

THERAPEUTIC YOUTH GROUP HOMES

Parent Company: 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: ALPINE GROUP HOME FOR BOYS **Facility Phone Number:** (406) 727-5633
First Name: **Last Name:** **Title:**
Contact: CARLY **Last Name:** SWINGLEY **Title:** MANAGER
Address: 1117 ADOBE DRIVE GREAT MT 59405-3554 **Region:** CASCADE
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 5 **Age Group:** 10-18 **Gender** MALES
Facility License 7276-006 **Expires:** 06/30/2008 **Licensing** JAN SCHINDELE

Parent Company: 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: BLACKTAIL LOOP YOUTH GROUP HOME **Facility Phone Number:** (406) 494-1772
First Name: TERRIE **Last Name:** WALDORF **Title:** COMMUNITY DIRECTOR
Contact: TERRIE **Last Name:** WALDORF **Title:** COMMUNITY DIRECTOR
Address: 4000 BLACKTAIL LOOP BUTTE MT 59701-7141 **Region:** SILVER BOW
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 6 **Age Group:** 10 - 18 **Gender** MALES
Facility License 7276-009 **Expires:** 12/31/2007 **Licensing** BRIDGET PARKER

Parent Company: 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: CHURCH HOUSE GROUP HOME **Facility Phone Number:** (406) 586-4308
First Name: JOANN **Last Name:** MOON **Title:** PROGRAM DIRECTOR
Contact: JOANN **Last Name:** MOON **Title:** PROGRAM DIRECTOR
Address: 1707 S. CHURCH AVENUE BOZEMAN MT 59715-5811 **Region:** GALLATIN
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 6 **Age Group:** 8 - 18 **Gender** MALES
Facility License 576-018 **Expires:** 04/30/2008 **Licensing** LARRY SHENEMAN

Parent Company: 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: CLARK FORK HOME **Facility Phone Number:** (406) 693-7620
First Name: TERRY **Last Name:** GALLE **Title:** COMMUNITY DIRECTOR
Contact: TERRY **Last Name:** GALLE **Title:** COMMUNITY DIRECTOR
Address: 1354 LIGHTHOUSE LANE DEER MT 59722-9600 **Region:** POWELL
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 3 **Age Group:** 10-18 **Gender** MALES
Facility License 7276-043 **Expires:** 03/31/2009 **Licensing** BRIDGET PARKER

Parent Company: 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 STREET GROUP HOME **Facility Phone Number:** (406) 542-2178
First Name: TRACI **Last Name:** SHINABARGER **Title:** DIRECTOR
Contact: **Last Name:** **Title:**
Address: 1709 ERNEST STREET MISSOULA MT 59801-8309 **Region:** MISSOULA
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 4 **Age Group:** 10-18 **Gender** FEMALE
Facility License 7276-021 **Expires:** 03/31/2008 **Licensing** DEBRA UNRUH

Parent Company: 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 GROUP HOME **Facility Phone Number:** (406) 728-6815
First Name: TRACI **Last Name:** SHINABARGER **Title:**
Contact: **Last Name:** **Title:**
Address: 110 W FRANKLIN STREET MISSOULA MT 59801-3812 **Region:** MISSOULA
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 4 **Age Group:** 10-18 **Gender** FEMALES
Facility License 7276-001 **Expires:** 03/31/2008 **Licensing** DEBRA UNRUH

Parent Company: 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 AVENUE **Facility Phone Number:** (406) 251-8131
First Name: TRACI **Last Name:** SHINABARGER **Title:**
Contact: **Last Name:** **Title:**
Address: 2811 GILBERT AVENUE MISSOULA MT 59801-3201 **Region:** MISSOULA
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 6 **Age Group:** 10 - 18 **Gender** MALES
Facility License 7276-002 **Expires:** 03/31/2008 **Licensing** DEBRA UNRUH

May 08, 2008

Parent Company: 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 GROUP HOME **Facility Phone Number:** (406) 693-7620
First Name: TERRY **Last Name:** GALLE **Title:** COMMUNITY DIRECTOR
Contact: TERRY **Last Name:** GALLE **Title:** COMMUNITY DIRECTOR
Address: 1347 COTTAGE CIRCLE DEER MT 59722-9600 **Region:** POWELL
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 5 **Age Group:** 10-18 **Gender** MALES
Facility License 7276-032 **Expires:** 03/31/2009 **Licensing** BRIDGET PARKER

