ADULT FOSTER HOMES

HOFMAN'S ADULT FOSTER HOME
304 HELEN DR
BELGRADE MT 59714-3109
Phone: 388-6079 **Fax:**
Administrator: RICHARD & HOFMAN

Facility ID Number: **1496**
County: **GALLATIN**
JCAHO:
OriginalLicenseDate: **06/01/02**
Current License Duration: **3**

LicenseNumber: **0027125-001** Exp. Date: **05/31/2006** **NOT PROV** Clients: **1**
Health Planning Region Number: **4**

MALONES HOUSE OF SMILES
2350 WAEVER LN
BELGRADE MT 59714-9009
Phone: 388-0837 **Fax:**
Administrator: ETHEL MALONE

Facility ID Number: **1520**
County: **GALLATIN**
JCAHO:
OriginalLicenseDate: **04/01/03**
Current License Duration: **3**

LicenseNumber: **2209001-001** Exp. Date: **03/31/2008** **NOT PROV** Clients: **3**
Health Planning Region Number: **3**

CAROL'S ADULT FOSTER CARE
343 MONROE ST
BILLINGS MT 59101-5365
Phone: 254-2887 **Fax:**
Administrator: CAROL ADY

Facility ID Number: **1474**
County: **YELLOWSTONE**
JCAHO:
OriginalLicenseDate: **10/06/02**
Current License Duration: **2**

LicenseNumber: **0026026-001** Exp. Date: **09/30/2006** **NOT PROV** Clients: **3**
Health Planning Region Number: **3**

COMPANION HOME
1833 LYNDALE LANE
BILLINGS MT 59102-6265
Phone: 656-6665 **Fax:**
Administrator: NADINE EVENSEN

Facility ID Number: **1468**
County: **YELLOWSTONE**
JCAHO:
OriginalLicenseDate: **12/14/00**
Current License Duration: **3**

LicenseNumber: **0026061-001** Exp. Date: **11/30/2006** **NOT PROV** Clients: **3**
Health Planning Region Number: **2**

COZY COTTAGE
3824 AUDUBON WAY
BILLINGS MT 59102-
Phone: 651-4206 **Fax:**
Administrator: ROSEMARY & GANZEVELD

Facility ID Number: **1558**
County: **BILLINGS**
JCAHO:
OriginalLicenseDate: **01/24/06**
Current License Duration: **1**

LicenseNumber: **0033973-001** Exp. Date: **01/05/2007** **NOT PROV** Clients: **2**
Health Planning Region Number: **3**

CYNTHIA BOYD
920 MILES AVENUE
BILLINGS MT 59101-
Phone: 651-8995 **Fax:**
Administrator: CYNTHIA BOYD

Facility ID Number: **1524**
County: **YELLOWSTONE**
JCAHO:
OriginalLicenseDate: **05/27/03**
Current License Duration: **2**

LicenseNumber: **0029209-001** Exp. Date: **04/30/2006** **NOT PROV** Clients: **1**
Health Planning Region Number: **3**

ELLA LEES ASSISTED LIVING AFH
6541 HESPER RD
BILLINGS MT 59106-
Phone: 656-7910 **Fax:**
Administrator: ELLA L EDLUND

Facility ID Number: **1465**
County: **YELLOWSTONE**
JCAHO:
OriginalLicenseDate: **11/13/00**
Current License Duration: **2**

LicenseNumber: **0025680-001** Exp. Date: **10/31/2006** **NOT PROV** Clients: **2**
Health Planning Region Number: **3**

HALL'S ADULT FOSTER HOME
3938 OX YOKE DRIVE
BILLINGS MT 59105-
Phone: 256-2178 **Fax:** 256-2178
Administrator: MARY HALL

Facility ID Number: **1536**
County: **YELLOWSTONE**
JCAHO:
OriginalLicenseDate: **03/29/04**
Current License Duration: **1**

LicenseNumber: **0030670-001** Exp. Date: **03/28/2007** **NOT PROV** Clients: **2**
Health Planning Region Number: **3**

JOSEPH & LYNETTE LYNCH AFH
231 TAM O'SHANTER RD
BILLINGS MT 59105-3512
Phone: 256-9054 **Fax:**
Administrator: JOSEPH & LYNCH

Facility ID Number: **1494**
County: **YELLOWSTONE**
JCAHO:
OriginalLicenseDate: **03/21/02**
Current License Duration: **3**

