276-22 **Expires:** 3/31/2015 **Licensing** DEBRA UNRUH

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**Parent** AWARE **Phone:** (406) 563-8117
**Director Name:** LARRY NOONAN **Title:** DIRECTOR
**Parent Address:** 205 E PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145

**Facility Name:** RENZ **Facility Phone Number:**
**First Name:** NICOLE **Last** KINDT **Title:** PROGRAM DIRECTOR
**Contact:** **Last** **Title:**
**Address:** 108 RENZ DRIVE BUTTE MT 59701- **Region** SILVER BOW
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
**Number of** 8 **Age** 7-17 **Gender** FEMALES
**Facility License** 7276-04 **Expires:** 12/31/2014 **Licensing** DEBRA UNRUH

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**Parent** AWARE **Phone:** (406) 563-8117
**Director Name:** LARRY NOONAN **Title:** DIRECTOR
**Parent Address:** 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145

**Facility Name:** SUSSEX HOME **Facility Phone Number:** (406) 756-1072
**First Name:** CARTER **Last** ANDERSON **Title:** EXECUTIVE DIRECTOR
**Contact:** HOLLY **Last** HOFFENBACKER **Title:**
**Address:** 2167 MISSION TRAIL KALISPELL MT 59901-2731 **Region** FLATHEAD
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
**Number of** 6 **Age** 8-17 **Gender** MALES
**Facility License** 7276-24 **Expires:** 4/30/2015 **Licensing** DEBRA UNRUH

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**Parent** AWARE **Phone:** (406) 563-8117
**Director Name:** LARRY NOONAN **Title:** DIRECTOR
**Parent Address:** 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145

**Facility Name:** WASHOE HOUSE **Facility Phone Number:** (406) 563-7514
**First Name:** CARTER **Last** ANDERSON **Title:** EXECUTIVE DIRECTOR
**Contact:** SERENA **Last** BAIR **Title:** FACILITY DIRECTOR
**Address:** 311 E PENNSYLVANIA ANACONDA MT 59711- **Region** POWELL
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
**Number of** 8 **Age** 6-12 **Gender** MALES
**Facility License** 7276-26 **Expires:** 3/31/2015 **Licensing** DEBRA UNRUH

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**Parent** AWARE **Phone:** (406) 563-8117
**Director Name:** LARRY NOONAN **Title:** DIRECTOR
**Parent Address:** 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145

**Facility Name:** WEST VILLARD **Facility Phone Number:** (406) 582-8441
**First Name:** CARTER **Last** ANDERSON **Title:** EXECUTIVE DIRECTOR
**Contact:** LAURA **Last** WATSON **Title:** FACILITY MANAGER
**Address:** 916 WEST VILLARD BOZEMAN MT 59715-5761 **Region** GALLATIN
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
**Number of** 6 **Age** 8-17 **Gender** MALES
**Facility License** 7276-17 **Expires:** 4/30/2015 **Licensing** LISA MAUA

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**Parent** AWARE **Phone:** (406) 563-8117
**Director Name:** LARRY NOONAN **Title:** EXECUTIVE DIRECTOR
**Parent Address:** 205 E PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145

**Facility Name:** WHITEWAY **Facility Phone Number:**
**First Name:** CARTER **Last** ANDERSON **Title:** EXECUTIVE DIRECTOR
**Contact:** THERESA **Last** ADAMS **Title:** HOME MANAGER
**Address:** 3509 WHITEWAY DRIVE BUTTE MT 59701- **Region** SILVER BOW
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
**Number of** 4 **Age** 5-12 **Gender** MALE & FEMALE
**Facility License** 7276-07 **Expires:** 12/31/2014 **Licensing** DEBRA UNRUH

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**Parent** **BW CARING CORPORATION** **Phone:** (406) 208-3255
**Director Name:** MICHAEL HUGGARD **Title:** DIRECTOR
**Parent Address:** PO BOX 61 BILLINGS MT 59103 **800 #:**

