

YOUTH SHELTER CARE

Parent COMMUNITY COUNSELING & CORRECTION SERVICES **Phone:** (406) 782-0417
Director Name: CAROL KOVACICH **Title:** DIRECTOR
Parent Address: 471 EAST MERCURY BUTTE MT 59701 **800 #:**
Facility Name: DISCOVERY HOUSE SHELTER CARE **Facility Phone Number:**
First Name: CAROLE **Last** KOVACICH **Title:** FACILITY DIRECTOR
Contact: **Last** **Title:**
Address: 65 SHEEP GULCH ROAD ANACONDA MT 59711- **Region** DEER LODGE
Facility Type: YOUTH SHELTER CARE **Code:** YSC
Number of 9 **Age** 10-17 **Gender** MALE OR FEMALE
Facility License 25832-01 **Expires:** 3/31/2015 **Licensing** STEPHANIE GALLE

Parent GREAT FALLS RECEIVING HOME **Phone:** (406) 727-4843
Director Name: CARRIE GALVEZ **Title:** DIRECTOR
Parent Address: PO BOX 1061 GREAT FALLS MT 59403-1061 **800 #:**
Facility Name: GREAT FALLS RECEIVING HOME **Facility Phone Number:** (406) 727-4843
First Name: **Last** **Title:**
Contact: **Last** **Title:**
Address: 20 44TH STREET SOUTH GREAT FALLS MT 59405- **Region** CASCADE
Facility Type: YOUTH SHELTER CARE **Code:** YSC
Number of 14 **Age** 0-17 **Gender** MALE & FEMALE
Facility License 7531-01 **Expires:** 4/30/2015 **Licensing** TRACY JOHNSON

Parent TED LECHNER YOUTH SERVICES CENTER **Phone:** (406) 256-6825
Director Name: VALARIE WEBER **Title:** DIRECTOR
Parent Address: 410 S 26TH ST BILLINGS MT 59101 **800 #:**
Facility Name: TED LECHNER YOUTH SERVICES CENTER **Facility Phone Number:** (406) 256-6825
First Name: VALARIE **Last** WEBER **Title:** DIRECTOR
Contact: **Last** **Title:**
Address: 410 S 26TH STREET BILLINGS MT 59101- **Region** YELLOWSTONE
Facility Type: YOUTH SHELTER CARE **Code:** YSC
Number of 16 **Age** 12-17 **Gender** MALE & FEMALE
Facility License 6251-01 **Expires:** 6/30/2015 **Licensing** TRACY JOHNSON