Parent Company: 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 YOUTH GROUP HOME **Facility Phone Number:** (406) 693-7620
First Name: TERRY **Last Name:** GALLE **Title:** COMMUNITY DIRECTOR
Contact: TERRY **Last Name:** GALLE **Title:** COMMUNITY DIRECTOR
Address: 1346 COTTAGE CIRCLE DEER MT 59722-9600 **Region:** POWELL
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 4 **Age Group:** 10-16 **Gender** MALES
Facility License 7576-023 **Expires:** 03/31/2009 **Licensing** BRIDGET PARKER

Parent Company: 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: LINDSEY **Last Name:** CUFFE **Title:** FACILITY DIRECTOR
Contact: MIKE **Last Name:** KELLY **Title:** PROGRAM DIRECTOR
Address: 2167 MISSION TRAIL RD KALISPELL MT 59901-2242 **Region:** FLATHEAD
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 6 **Age Group:** 8-18 **Gender** MALES
Facility License 7276-025 **Expires:** 04/30/2009 **Licensing** JAN SCHINDELE

Parent Company: 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 HAGGIN **Facility Phone Number:** (406) 693-7620
First Name: TERRY **Last Name:** GALLE **Title:** COMMUNITY DIRECTOR
Contact: TERRY **Last Name:** GALLE **Title:** COMMUNITY DIRECTOR
Address: 1354 COTTAGE CIRCLE DEER MT 59722- **Region:** POWELL
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 3 **Age Group:** 10-18 **Gender** MALES
Facility License 7276-030 **Expires:** 03/31/2009 **Licensing** BRIDGET PARKER

May 08, 2008

Parent Company: 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) 693-7620
First Name: TERRY **Last Name:** GALLE **Title:** COMMUNITY DIRECTOR
Contact: TERRY **Last Name:** GALLE **Title:** COMMUNITY DIRECTOR
Address: 1362 GALEN STREET DEER MT 59722-9603 **Region:** POWELL
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 6 **Age Group:** 10-18 **Gender** FEMALES
Facility License 7276-036 **Expires:** 03/31/2009 **Licensing** BRIDGET PARKER

Parent Company: AWARE **Phone:** (406) 563-8117
Director Name: LARRY NOONAN **Title:** DIRECTOR
Parent Address: 205 EAST PARK ST ANACONDA MT 59711 **800 #:**
Facility Name: OTTOWA **Facility Phone Number:** (406) 494-1772
First Name: JACKIE **Last Name:** MOHLER **Title:** MANAGER
Contact: **Last Name:** **Title:**
Address: 3025 OTTAWA BUTTE MT 59701- **Region:** SILVER BOW
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 6 **Age Group:** 10 - 18 **Gender** MALE
Facility License 7276-009 **Expires:** 12/31/2008 **Licensing** BRIDGET PARKER

Parent Company: 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: **Last Name:** **Title:**
Contact: CARLY **Last Name:** SWINGLEY **Title:** MANAGER
Address: 2026 9TH AVENUE SOUTH GREAT MT 59405-2737 **Region:** CASCADE
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 6 **Age Group:** 8 - 18 **Gender** FEMALES
Facility License 7276-005 **Expires:** 06/30/2008 **Licensing** JAN SCHINDELE

Parent Company: 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 HOME **Facility Phone Number:** (406) 693-7620
First Name: TERRY **Last Name:** GALLE **Title:** COMMUNITY DIRECTOR
Contact: TERRY **Last Name:** GALLE **Title:** COMMUNITY DIRECTOR
Address: 1318 GALEN STREET DEER MT 59722-9607 **Region:** POWELL
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 4 **Age Group:** 10-18 **Gender** MALES
Facility License 7276-022 **Expires:** 03/31/2009 **Licensing** BRIDGET PARKER

May 08, 2008

Parent Company: 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: TERRY **Last Name:** WALDORF **Title:** PROGRAM DIRECTOR
Contact: **Last Name:** **Title:**
Address: 108 RENZ DRIVE BUTTE MT 59701- **Region:** SILVER BOW
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 6 **Age Group:** 10 - 18 **Gender** FEMALES
Facility License 7276-004 **Expires:** 12/31/2008 **Licensing** BRIDGET PARKER

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

Facility Name: SUDAN GROUP HOME **Facility Phone Number:** (406) 245-4454
First Name: ROSS **Last Name:** DAVIDSON **Title:**
Contact: NATHAN **Last Name:** CHURCH **Title:**
Address: 526 SUDAN BILLINGS MT 59105- **Region:** YELLOWSTONE
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 4 **Age Group:** 9 - 18 **Gender** MALE
Facility License 007276-047 **Expires:** 06/30/2008 **Licensing** LARRY SHENEMAN