**Facility Name:** **THE CARING HOUSE** **Facility Phone Number:** (406) 252-8775
**First Name:** DWITE **Last** JOHNSON **Title:** HOME MANAGER
**Contact:** **Last** **Title:**
**Address:** 1209 MOSSMAN DR BILLINGS MT 59105- **Region** YELLOWSTONE
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
**Number of** 8 **Age** 10-18 **Gender** MALES
**Facility License** 3801005 **Expires:** 11/30/2014 **Licensing** LISA MAUA

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**Parent** **EXCEL INC** **Phone:** (406) 254-2397
**Director Name:** DAVID HOYE **Title:** DIRECTOR
**Parent Address:** PO BOX 993 BILLINGS MT 59103 **800 #:**

**Facility Name:** **EXCEL GROUP HOME** **Facility Phone Number:**
**First Name:** DAVID **Last** HOYE **Title:** MANAGER
**Contact:** **Last** **Title:**
**Address:** 1348 1/2 MAIN STREET BILLINGS MT 59105- **Region** YELLOWSTONE
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
**Number of** 8 **Age** 12-18 **Gender** MALES
**Facility License** 20218-02 **Expires:** 9/30/2015 **Licensing** LISA MAUA

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**Parent** **FLORENCE CRITTENTON HOME** **Phone:** (406) 442-6950
**Director Name:** BARB BURTON **Title:** DIRECTOR
**Parent Address:** 901 N. HARRIS STREET HELENA MT 59601-3000 **800 #:**

**Facility Name:** **FLORENCE CRITTENTON HOME MOTHER BABY** **Facility Phone Number:** (406) 442-6950
**First Name:** SARA **Last** SMITH **Title:** MANAGER
**Contact:** **Last** **Title:**
**Address:** 901 NORTH HARRIS STREET HELENA MT 59601-3000 **Region** LEWIS & CLARK
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
**Number of** 8 **Age** 12-17 **Gender** FEMALES
**Facility License** 1236-01 **Expires:** 3/31/2015 **Licensing** STEPHANIE GALLE

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**Parent** **INTERMOUNTAIN CHILDRESN HOME** **Phone:** (406) 442-7920
**Director Name:** JIM FITZGERALD **Title:** DIRECTOR
**Parent Address:** 500 S LAMBORN HELENA MT 59601-5417 **800 #:**

**Facility Name:** **BETA COTTAGE** **Facility Phone Number:** (406) 457-4770
**First Name:** **Last** **Title:**
**Contact:** **Last** **Title:**
**Address:** 500 S LAMBORN HELENA MT 50601-5417 **Region** LEWIS & CLARK
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
**Number of** 8 **Age** 4-12 **Gender** MALE & FEMALE
**Facility License** 7148-05 **Expires:** 1/31/2015 **Licensing** STEPHANIE GALLE

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**Parent** **INTERMOUNTAIN CHILDRESN HOME** **Phone:** (406) 442-4920
**Director Name:** JIM FITZGERALD **Title:** DIRECTOR
**Parent Address:** 500 S LAMBORN HELENA MT 59601 **800 #:**

**Facility Name:** **BRIDGER COTTAGE** **Facility Phone Number:** (406) 457-4780
**First Name:** MITCH **Last** JOHNSON **Title:** MANAGER
**Contact:** **Last** **Title:**
**Address:** 500 LAMBORN STREET HELENA MT 59601- **Region** LEWIS & CLARK
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
**Number of** 8 **Age** 4-14 **Gender** MALE & FEMALE
**Facility License** 7148-02 **Expires:** 1/31/2015 **Licensing** STEPHANIE GALLE

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**Parent** **INTERMOUNTAIN CHILDRESN HOME** **Phone:** (406) 442-7920
**Director Name:** JIM FITZGERALD **Title:** DIRECTOR
**Parent Address:** 500 S LAMBORN HELENA MT 59601 **800 #:**

