

# YOUTH GROUP HOMES

**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**  
**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** 28033-001 **Expires:** 3/31/2013 **Licensing** LISA MAUA

**Parent** 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:** EVERGREEN YOUTH HOME & SHELTER CARE **Facility Phone Number:** (406) 727-6900  
**First Name:** STACIE **Last** ECKINSTEIN **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** 10-18 **Gender** MALE & FEMALES  
**Facility License** 6142-004 **Expires:** 5/31/2012 **Licensing** TRACY JOHNSON

**Parent** 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:** MISSOURI RIVER YOUTH GROUP & SHELTER **Facility Phone Number:** (406) 761-2135  
**First Name:** STACIE **Last** ECKENSTEIN **Title:** PROGRAM MANAGER  
**Contact:** **Last**  
**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** 6142-001 **Expires:** 8/31/2012 **Licensing** TRACY JOHNSON

<b>Parent</b>	LAKE COUNTY YOUTH GUIDANCE HOME	<b>Phone:</b>	(406) 676-2427
<b>Director Name:</b>	CHAS CANTLON	<b>Title:</b>	DIRECTOR
<b>Parent Address:</b>	810 ANDREW ST NW SUITE B RONAN MT 59864	<b>800 #:</b>	(406) 676-2427
<b>Facility Name:</b>	LAKE COUNTY YOUTH GUIDANCE HOME	<b>Facility Phone Number:</b>	(406) 676-5091
<b>First Name:</b>	ARNOLD <b>Last</b> LUCERO	<b>Title:</b>	MANAGER
<b>Contact:</b>	CATHIE <b>Last</b> LUCERO	<b>Title:</b>	MANAGER
<b>Address:</b>	35129 TIMBER LANE RD RONAN MT 59864-	<b>Region</b>	LAKE
<b>Facility Type:</b>	YOUTH GROUP HOME	<b>Code:</b>	YGH
<b>Number of</b>	8	<b>Age</b>	11-17
<b>Facility License</b>	7697-001	<b>Expires:</b>	8/31/2012
		<b>Gender</b>	MALE & FEMALE
		<b>Licensing</b>	DEBRA UNRUH
<b>Parent</b>	NEW DAY	<b>Phone:</b>	(406) 254-2340
<b>Director Name:</b>	VERNON MUMMEY	<b>Title:</b>	EXECUTIVE DIRECTOR
<b>Parent Address:</b>	PO BOX 30282 BILLINGS MT 59107	<b>800 #:</b>	
<b>Facility Name:</b>	UNIT 7	<b>Facility Phone Number:</b>	
<b>First Name:</b>		<b>Title:</b>	
<b>Contact:</b>		<b>Title:</b>	
<b>Address:</b>	1500 COBURN RAOD BILLINGS MT 59101-	<b>Region</b>	YELLOWSTONE
<b>Facility Type:</b>	YOUTH GROUP HOME	<b>Code:</b>	YGH
<b>Number of</b>	8	<b>Age</b>	10-18
<b>Facility License</b>	8195-008	<b>Expires:</b>	10/31/2012
		<b>Gender</b>	MALES
		<b>Licensing</b>	LISA MAUA
<b>Parent</b>	OPEN GATE RANCH	<b>Phone:</b>	(406) 827-4805
<b>Director Name:</b>	CRAIG BARRUS	<b>Title:</b>	DIRECTOR
<b>Parent Address:</b>	PO BOX 1413 TROUT CREEK MT 59874-1413	<b>800 #:</b>	
<b>Facility Name:</b>	OPEN GATE RANCH	<b>Facility Phone Number:</b>	(406) 827-4805
<b>First Name:</b>		<b>Title:</b>	
<b>Contact:</b>		<b>Title:</b>	
<b>Address:</b>	48 ALGER RD N TROUT MT 59874-1413	<b>Region</b>	SANDERS
<b>Facility Type:</b>	YOUTH GROUP HOME	<b>Code:</b>	YGH
<b>Number of</b>	8	<b>Age</b>	10-18
<b>Facility License</b>	7574-001	<b>Expires:</b>	7/31/2012
		<b>Gender</b>	MALE
		<b>Licensing</b>	DEBRA UNRUH