Parent Company: 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: LINDSEY **Last Name:** CUFFE **Title:** FACILITY DIRECTOR
Contact: MIKE **Last Name:** KELLY **Title:** PROGRAM MANAGER
Address: 74 SUSSEX DRIVE KALISPELL MT 59901-2731 **Region:** FLATHEAD
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 6 **Age Group:** 8-18 **Gender** MALES
Facility License 7576-024 **Expires:** 04/30/2009 **Licensing** JAN SCHNIDELE

Parent Company: 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) 693-7620
First Name: TERRY **Last Name:** GALLE **Title:** COMMUNITY DIRECTOR
Contact: TERRY **Last Name:** GALLE **Title:** COMMUNITY DIRECTOR
Address: 1321 GALEN STREET DEER MT 59722-9607 **Region:** POWELL
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 4 **Age Group:** 8-14 **Gender** MALES
Facility License 7576-026 **Expires:** 03/31/2009 **Licensing** BRIDGET PARKER

May 08, 2008

Parent Company: 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: JOANN **Last Name:** MOON **Title:** PROGRAM DIRECTOR
Contact: JOANN **Last Name:** MOON **Title:** PROGRAM DIRECTOR
Address: 916 WEST VILLARD BOZEMAN MT 59715-5761 **Region:** GALLATIN
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 6 **Age Group:** 8 - 18 **Gender** MALES
Facility License 7276-017 **Expires:** 04/30/2008 **Licensing** LARRY SHENEMAN

Parent Company: 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: TERRI **Last Name:** WALDORF **Title:** PROGRAM DIRECTOR
Contact: **Last Name:** **Title:**
Address: 3509 WHITEWAY DRIVE BUTTE MT 59701- **Region:** SILVER BOW
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 6 **Age Group:** 10 -18 **Gender** MALES
Facility License 7276-007 **Expires:** 12/31/2008 **Licensing** BRIDGET PARKER

Parent Company: EXCEL INC **Phone:** (406) 254-2397
Director Name: DAVID HOYE **Title:** DIRECTOR OF
Parent Address: 1348 MAIN SUITE 201 BILLINGS MT 59105 **800 #:**

Facility Name: WEST GROUP HOME **Facility Phone Number:** (406) 254-2397
First Name: **Last Name:** **Title:** PROGRAM MANAGER
Contact: **Last Name:** **Title:**
Address: 1816 10TH ST WEST BILLINGS MT 59102-3314 **Region:** YELLOWSTONE
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 8 **Age Group:** 11-18 **Gender** MALES
Facility License 20218-001 **Expires:** 03/31/2009 **Licensing** LARRY SHENEMAN

Parent Company: EXCEL INCORPORATED **Phone:** (406) 254-2397
Director Name: DAVID HOYE **Title:** DIRECTOR OF
Parent Address: 1348 MAIN SUITE 201 BILLINGS MT 59105 **800 #:**

Facility Name: EAST GROUP HOME **Facility Phone Number:** (406) 254-9877
First Name: GWEN **Last Name:** SOLUM **Title:** PROGRAM MANAGER
Contact: **Last Name:** **Title:**
Address: 1348 1/2 MAIN STREET BILLINGS MT 59105-1722 **Region:** YELLOWSTONE
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 8 **Age Group:** 12-18 **Gender** MALES
Facility License 20218-002 **Expires:** 03/31/2009 **Licensing** LARRY SHENEMAN

May 08, 2008

Parent Company: FLORENCE CRITTENTON HOME **Phone:** (406) 442-6950
Director Name: PAM PONICH-HUNTHAUSEN **Title:** DIRECTOR
Parent Address: 901 N. HARRIS STREET HELENA MT 59601-3000 **800 #:**
Facility Name: FLORENCE CRITTENTON HOME **Facility Phone Number:** (406) 442-6950
First Name: PAM **Last Name:** PONICH **Title:** CO INTERIM DIRECTOR
Contact: BARB **Last Name:** BURTON **Title:** CO INTERIM DIRECTOR
Address: 901 NORTH HARRIS STREET HELENA MT 59601-3000 **Region:** LEWIS & CLARK
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 8 **Age Group:** 12-18 **Gender** FEMALES
Facility License 1236-001 **Expires:** 03/31/2009 **Licensing** BRIDGET PARKER