**Facility Name:** **GLACIER COTTAGE** **Facility Phone Number:** (406) 457-4775
**First Name:** JUSTIN **Last** SELL **Title:** MANAGER
**Contact:** **Last** **Title:**
**Address:** 500 S LAMBORN HELENA MT 59601- **Region** LEWIS & CLARK
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
**Number of** 8 **Age** 4-14 **Gender** MALE & FEMALE
**Facility License** 7148-04 **Expires:** 1/31/2015 **Licensing** STEPHANIE GALLE

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**Parent** **INTERMOUNTAIN CHILDRESN HOME** **Phone:** (406) 442-7920
**Director Name:** JIM FITZGERALD **Title:** DIRECTOR
**Parent Address:** 500 S LAMBORN HELENA MT 59601 **800 #:**

**Facility Name:** **MCTAGGART COTTAGE** **Facility Phone Number:** (406) 457-4785
**First Name:** JUSTIN **Last** SELL **Title:** MANAGER
**Contact:** **Last** **Title:**
**Address:** 500 S LAMBORN HELENA MT 59601- **Region** LEWIS & CLARK
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
**Number of** 8 **Age** 4-14 **Gender** MALE & FEMALE
**Facility License** 7148-03 **Expires:** 1/31/2015 **Licensing** STEPHANIE GALLE

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**Parent** **INTERMOUNTAIN DEACONESS HOME** **Phone:** (406) 442-7920
**Director Name:** JIM FITZGERALD **Title:** DIRECTOR
**Parent Address:** 500 S LAMBORN HELENA MT 59601 **800 #:**

**Facility Name:** **PROVIDENCE HOME** **Facility Phone Number:** (406) 442-7920
**First Name:** RYAN **Last** NOLLAN **Title:** FACILITY MANAGER
**Contact:** **Last** **Title:**
**Address:** 24 WEST EVERGREEN DR KALISPELL MT 59901- **Region** FLATHEAD
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
**Number of** 6 **Age** 4-13 **Gender** MALE & FEMALE
**Facility License** 7148-07 **Expires:** 7/31/2015 **Licensing** STEPHANIE GALLE

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**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:** PORTAGE PLACE YOUTH HOME **Facility Phone Number:** (406) 771-7774
**First Name:** CODY **Last** HARVEY **Title:** PROGRAM MANAGER
**Contact:** **Last** **Title:**
**Address:** 4513 7TH AVE N GREAT FALLS MT 59404-3620 **Region** CASCADE
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
**Number of** 6 **Age** 10-17 **Gender** MALE & FEMALE
**Facility License** 6142-03 **Expires:** 5/31/2015 **Licensing** TRACY JOHNSON

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**Parent** MONTANA COMMUNITY SERVICES **Phone:** (406) 656-5976
**Director Name:** JUDITH HERZOG **Title:** DIRECTOR
**Parent Address:** 993 S 24TH ST W SUITE B BILLINGS MT 59102 **800 #:**

**Facility Name:** CUSTER **Facility Phone Number:** (406) 259-2570
**First Name:** TRACY **Last** BERTLAND **Title:** LEAD STAFF
**Contact:** **Last** **Title:**
**Address:** 732 CUSTER AVE BILLINGS MT 59101- **Region** YELLOWSTONE
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
**Number of** 6 **Age** 5-16 **Gender** MALE
**Facility License** 12617-07 **Expires:** 8/31/2015 **Licensing** LISA MAUA

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**Parent** MONTANA COMMUNITY SERVICES **Phone:** (406) 656-5976
**Director Name:** JUDITH HERZOG **Title:** DIRECTOR
**Parent Address:** 993 S 24TH ST W SUITE B BILLINGS MT 59102-6214 **800 #:**

**Facility Name:** MILES AVENUE **Facility Phone Number:** (406) 245-5777
**First Name:** JAN **Last** SHIPP **Title:** FACILITY DIRECTOR
**Contact:** **Last** **Title:**
**Address:** 1433 MILES AVE BILLINGS MT 59102-5257 **Region** YELLOWSTONE
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
**Number of** 6 **Age** 4-17 **Gender** MALES
**Facility License** 12617-05 **Expires:** 1/31/2015 **Licensing** LISA MAUA