<b>Parent</b>	ST LABRE INDIAN SCHOOL				<b>Phone:</b>	(406) 704-4500
<b>Director Name:</b>	VICKI J	ANDERSON			<b>Title:</b>	DIRECTOR
<b>Parent Address:</b>	PO BOX 77	ASHLAND	MT	59003	<b>800 #:</b>	
<b>Facility Name:</b>	SHILO BOYS AND GIRLS HOME				<b>Facility Phone Number:</b>	(406) 784-4521
<b>First Name:</b>	DOUG	<b>Last</b>	HOPKINS		<b>Title:</b>	MANAGER
<b>Contact:</b>		<b>Last</b>			<b>Title:</b>	
<b>Address:</b>	PO BOX 458	ASHLAND	MT	59003-	<b>Region</b>	ROSEBUD
<b>Facility Type:</b>	COMBINING YOUTH HOMES				<b>Code:</b>	YGH
<b>Number of</b>	8	<b>Age</b>	6-17		<b>Gender</b>	MALES & FEMALES
<b>Facility License</b>	22420-003	<b>Expires:</b>	6/30/2012		<b>Licensing</b>	LISA MAUA
<b>Parent</b>	WATSON CHILDRENS SHELTER				<b>Phone:</b>	(406) 549-0058
<b>Director Name:</b>	FRAN	ALBRECHT			<b>Title:</b>	DIRECTOR
<b>Parent Address:</b>	4978 BUCKHOUSE LANE	MISSOULA	MT	59804	<b>800 #:</b>	
<b>Facility Name:</b>	WATSON YOUTH GROUP HOME				<b>Facility Phone Number:</b>	
<b>First Name:</b>	NATALIE	<b>Last</b>	STERN		<b>Title:</b>	FACILITY DIRECTOR
<b>Contact:</b>		<b>Last</b>			<b>Title:</b>	
<b>Address:</b>	2901 FORT MISSOULA ROAD	MISSOULA	MT	59804-	<b>Region</b>	MISSOULA
<b>Facility Type:</b>	YOUTH GROUP HOME				<b>Code:</b>	YGH
<b>Number of</b>	16	<b>Age</b>	5-14		<b>Gender</b>	MALE OR FEMALE
<b>Facility License</b>	3431-002	<b>Expires:</b>	6/30/2012		<b>Licensing</b>	DEBRA UNRUH
<b>Parent</b>	YOUTH DYNAMICS				<b>Phone:</b>	(406) 245-6539
<b>Director Name:</b>	PETER	DEGEL			<b>Title:</b>	EXECUTIVE DIRECTOR
<b>Parent Address:</b>	2334 LEWIS AVE	BILLINGS	MT	59102	<b>800 #:</b>	
<b>Facility Name:</b>	BIG SKY YOUTH CENTER				<b>Facility Phone Number:</b>	(406) 586-2566
<b>First Name:</b>	JANA	<b>Last</b>	MCCREARY		<b>Title:</b>	PROGRAM MANAGER
<b>Contact:</b>		<b>Last</b>			<b>Title:</b>	
<b>Address:</b>	3025 WESTRIDGE DR	BOZEMAN	MT	59715-	<b>Region</b>	GALLATIN
<b>Facility Type:</b>	YOUTH GROUP HOME				<b>Code:</b>	YGH
<b>Number of</b>	8	<b>Age</b>	11-18		<b>Gender</b>	MALE OR FEMALE
<b>Facility License</b>	8382-003	<b>Expires:</b>	12/31/2012		<b>Licensing</b>	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:** BITTERROOT YOUTH HOME **Facility Phone Number:** (406) 363-0619  
**First Name:** KAY **Last** CROWE **Title:** PROGRAM DIRECTOR  
**Contact:** **Last**  
**Address:** 196 PROVIDENCE WAY HAMILTON MT 59840- **Title:**  
**Facility Type:** YOUTH GROUP HOME **Region:** MISSOULA  
**Code:** YGH

**Number of** 8 **Age** 10-17 **Gender** MALE & FEMALE

**Facility License** 7001-011 **Expires:** 6/30/2012 **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:** FLATHEAD YOUTH HOME **Facility Phone Number:** (406) 755-4622  
**First Name:** LANCE **Last** ISAAK **Title:** FACILITY MANAGER  
**Contact:** **Last**  
**Address:** 825 E OREGON ST KALISPELL MT 59901- **Title:**  
**Facility Type:** YOUTH GROUP HOME **Region:** FLATHEAD  
**Code:** YGH

**Number of** 8 **Age** 10-17 **Gender** MALE & FEMALE

**Facility License** 7001-007 **Expires:** 7/31/2012 **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:** SALLY **Last** STANSBERRY **Title:** DIRECTOR OF  
**Contact:** MELISSA **Last** ARNO **Title:** PROGRAM DIRECTOR  
**Address:** 2824 W CENTRAL AVE. WEST MISSOULA MT 59804- **Region:** MISSOULA  
**Facility Type:** YOUTH GROUP HOME **Code:** YGH

**Number of** 8 **Age** 13-17 **Gender** MALE & FEMALE

**Facility License** 7001-004 **Expires:** 4/30/2012 **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** 12-18 **Gender** MALE  
**Facility License** 10391-001 **Expires:** 11/30/2012 **Licensing** TRACY JOHNSON

**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:** GIRLS FACILITY TRANSITION HOUSE **Facility Phone Number:** (406) 452-1792  
**First Name:** TERI **Last** YOUNG **Title:** DIRECTOR  
**Contact:** GLEN **Last** CANIPAROLI **Title:** CONTACT  
**Address:** 4212 1/2 3RD AVENUE SOUTH GREAT FALLS MT 59405- **Region:** CASCADE  
**Facility Type:** YOUTH GROUP HOME **Code:** YGH  
**Number of** 5 **Age** 12-18 **Gender** FEMALE  
**Facility License** 10391-002 **Expires:** 11/30/2012 **Licensing** TRACY JOHNSON