Parent Company: INTERMOUNTAIN CHILDRESN HOME & SERVICES **Phone:** (406) 442-7949
Director Name: JIM FITZGERALD **Title:** DIRECTOR
Parent Address: 500 S LAMBORN HELENA MT 59601-5417 **800 #:**
Facility Name: BETA COTTAGE **Facility Phone Number:**
First Name: TINA **Last Name:** JOHNSON **Title:** ADMISSIONS DIRECTOR
Contact: **Last Name:** **Title:**
Address: 500 S LAMBORN HELENA MT 50601-5417 **Region:** LEWIS & CLARK
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 8 **Age Group:** 4-14 **Gender** MALE & FEMALE
Facility License 7148-005 **Expires:** 01/31/2009 **Licensing** BRIDGET PARKER

Parent Company: INTERMOUNTAIN CHILDRESN HOME & SERVICES **Phone:** (406) 442-7949
Director Name: JIM FITZGERALD **Title:** DIRECTOR
Parent Address: 500 S LAMBORN HELENA MT 596015417 **800 #:**
Facility Name: BRIDGER COTTAGE **Facility Phone Number:**
First Name: TINA **Last Name:** JOHNSON **Title:** ADMISSIONS DIRECTOR
Contact: **Last Name:** **Title:**
Address: 500 LAMBORN STREET HELENA MT 59601-5417 **Region:** LEWIS & CLARK
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 8 **Age Group:** 4-14 **Gender** MALE & FEMALE
Facility License 7148-002 **Expires:** 01/31/2009 **Licensing** BRIDGET PARKER

Parent Company: INTERMOUNTAIN CHILDRESN HOME & SERVICES **Phone:** (406) 442-7949
Director Name: JIM FITZGERALD **Title:** DIRECTOR
Parent Address: 500 S LAMBORN HELENA MT 596015417 **800 #:**
Facility Name: GLACIER COTTAGE **Facility Phone Number:**
First Name: TINA **Last Name:** JOHNSON **Title:** ADMISSIONS DIRECTOR
Contact: **Last Name:** **Title:**
Address: 500 S LAMBORN HELENA MT 59601-5417 **Region:** LEWIS & CLARK
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 8 **Age Group:** 4-14 **Gender** MALE & FEMALE
Facility License 7148-004 **Expires:** 01/31/2009 **Licensing** BRIDGET PARKER

May 08, 2008

Parent Company: INTERMOUNTAIN CHILDREN'S HOME & SERVICES **Phone:** (406) 442-7949
Director Name: JIM FITZGERALD **Title:** DIRECTOR
Parent Address: 500 S LAMBORN HELENA MT 596015417 **800 #:**

Facility Name: MCTAGGART COTTAGE **Facility Phone Number:**
First Name: TINA **Last Name:** JOHNSON **Title:** ADMISSIONS DIRECTOR
Contact: **Last Name:** **Title:**
Address: 500 S LAMBORN HELENA MT 59601-5417 **Region:** LEWIS & CLARK
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 8 **Age Group:** 4-14 **Gender** MALE & FEMALE
Facility License 7148-003 **Expires:** 01/31/2009 **Licensing** BRIDGET PARKER

Parent Company: KAIROS YOUTH SERVICES INCORPORATED **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: MICHAEL **Last Name:** KEY **Title:** PROGRAM MANAGER
Contact: **Last Name:** **Title:**
Address: 4513 7TH AVE N GREAT MT 59404-3620 **Region:** CASCADE
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 6 **Age Group:** 10-18 **Gender** MALE & FEMALE
Facility License 6142-003 **Expires:** 09/30/2008 **Licensing** JAN SCHINDELE

Parent Company: MONTANA COMMUNITY SERVICES **Phone:** (406) 656-5976
Director Name: JUDITH HERZOG **Title:** DIRECTOR
Parent Address: 2048 OVERLAND AVE BILLINGS MT 59102 **800 #:**

Facility Name: CUSTER YOUTH **Facility Phone Number:** (406) 259-2570
First Name: JIM **Last Name:** MILFORD **Title:**
Contact: **Last Name:** **Title:**
Address: 732 CUSTER AVE BILLINGS MT 59101- **Region:** YELLOWSTONE
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 6 **Age Group:** 6-16 **Gender** MALE
Facility License 12617-007 **Expires:** 08/31/2008 **Licensing** LARRY SHENEMAN

Parent Company: MONTANA COMMUNITY SERVICES **Phone:** (406) 656-5976
Director Name: JUDITH HERZOG **Title:** DIRECTOR
Parent Address: 2048 OVERLAND AVE BILLINGS MT 59102-6214 **800 #:**

Facility Name: MILES AVENUE **Facility Phone Number:** (406) 656-5976
First Name: **Last Name:** **Title:**
Contact: **Last Name:** **Title:**
Address: 1433 MILES AVE BILLINGS MT 59102-5257 **Region:** YELLOWSTONE
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 6 **Age Group:** 4-18 **Gender** MALES
Facility License 12617-005 **Expires:** 01/31/2009 **Licensing** LARRY SHENEMAN