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**Parent** MONTANA COMMUNITY SERVICES **Phone:** (406) 656-5976
**Director Name:** JUDITH HERZOG **Title:** DIRECTOR
**Parent Address:** 993 S 24TH ST W SUITE B BILLINGS MT 59102-6214 **800 #:**

**Facility Name:** PARKHILL **Facility Phone Number:** (406) 252-3555
**First Name:** JAN **Last** SHIPP **Title:** MANAGER
**Contact:** **Last** **Title:**
**Address:** 1917 18TH ST WEST BILLINGS MT 59102-2914 **Region** YELLOWSTONE
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
**Number of** 6 **Age** 8-16 **Gender** FEMALES
**Facility License** 12617-06 **Expires:** 8/31/2015 **Licensing** LISA MAUA

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**Parent** NEW DAY **Phone:** (406) 254-2340
**Director Name:** VERNON MUMMEY **Title:** DIRECTOR
**Parent Address:** PO BOX 30282 BILLINGS MT 59101 **800 #:**

**Facility Name:** UNIT 1 **Facility Phone Number:** (406) 254-1020
**First Name:** **Last** **Title:**
**Contact:** **Last** **Title:**
**Address:** 1111 COBURN RD BILLINGS MT 59101-6428 **Region** YELLOWSTONE
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
**Number of** 6 **Age** 10-17 **Gender** MALES
**Facility License** 8195-01 **Expires:** 10/31/2015 **Licensing** LISA MAUA

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**Parent** NEW DAY **Phone:** (406) 254-2340
**Director Name:** VERNON MUMMEY **Title:** DIRECTOR
**Parent Address:** PO BOX 20383 BILLINGS MT 59107 **800 #:**

**Facility Name:** UNIT 2 **Facility Phone Number:** (406) 254-1020
**First Name:** **Last** **Title:**
**Contact:** **Last** **Title:**
**Address:** 1111 COLBURN RD BILLINGS MT 59101-6428 **Region** YELLOWSTONE
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
**Number of** 8 **Age** 10-17 **Gender** MALES
**Facility License** 8195-02 **Expires:** 10/31/2015 **Licensing** LISA MAUA

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**Parent** NEW DAY **Phone:** (406) 254-2340
**Director Name:** VERNON MUMMEY **Title:** DIRECTOR
**Parent Address:** PO BOX 30282 BILLINGS MT 59107-0282 **800 #:**

**Facility Name:** UNIT 3 **Facility Phone Number:** (406) 656-2985
**First Name:** **Last** **Title:**
**Contact:** **Last** **Title:**
**Address:** 5351 KING AVE W BILLINGS MT 59106-2821 **Region** YELLOWSTONE
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
**Number of** 8 **Age** 9-17 **Gender** FEMALES
**Facility License** 8195-03 **Expires:** 10/31/2015 **Licensing** LISA MAUA

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**Parent** NEW DAY **Phone:** (406) 656-2985
**Director Name:** VERNON MUMMEY **Title:** DIRECTOR
**Parent Address:** PO BOX 30282 BILLINGS MT 59107-0282 **800 #:**

**Facility Name:** UNIT 4 **Facility Phone Number:** (406) 656-2985
**First Name:** **Last** **Title:**
**Contact:** **Last** **Title:**
**Address:** 5351 KING AVE W BILLINGS MT 59106-2821 **Region** YELLOWSTONE
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
**Number of** 8 **Age** 10-18 **Gender** FEMALES
**Facility License** 8195-04 **Expires:** 10/31/2015 **Licensing** LISA MAUA

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**Parent** **NEW DAY** **Phone:** (406) 254-2340
**Director Name:** VERNON MUMMEY **Title:** DIRECTOR
**Parent Address:** PO BOX 30282 BILLINGS MT 59107 **800 #:**

