

# YOUTH SHELTER CARE

**Parent** COMMUNITY COUNSELING & CORRECTION SERVICES **Phone:** (406) 782-0417  
**Director Name:** JACK MCCORMICK **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** 25832-001 **Expires:** 3/31/2012 **Licensing** STEPHANIE GALLE

**Parent** COMMUNITY COUNSELING & CORRECTION SERVICES **Phone:** (406) 563-3842  
**Director Name:** CAROL KOVACICH **Title:** DIRECTOR  
**Parent Address:** 471 EAST MERCURY ANACONDA MT 59711-2501 **800 #:**  
**Facility Name:** DISCOVERY HOUSE YOUTH GROUP HOME **Facility Phone Number:** (406) 563-3842  
**First Name:** **Last** **Title:**  
**Contact:** CAROL **Last** KOVACICH **Title:** PROGRAM MANAGER  
**Address:** 65 SHEEP GULCH ROAD ANACONDA MT 59711-2950 **Region** DEER LODGE  
**Facility Type:** YOUTH GROUP HOME **Code:** YSC  
**Number of** 8 **Age** 10-17 **Gender** MALE & FEMALE  
**Facility License** 25832-001 **Expires:** 3/31/2012 **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** 0-18 **Gender** MALE & FEMALE  
**Facility License** 7531-001 **Expires:** 4/30/2013 **Licensing** TRACY JOHNSON

**Parent** INTERMOUNTAIN CHILDRENS HOME **Phone:** (406) 442-7920  
**Director Name:** BERNI MCDONALD **Title:**  
**Parent Address:** PO BOX 460 SOMERS MT 59932 **800 #:**  
**Facility Name:** INTERMOUNTAIN PROVIDENCE HOME **Facility Phone Number:** (406) 260-4336  
**First Name:** BERNI **Last** McDonald **Title:** FACILITY MANAGER  
**Contact:** **Last** **Title:**  
**Address:** 24 WEST EVERGREEN DR KALISPELL MT 59901- **Region** FLATHEAD  
**Facility Type:** YOUTH SHELTER CARE **Code:** YSC  
**Number of** 6 **Age** 0-12 **Gender** MALE & FEMALE  
**Facility License** 7148-007 **Expires:** 10/31/2012 **Licensing** DEBRA UNRUH

**Parent** RMDC/ROCKY MOUNTAIN YOUTH RESOURCES **Phone:** (406) 449-3038  
**Director Name:** EMILY MCVEY **Title:** DIRECTOR  
**Parent Address:** PO BOX 1717 HELENA MT 59624 **800 #:**  
**Facility Name:** MARGARET STUART **Facility Phone Number:** (406) 443-2145  
**First Name:** EMILY **Last** MCVEY **Title:** FACILITY MANAGER  
**Contact:** **Last** **Title:**  
**Address:** 200 MILLER ST HELENA MT 59601- **Region** LEWIS & CLARK  
**Facility Type:** YOUTH SHELTER CARE AND YOUTH GROUP HOME **Code:** YSC  
**Number of** 8 **Age** 12-17 **Gender** MALE & FEMALE  
**Facility License** 38010-002 **Expires:** 11/17/2012 **Licensing** STEPHANIE GALLE

**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 SOUTH 26TH STREET BILLINGS MT 59101- **Region** YELLOWSTONE  
**Facility Type:** YOUTH SHELTER CARE **Code:** YSC  
**Number of** 15 **Age** 12-17 **Gender** MALE & FEMALE  
**Facility License** 6251-001 **Expires:** 6/30/2012 **Licensing** TRACY JOHNSON



**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 SHELTER HOME **Facility Phone Number:** (406) 755-4622  
**First Name:** LANCE **Last** ISSAK **Title:** CONTACT  
**Contact:** **Last** **Title:**  
**Address:** 825 E OREGON KALISPELL MT 59903- **Region** FLATHEAD  
**Facility Type:** YOUTH SHELTER CARE **Code:** YSC  
**Number of** 8 **Age** 10-17 **Gender** MALE & FEMALE  
**Facility License** 7001-007 **Expires:** 10/31/2012 **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:** SHIRLEY MILLER ATTENTION HOME **Facility Phone Number:** (406) 549-3836  
**First Name:** CRAIG **Last** KRUEGER **Title:** CONTACT  
**Contact:** **Last** **Title:**  
**Address:** 550 N CALIFORNIA STREET MISSOULA MT 59802- **Region** MISSOULA  
**Facility Type:** YOUTH SHELTER CARE **Code:** YSC  
**Number of** 12 **Age** 10-18 **Gender** MALE & FEMALE  
**Facility License** 7001-005 **Expires:** 6/30/2012 **Licensing** DEBRA UNRUH