May 08, 2008

Parent Company: MONTANA COMMUNITY SERVICES **Phone:** (406) 656-5976
Director Name: JUDITH HERZOG **Title:** DIRECTOR
Parent Address: 2048 OVERLAND AVE BILLINGS MT 59102-6214 **800 #:**
Facility Name: PARKHILL **Facility Phone Number:** (406) 252-3555
First Name: JAN **Last Name:** SHIPP **Title:** MANAGER
Contact: **Last Name:** **Title:**
Address: 1917 18TH ST WEST BILLINGS MT 59102-2914 **Region:** YELLOWSTONE
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 5 **Age Group:** 5-14 **Gender** MALES
Facility License 12617-006 **Expires:** 08/31/2008 **Licensing** LARRY SHENEMAN

Parent Company: NEW DAY **Phone:** (406) 254-2340
Director Name: VERNON MUMMY **Title:** DIRECTOR
Parent Address: PO BOX 30282 BILLINGS MT 59107-0282 **800 #:**
Facility Name: UNIT 1 **Facility Phone Number:** (406) 254-1020
First Name: **Last Name:** **Title:**
Contact: **Last Name:** **Title:**
Address: 301 COBURN RD BILLINGS MT 59101-6428 **Region:** YELLOWSTONE
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 6 **Age Group:** 10-17 **Gender** MALES
Facility License 8195-001 **Expires:** 10/31/2008 **Licensing** LARRY SHENEMAN

Parent Company: NEW DAY **Phone:** (406) 254-2340
Director Name: VERNON MUMMY **Title:** DIRECTOR
Parent Address: PO BOX 30282 BILLINGS MT 59107-0282 **800 #:**
Facility Name: UNIT 2 **Facility Phone Number:** (406) 254-1020
First Name: **Last Name:** **Title:**
Contact: **Last Name:** **Title:**
Address: 301 COBURN RD BILLINGS MT 59101-6428 **Region:** YELLOWSTONE
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 8 **Age Group:** 10-17 **Gender** MALES
Facility License 8195-002 **Expires:** 10/31/2008 **Licensing** LARRY SHENEMAN

Parent Company: NEW DAY **Phone:** (406) 254-2340
Director Name: VERNON MUMMY **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 Name:** **Title:**
Contact: **Last Name:** **Title:**
Address: 5351 KING AVE W BILLINGS MT 59106-2821 **Region:** YELLOWSTONE
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 8 **Age Group:** 10-17 **Gender** FEMALES
Facility License 8195-003 **Expires:** 10/31/2008 **Licensing** LARRY SHENEMAN

May 08, 2008

Parent Company: NEW DAY **Phone:** (406) 656-2985
Director Name: VERNON MUMMY **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 Name:** **Title:**
Contact: **Last Name:** **Title:**
Address: 5351 KIN AVE W BILLINGS MT 59106-2821 **Region:** YELLOWSTONE
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 8 **Age Group:** 10-18 **Gender** FEMALES
Facility License 8195-004 **Expires:** 10/31/2008 **Licensing** LARRY SHENEMAN

Parent Company: 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 7 **Facility Phone Number:**
First Name: **Last Name:** **Title:**
Contact: **Last Name:** **Title:**
Address: 1111 COBURN ROAD BILLINGS MT 59101- **Region:** YELLOWSTONE
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 8 **Age Group:** 10-18 **Gender** MALE
Facility License 8195-007 **Expires:** 10/31/2008 **Licensing** LARRY SHENEMAN

Parent Company: NEW DIRECTIONS **Phone:** (406) 563-3132
Director Name: CRAIG LITTLEFIELD **Title:** DIRECTOR
Parent Address: 502 CHERRY ST ANACONDA MT 59711 **800 #:**
Facility Name: GATEWAY **Facility Phone Number:**
First Name: CINDY **Last Name:** JOHNSON **Title:** FACILITY DIRECTOR
Contact: **Last Name:** **Title:**
Address: 502 CHERRY ST ANACONDA MT 59711- **Region:** DEER LODGE
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 6 **Age Group:** 6-12 **Gender** MALE FEMALE
Facility License 34373-001 **Expires:** 04/30/2008 **Licensing** BRIDGET PARKER