**Facility Name:** **UNIT 5** **Facility Phone Number:**
**First Name:** **Last** **Title:**
**Contact:** **Last** **Title:**
**Address:** 1300 CANYON TRAIL ROAD BILLINGS MT 59101- **Region** YELLOWSTONE
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
**Number of** 6 **Age** 8-13 **Gender** MALE
**Facility License** 8195-09 **Expires:** 10/31/2015 **Licensing** LISA MAUA

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**Parent** **NEW DAY** **Phone:** (406) 254-2340
**Director Name:** VERNON MUMMEY **Title:** EXECUTIVE DIRECTOR
**Parent Address:** PO BOX 30282 BILLINGS MT 59107 **800 #:**

**Facility Name:** **UNIT 6** **Facility Phone Number:**
**First Name:** **Last** **Title:**
**Contact:** **Last** **Title:**
**Address:** 1500 COLBURN RD BILLINGS MT 59101- **Region** YELLOWSTONE
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
**Number of** 8 **Age** 10-18 **Gender** MALE
**Facility License** 8195-07 **Expires:** 10/31/2015 **Licensing** LISA MAUA

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**Parent** **PARTNERSHIP FOR CHILDREN** **Phone:** (406) 721-2704
**Director Name:** GEOFF BIRNBAUM **Title:** EXECUTIVE DIRECTOR
**Parent Address:** PO BOX 8134 MISSOULA MT 59807 **800 #:**

**Facility Name:** **ROSEMARY GALLAGHER CHILDREN'S HOME** **Facility Phone Number:** (406) 829-6651
**First Name:** BARBARA **Last** COWAN **Title:** DIRECTOR OF OPERATIONS
**Contact:** CORI **Last** ARCHIBALD **Title:** PROGRAM COORDINATOR
**Address:** 2823 SOUTH THIRD WEST MISSOULA MT 59807- **Region** MISSOULA
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
**Number of** 6 **Age** 4-13 **Gender** MALE & FEMALE
**Facility License** 22696-02 **Expires:** 1/31/2015 **Licensing** DEBRA UNRUH

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**Parent** **PARTNERSHIP FOR CHILDREN** **Phone:** (406) 721-2704
**Director Name:** GEOFF BIRNBAUM **Title:** EXECUTIVE DIRECTOR
**Parent Address:** PO BOX 8134 MISSOULA MT 59804 **800 #:**

**Facility Name:** **SHERRY MAHONE FRANCETICH CHILDRENS** **Facility Phone Number:** (406) 829-6651
**First Name:** BARBARA **Last** COWAN **Title:** DIRECTOR OF OPERATIONS
**Contact:** MARK **Last** FUCHS **Title:** PROGRAM COORDINATIOR
**Address:** 3233 SOUTH 3RD WEST MISSOULA MT 59807- **Region** MISSOULA
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
**Number of** 6 **Age** 4-13 **Gender** MALE & FEMALE
**Facility License** 22696-03 **Expires:** 1/31/2015 **Licensing** DEBRA UNRUH

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**Parent** **WESTERN MONTANA MENTAL HEALTH** **Phone:** (406) 532-8400
**Director Name:** PAUL MEYER **Title:** EXECUTIVE DIRECTOR
**Parent Address:** BUILDING T-9 FORT MISSOULA MT 59804 **800 #:**

**Facility Name:** **SINOPAH HOUSE** **Facility Phone Number:** (406) 257-5194
**First Name:** PAULA **Last** BUCKLEY **Title:** FACILITY DIRECTOR
**Contact:** SHEILA **Last** SMITH **Title:** FACILITY DIRECTOR
**Address:** 420 WINDWARD WAY KALISPELL MT 59901- **Region** FLATHEAD
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
**Number of** 8 **Age** 11-17 **Gender** FEMALE
**Facility License** 10297-02 **Expires:** 10/31/2015 **Licensing** DEBRA UNRUH

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**Parent** **YELLOWSTONE BOYS & GIRLS RANCH** **Phone:** (406) 651-3128
**Director Name:** SHAWN BYRNE **Title:** DIRECTOR
**Parent Address:** 1732 S 72ND STREET WEST BILLINGS MT 59106 **800 #:** (800) 726-6755

**Facility Name:** **LEWISTOWN GROUP HOME** **Facility Phone Number:** (406) 538-9808
**First Name:** **Last** **Title:**
**Contact:** JEANETTE **Last** RECTOR **Title:** FACILITY DIRECTOR
**Address:** 481 LOWER AIRPORT RD LEWISTOWN MT 59457- **Region** FERGUS
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME CAMPUS BASED LEVEL CARE **Code:** TYGH
**Number of** 7 **Age** 7-16 **Gender** MALE
**Facility License** 8216-05 **Expires:** 10/31/2015 **Licensing** TRACY JOHNSON

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**Parent** **YOUTH DYNAMICS** **Phone:** (406) 245-6539
**Director Name:** PETER DEGEL **Title:** EXECUTIVE DIRECTOR
**Parent Address:** 2334 LEWIS AVENUE BILLINGS MT 59102 **800 #:**

**Facility Name:** **BIG SKY HOME** **Facility Phone Number:** (406) 586-2566
**First Name:** ANGELA **Last** HILDEBRAND **Title:** ASSOC DIRECTOR
**Contact:** **Last** **Title:**
**Address:** 3025 WESTRIDGE DRIVE BOZEMAN MT 59715-6166 **Region** GALLATIN
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
**Number of** 8 **Age** 11-17 **Gender** MALE & FEMALE
**Facility License** 8382-04 **Expires:** 9/30/2015 **Licensing** LISA MAUA

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**Parent** **YOUTH DYNAMICS** **Phone:** (406) 245-6539
**Director Name:** PETER DEGEL **Title:** EXECUTIVE DIRECTOR
**Parent Address:** 2334 LEWIS AVENUE BILLINGS MT 59102 **800 #:**

**Facility Name:** **CHOICES** **Facility Phone Number:** (406) 225-3176
**First Name:** AMANDA **Last** HELLER **Title:** PROGRAM MANAGER
**Contact:** **Last** **Title:**
**Address:** 150 VENTURE WAY BOULDER MT 59632- **Region** JEFFERSON
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
**Number of** 8 **Age** 11-17 **Gender** MALES
**Facility License** 8382-07 **Expires:** 7/31/2015 **Licensing** STEPHANIE GALLE

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**Parent** YOUTH DYNAMICS **Phone:** (406) 245-6539
**Director Name:** SHARI DEGEL **Title:** DIRECTOR
**Parent Address:** 2334 LEWIS AVE BILLINGS MT 59102 **800 #:**

**Facility Name:** LEWIS & CLARK YOUTH HOME **Facility Phone Number:** (406) 458-7022
**First Name:** TERESA **Last** TURVILLE **Title:** PROGRAM MANAGER
**Contact:** **Last** **Title:**
**Address:** 4110 LINCOLN ROAD WEST HELENA MT 59602- **Region** LEWIS & CLARK
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
**Number of** 8 **Age** 6*15 **Gender** MALE/FEMALE
**Facility License** 8382-12 **Expires:** 11/30/2014 **Licensing** STEPHANIE GALLE

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**Parent** YOUTH DYNAMICS **Phone:** (406) 245-6539
**Director Name:** PETER DEGEL **Title:** DIRECTOR
**Parent Address:** 2334 LEWIS AVE BILLINGS MT 59102 **800 #:**

**Facility Name:** NEW BEGINNINGS **Facility Phone Number:** (406) 225-3176
**First Name:** AMANDA **Last** HALLER **Title:** PROGRAM MANAGER
**Contact:** **Last** **Title:**
**Address:** 105 VENTURE WAY BOULDER MT 59632- **Region** JEFFERSON
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
**Number of** 8 **Age** 11-18 **Gender** MALE
**Facility License** 8382-11 **Expires:** 7/31/2015 **Licensing** STEPHANIE GALLE