Parent Company: NEW DIRECTIONS **Phone:** (406) 563-5715
Director Name: CRAIG LITTLEFIELD **Title:** DIRECTOR
Parent Address: 502 CHERRY ST ANACONDA MT 59177 **800 #:**
Facility Name: JOURNEY HOME **Facility Phone Number:** (406) 563-0137
First Name: CINDY **Last Name:** JOHNSON **Title:**
Contact: **Last Name:** **Title:**
Address: 606 ALDER STREET ANACONDA MT 59177- **Region:** DEER LODGE
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 6 **Age Group:** 6-13 **Gender** MALE/FEMALE
Facility License 34373-002 **Expires:** 04/30/2008 **Licensing** BRIDGET PARKER

May 08, 2008

Parent Company: 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) 829-3499
First Name: LOREE **Last Name:** WEST **Title:** PROGRAM MANAGER
Contact: LOREE **Last Name:** WEST **Title:** PROGRAM MANAGER
Address: 2823 SOUTH THIRD WEST MISSOULA MT 59804- **Region:** MISSOULA
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 6 **Age Group:** 4-14 **Gender** MALE & FEMALE
Facility License 22696-002 **Expires:** 01/31/2009 **Licensing** DEBRA UNRUH

Parent Company: 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 FRAN CETICH CHILDRENS **Facility Phone Number:** (406) 829-6651
First Name: LOREE **Last Name:** WEST **Title:** MANAGER
Contact: LOREE **Last Name:** WEST **Title:** CONTACT
Address: 3233 SOUTH 3RD WEST MISSOULA MT 59804- **Region:** MISSOULA
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 6 **Age Group:** 4-14 **Gender** MALE & FEMALE
Facility License 22696-003 **Expires:** 01/31/2009 **Licensing** DEBRA UNRUH

Parent Company: WESTERN MONTANA MENTAL HEALTH **Phone:** (406) 728-6870
Director Name: PAUL MEYER **Title:** EXECUTIVE DIRECTOR
Parent Address: FORT MISSOULA BLDG T-9 MISSOULA MT 59804 **800 #:**
Facility Name: SINOPAH HOUSE **Facility Phone Number:** (406) 257-5194
First Name: PAULA **Last Name:** BUCKLEY **Title:** FACILITY DIRECTOR
Contact: SHEILA **Last Name:** SMITH **Title:** FACILITY DIRECTOR
Address: 420 WINDWARD WAY KALISPELL MT 59901- **Region:** FLATHEAD
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 9 **Age Group:** 11-18 **Gender** FEMALE
Facility License 10297-002 **Expires:** 10/31/2008 **Licensing** JAN SCHINDELE

Parent Company: YELLOWSTONE BOYS & GIRLS RANCH **Phone:** (406) 651-3128
Director Name: MAX SOFT **Title:** DIRECTOR
Parent Address: 1732 S 72ND STREET BILLINGS MT 59106 **800 #:** (406) 651-3128
Facility Name: DENNIS WEAR GROUP HOME **Facility Phone Number:** (406) 652-5475
First Name: **Last Name:** **Title:**
Contact: **Last Name:** **Title:**
Address: 314 36TH STREET WEST BILLINGS MT 59102-4318 **Region:** YELLOWSTONE
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 8 **Age Group:** 10-18 **Gender** FEMALE
Facility License 8216-001 **Expires:** 05/31/2008 **Licensing** LARRY SHENEMAN

May 08, 2008

Parent Company: YELLOWSTONE BOYS & GIRLS RANCH **Phone:** (406) 651-3128
Director Name: GLEN MCFARLAND **Title:** EXECUTIVE DIRECTOR
Parent Address: 1732 S 72ND STREET BILLINGS MT 59106 **800 #:**
Facility Name: KING COMMUNITY GROUP HOME **Facility Phone Number:** (406) 652-7140
First Name: MAX **Last Name:** SOFT **Title:** DIRECTOR
Contact: PEGGY **Last Name:** SWALLEY **Title:** UNIT LEADER
Address: 2115 CANYON BILLINGS MT 59102-2102 **Region:** YELLOWSTONE
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 8 **Age Group:** 12-18 **Gender** MALES
Facility License 8216-002 **Expires:** 05/31/2008 **Licensing** LARRY SHENEMAN

Parent Company: YELLOWSTONE BOYS & GIRLS RANCH **Phone:** (406) 651-3128
Director Name: DIANE BERGSTEIN **Title:** DIRECTOR
Parent Address: 1732 S 72ND STREET BILLINGS MT 59106 **800 #:** (800) 726-6755
Facility Name: LEWISTOWN GROUP HOME **Facility Phone Number:** (406) 538-9808
First Name: **Last Name:** **Title:**
Contact: JEANETTE **Last Name:** RECTOR **Title:** FACILITY DIRECTOR
Address: 481 LOWER AIRPORT RD LEWISTOWN MT 59457- **Region:** FERGUS
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 7 **Age Group:** 6-18 **Gender** MALE
Facility License 8216-005 **Expires:** 10/31/2008 **Licensing** LARRY SHENEMAN

Parent Company: YOUTH DYNAMICS **Phone:** (406) 245-3239
Director Name: PETER DEGEL **Title:** EXECUTIVE DIRECTOR
Parent Address: 2334 LEWIS AVENUE BILLINGS MT 59102 **800 #:**
Facility Name: BIG SKY YOUTH HOME AND SHELTER CARE **Facility Phone Number:** (406) 586-2566
First Name: JUDY **Last Name:** KEARNS **Title:** PROGRAM MANAGER
Contact: JUDY **Last Name:** KEARNS **Title:** PROGRAM MANAGER
Address: 3025 WESTRIDGE DRIVE BOZEMAN MT 59715-6166 **Region:** GALLATIN
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 8 **Age Group:** 11-18 **Gender** MALE & FEMALE
Facility License 8382-004 **Expires:** 12/31/2008 **Licensing** LARRY SHENEMAN

Parent Company: YOUTH DYNAMICS **Phone:** (406) 245-3239
Director Name: PETER DEGEL **Title:** EXECUTIVE DIRECTOR
Parent Address: 2334 LEWIS AVENUE BILLINGS MT 59102 **800 #:**
Facility Name: CHOICES **Facility Phone Number:** (406) 225-4600
First Name: ANTHONY **Last Name:** ZUFELT **Title:** LEAD PROGRAM MANAGER
Contact: ANTHONY **Last Name:** ZUFELT **Title:** CONTACT
Address: 150 VENTURE WAY BOULDER MT 59632- **Region:** JEFFERSON
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 8 **Age Group:** 12-18 **Gender** MALES
Facility License 8382-008 **Expires:** 07/31/2008 **Licensing** BRIDGET PARKER

May 08, 2008

Parent Company: YOUTH DYNAMICS **Phone:** (406) 245-3239
Director Name: PETER DEGEL **Title:** DIRECTOR
Parent Address: 2334 LEWIS BILLINGS MT 59102 **800 #:**
Facility Name: JOURNEY HOME 3 **Facility Phone Number:**
First Name: **Last Name:** **Title:**
Contact: **Last Name:** **Title:**
Address: 103 VENTURE WAY BOULDER MT 59632- **Region:** JEFFERSON
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 8 **Age Group:** YOUTH **Gender** MALE
Facility License 8382-009 **Expires:** 07/31/2007 **Licensing** BRIDGET PARKER

Parent Company: YOUTH DYNAMICS **Phone:** (406) 245-6539
Director Name: PETER DEGEL **Title:** DIRECTO
Parent Address: 2334 LEWIS AVE BILLINGS MT 59102 **800 #:**
Facility Name: NEW BEGINNINGS **Facility Phone Number:** (406) 225-4601
First Name: ANTHONY **Last Name:** ZUFELT **Title:** PROGRAM MANAGER
Contact: **Last Name:** **Title:**
Address: 107 VENTURE WAY BOULDER MT 59632- **Region:** JEFFERSON
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 1 **Age Group:** **Gender** MALE
Facility License 8382-011 **Expires:** 12/31/2007 **Licensing** BRIDGET PARKER

Parent Company: YOUTH DYNAMICS **Phone:** (406) 245-3239
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) 225-4600
First Name: ANTHONY **Last Name:** ZUFELT **Title:** LEAD PROGRAM MANAGER
Contact: ANTHONY **Last Name:** ZUFELT **Title:** LEAD PROGRAM MANAGER
Address: 105 VENTURE WAY BOULDER MT 59632- **Region:** JEFFERSON
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 8 **Age Group:** 12-18 **Gender** FEMALES
Facility License 8382-007 **Expires:** 07/31/2008 **Licensing** BRIDGET PARKER

Parent Company: 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: **Last Name:** **Title:**
Contact: **Last Name:** **Title:**
Address: 105 VENTURE WAY BOULDER MT 59632- **Region:** JEFFERSON
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 8 **Age Group:** 12-18 **Gender** MALE
Facility License 8382-009 **Expires:** 07/31/2008 **Licensing** BRIDGET PARKER