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**Parent** YOUTH DYNAMICS **Phone:** (406) 245-6539
**Director Name:** PETER DEGEL **Title:** EXECUTIVE DIRECTOR
**Parent Address:** 2334 LEWIS AVENUE BILLINGS MT 59102 **800 #:**

**Facility Name:** NEW JOURNEY HOME GIRLS **Facility Phone Number:** (406) 225-3176
**First Name:** AMANDA **Last** HALLER **Title:** PROGRAM MANAGER
**Contact:** **Last** **Title:**
**Address:** 105 VENTURE WAY BOULDER MT 59632- **Region** JEFFERSON
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
**Number of** 8 **Age** 11-17 **Gender** FEMALES
**Facility License** 8382-08 **Expires:** 7/31/2015 **Licensing** STEPHANIE GALLE

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**Parent** YOUTH DYNAMICS **Phone:** (406) 245-6539
**Director Name:** PETER DEGEL **Title:** DIRECTOR
**Parent Address:** 2334 LEWIS AVE BILLINGS MT 59102 **800 #:**

**Facility Name:** NORTH SKYLINE **Facility Phone Number:** (406) 727-0390
**First Name:** LISA **Last** CARROLL **Title:** PROGRAM MANAGER
**Contact:** **Last** **Title:**
**Address:** 209 20TH AVE NE GREAT FALLS MT 59404- **Region** CASCADE
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
**Number of** 8 **Age** 11-17 **Gender** MALE OR FEMALE
**Facility License** 3801004 **Expires:** 12/31/2014 **Licensing** TRACY JOHNSON

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**Parent** YOUTH DYNAMICS **Phone:** (406) 245-6539
**Director Name:** PETER DEGEL **Title:** DIRECTOR
**Parent Address:** 2334 LEWIS AVE BILLINGS MT 59102 **800 #:**

**Facility Name:** OPPORTUNITY HOME **Facility Phone Number:** (406) 225-3176
**First Name:** AMANDA **Last** HALLER **Title:** PROGRAM MANAGER
**Contact:** **Last** **Title:**
**Address:** 105 VENTURE WAY BOULDER MT 59632- **Region** JEFFERSON
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
**Number of** 8 **Age** 10-17 **Gender** MALE
**Facility License** 8382-09 **Expires:** 7/31/2015 **Licensing** STEPHANIE GALLE

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**Parent** YOUTH DYNAMICS **Phone:** (406) 245-6539
**Director Name:** PETER DEGEL **Title:** EXECUTIVE DIRECTOR
**Parent Address:** 2334 LEWIS AVENUE BILLINGS MT 59102 **800 #:**

**Facility Name:** RIMVIEW GROUP HOME **Facility Phone Number:** (406) 252-7707
**First Name:** LISA **Last** CARROLL **Title:** PROGRAM DIRECTOR
**Contact:** **Last** **Title:**
**Address:** 159 NORRIS COURT SOUTH BILLINGS MT 59105- **Region** YELLOWSTONE
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
**Number of** 8 **Age** 11-17 **Gender** MALE & FEMALE
**Facility License** 8382-06 **Expires:** 3/31/2015 **Licensing** LISA MAUA

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**Parent** YOUTH DYNAMICS **Phone:** (406) 245-6539
**Director Name:** SHARI DEGEL **Title:** DIRECTOR
**Parent Address:** 2334 LEWIS AVE BILLINGS MT 53102 **800 #:**

**Facility Name:** RIVERS EDGE **Facility Phone Number:** (406) 259-2635
**First Name:** MIKEL **Last** WOLF **Title:** MANAGER
**Contact:** **Last** **Title:**
**Address:** 1415 BITTERROOT DR BILLINGS MT 59105- **Region** YELLOWSTONE
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
**Number of** 8 **Age** 11-17 **Gender** MALE & FEMALE
**Facility License** 8382-10 **Expires:** 2/28/2015 **Licensing** LISA MAUA