May 08, 2008

Parent Company: YOUTH DYNAMICS **Phone:** (406) 245-3239
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: PEGGY **Last Name:** MURCH **Title:** PROGRAM DIRECTOR
Contact: PEGGY **Last Name:** MURCH **Title:** PROGRAM DIRECTOR
Address: 159 NORRIS COURT SOUTH BILLINGS MT 59105- **Region:** YELLOWSTONE
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 8 **Age Group:** 11-18 **Gender** MALE & FEMALE
Facility License 8382-006 **Expires:** 03/31/2009 **Licensing** LARRY SHENEMAN

Parent Company: YOUTH DYNAMICS **Phone:** (406) 245-6539
Director Name: PETER DEGEL **Title:** DIRECTOR
Parent Address: 2334 LEWIS AVE BILLINGS MT 53102 **800 #:**
Facility Name: RIVERS EDGE **Facility Phone Number:** (406) 259-2635
First Name: PEGGY **Last Name:** MURCH **Title:** MANAGER
Contact: PAM **Last Name:** YARDE **Title:**
Address: 1415 BITTERROOT DR BILLINGS MT 59105- **Region:** YELLOWSTONE
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 8 **Age Group:** 11 - 18 **Gender** MALE & FEMALE
Facility License 008382-10 **Expires:** 02/28/2009 **Licensing** LARRY SHENEMAN

Parent Company: YOUTH DYNAMICS **Phone:** (406) 245-3239
Director Name: PETER DEGEL **Title:** EXECUTIVE DIRECTOR
Parent Address: 2334 LEWIS AVENUE BILLINGS MT 59102 **800 #:**
Facility Name: STAR YOUTH HOSTEL **Facility Phone Number:** (406) 259-2132
First Name: MIKEL **Last Name:** WOLF **Title:** FACILITY MANAGER
Contact: MIKEL **Last Name:** WOLF **Title:** FACILITY MANAGER
Address: 902 NORTH 30TH STREET BILLINGS MT 59101- **Region:** YELLOWSTONE
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 6 **Age Group:** 11-18 **Gender** MALE & FEMALE
Facility License 8382-002 **Expires:** 06/30/2008 **Licensing** LARRY SHENEMAN

Parent Company: YOUTH HOMES **Phone:** (406) 721-2704
Director Name: GEOFFREY BIRNBAUM **Title:** DIRECTOR
Parent Address: PO BOX 7616 MISSOULA MT 59807-7616 **800 #:**
Facility Name: DENNIS RADTKE HOME FOR BOYS **Facility Phone Number:** (406) 251-8498
First Name: SALLY **Last Name:** STANSBERRY **Title:** DIRECTOR OF OPERATIONS
Contact: CHUCK **Last Name:** WAYLAND **Title:** PROGRAM DIRECTOR
Address: 3218 HELENA DRIVE MISSOULA MT 59803- **Region:** MISSOULA
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 4 **Age Group:** 12-18 **Gender** MALES
Facility License 7001-008 **Expires:** 04/30/2009 **Licensing** DEBRA UNRUH

May 08, 2008

Parent Company: YOUTH HOMES **Phone:** (406) 721-2704
Director Name: GEOFFREY BIRNBAUM **Title:** DIRECTOR
Parent Address: PO BOX 7616 MISSOULA MT 59807-7616 **800 #:**
Facility Name: SUSAN TALBOT HOME FOR BOYS & GIRLS **Facility Phone Number:** (406) 251-6836
First Name: SHAWN **Last Name:** GRAY **Title:** PROGRAM DIRECTOR
Contact: CRAIG **Last Name:** KRUEGER **Title:** PARENT COMPANY CONTACT
Address: 2105 42ND STREET MISSOULA MT 59803-1120 **Region:** MISSOULA
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 6 **Age Group:** 12-18 **Gender** MALE & FEMALE
Facility License 7001-001 **Expires:** 04/30/2008 **Licensing** DEBRA UNRUH

Parent Company: YOUTH HOMES **Phone:** (406) 721-2704
Director Name: GEOFFREY BIRNBAUM **Title:** DIRECTOR
Parent Address: PO BOX 7616 MISSOULA MT 59807-7616 **800 #:**
Facility Name: SUSAN TALBOT HOME FOR GIRLS **Facility Phone Number:** (406) 543-8597
First Name: SHAWN **Last Name:** GRAY **Title:** PROGRAM DIRECTOR
Contact: CRAIG **Last Name:** KRUEGER **Title:** PARENT COMPANY CONTACT
Address: 815 TOWER STREET MISSOULA MT 59804-1933 **Region:** MISSOULA
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 5 **Age Group:** 12-18 **Gender** FEMALE
Facility License 7001-002 **Expires:** 04/30/2008 **Licensing** DEBRA UNRUH