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**Parent** YOUTH DYNAMICS **Phone:** (406) 245-6539
**Director Name:** PETER DEGEL **Title:** ADMINISTRATOR
**Parent Address:** 2334 LEWIS AVENUE BILLINGS MT 59102 **800 #:**

**Facility Name:** S.T.A.R THERAPUTIC GROUP HOME **Facility Phone Number:** (406) 259-2132
**First Name:** LISA **Last** CARROLL **Title:** PROGRAM MANAGER
**Contact:** **Last** **Title:**
**Address:** 902 NORTH 30TH STREET BILLINGS MT 59101- **Region** YELLOWSTONE
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
**Number of** 6 **Age** 11-18 **Gender** MALE & FEMALE
**Facility License** 8382-02 **Expires:** 6/30/2015 **Licensing** LISA MAUA

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**Parent** YOUTH HOMES **Phone:** (406) 721-2704
**Director Name:** GEOFFREY BIRNBAUM **Title:** DIRECTOR
**Parent Address:** PO BOX 7616 MISSOULA MT 59807- **800 #:**

**Facility Name:** DENNIS RADTKE HOME FOR BOYS **Facility Phone Number:** (406) 251-8498
**First Name:** SALLY **Last** STANSBERRY **Title:** DIRECTOR OF OPERATIONS
**Contact:** SHAWN **Last** GRAY **Title:** FACILITY MANAGER
**Address:** 3218 HELENA DRIVE MISSOULA MT 59803- **Region** MISSOULA
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
**Number of** 6 **Age** 12-17 **Gender** MALES
**Facility License** 7001-08 **Expires:** 4/30/2015 **Licensing** DEBRA UNRUH

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**Parent** YOUTH HOMES **Phone:** (406) 721-2704
**Director Name:** GEOFFREY BIRNBAUM **Title:** DIRECTOR
**Parent Address:** PO BOX 1717 HELENA MT 59624 **800 #:**

**Facility Name:** JAN SHAW **Facility Phone Number:** (406) 449-7582
**First Name:** **Last** **Title:**
**Contact:** **Last** **Title:**
**Address:** 1398 WAREHOUSE AVE HELENA MT 59601- **Region** LEWIS & CLARK
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
**Number of** 6 **Age** 12-17 **Gender** FEMALES
**Facility License** 38010-01 **Expires:** 3/31/2015 **Licensing** STEPHANIE GALLE

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**Parent** YOUTH HOMES **Phone:** (406) 721-2704
**Director Name:** GEOFFREY BIRNBAUM **Title:** DIRECTOR
**Parent Address:** PO BOX 7616 MISSOULA MT 59807- **800 #:**

**Facility Name:** SUSAN TALBOT FOR BOYS **Facility Phone Number:** (406) 251-6836
**First Name:** SHAWN **Last** GRAY **Title:** FACILITY MANAGER
**Contact:** **Last** **Title:**
**Address:** 2105 42ND STREET MISSOULA MT 59803- **Region** MISSOULA
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
**Number of** 6 **Age** 12-17 **Gender** MALE & FEMALE
**Facility License** 7001-01 **Expires:** 4/30/2015 **Licensing** DEBRA UNRUH

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**Parent** YOUTH HOMES **Phone:** (406) 721-2704
**Director Name:** GEOFFREY BIRNBAUM **Title:** DIRECTOR
**Parent Address:** PO BOX 7616 MISSOULA MT 59807- **800 #:**

**Facility Name:** SUSAN TALBOT HOME FOR GIRLS **Facility Phone Number:** (406) 543-8597
**First Name:** SHAWN **Last** GRAY **Title:** MANAGER
**Contact:** **Last** **Title:**
**Address:** 815 TOWER STREET MISSOULA MT 59804- **Region** MISSOULA
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
**Number of** 5 **Age** 12-19 **Gender** FEMALE
**Facility License** 7001-02 **Expires:** 4/30/2015 **Licensing** DEBRA UNRUH

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