LicenseNumber: **0026704-001** Exp. Date: **02/28/2007** **NOT PROV** Clients: **1**
Health Planning Region Number: **3**

LUCINDA BRAWLEY AFH
4227 JANSMA AVE
BILLINGS MT 59101-
Phone: 248-3547 **Fax:**
Administrator: LUCINDA BRAWLEY

Facility ID Number: **1300**
County: **YELLOWSTONE**
JCAHO:
OriginalLicenseDate:
Current License Duration: **3**

LicenseNumber: **0025988-001** Exp. Date: **05/31/2009** **NOT PROV** Clients: **2**
Health Planning Region Number: **3**

MILDRED JONES AFH
2224 HWY 87 E
BILLINGS MT 59101-
Phone: 252-5348 **Fax:**
Administrator: MILDRED JONES

Facility ID Number: **1429**
County: **YELLOWSTONE**
JCAHO:
OriginalLicenseDate: **07/28/99**
Current License Duration: **3**

LicenseNumber: **00264103-00** Exp. Date: **07/28/2006** **NOT PROV** Clients: **2**
Health Planning Region Number: **3**

NANCY WIER AFH
2320 LYNDALE LN
BILLINGS MT 59102-2136
Phone: 656-3474 **Fax:**
Administrator: NANCY WIER

Facility ID Number: **1490**
County: **YELLOWSTONE**
JCAHO:
OriginalLicenseDate: **02/01/02**
Current License Duration: **3**

LicenseNumber: **0026341-001** Exp. Date: **01/30/2009** **NOT PROV** Clients: **1**
Health Planning Region Number: **3**

PAMELA KAY JACKSON
710 THICKET LANE
BILLINGS MT 59101-
Phone: 252-3982 **Fax:**
Administrator: PAMELA KAY JACKSON

Facility ID Number: **1562**
County: **YELLOWSTONE**
JCAHO:
OriginalLicenseDate: **02/24/06**
Current License Duration: **1**

LicenseNumber: **0034172-001** Exp. Date: **02/08/2007** **NOT PROV** Clients: **1**
Health Planning Region Number: **3**

PEG'S ADULT CARE HOME
4222 MURPHY AVE
BILLINGS MT 59101-
Phone: 252-6155 **Fax:**
Administrator: PEGGY GIBSON

Facility ID Number: **1325**
County: **YELLOWSTONE**
JCAHO:
OriginalLicenseDate:
Current License Duration: **1**

LicenseNumber: **0026085-001** Exp. Date: **11/30/2006** **NOT PROV** Clients: **3**
Health Planning Region Number: **3**

ROCKY HILL HAVEN
1633 WALTER DR
BILLINGS MT 59105-
Phone: 248-3472 **Fax:**
Administrator: GLADYS DIAMOND

Facility ID Number: **1305**
County: **YELLOWSTONE**
JCAHO:
OriginalLicenseDate:
Current License Duration: **3**

LicenseNumber: **0026076-001** Exp. Date: **05/31/2006** **NOT PROV** Clients: **4**
Health Planning Region Number: **3**

SHARON DESJARLAIS AFH
3203 LYNN AVE
BILLINGS MT 59102-
Phone: 656-1181 **Fax:**
Administrator: SHARON DESJARLAIS

Facility ID Number: **1304**
County: **YELLOWSTONE**
JCAHO:
OriginalLicenseDate:
Current License Duration: **3**

LicenseNumber: **0026029-001** Exp. Date: **01/29/2009** **NOT PROV** Clients: **4**
Health Planning Region Number: **3**

SUNNY VIEW ADULT FOSTER CARE
849 AVE F
BILLINGS MT 59102-
Phone: 259-2152 **Fax:**
Administrator: MOLLY MCCARTHY

Facility ID Number: **1462**
County: **YELLOWSTONE**
JCAHO:
OriginalLicenseDate: **10/25/00**
Current License Duration: **2**

LicenseNumber: **0025595-001** Exp. Date: **10/24/2006** **NOT PROV** Clients: **4**
Health Planning Region Number: **3**

TERRY & TAMI HAAN AFH
1707 ST JOHNS AVE
BILLINGS MT 59102-
Phone: 656-4572 **Fax:**
Administrator: TERRY & TAMI HAAN

Facility ID Number: **1443**
County: **YELLOWSTONE**
JCAHO:
OriginalLicenseDate: **11/10/99**
Current License Duration: **3**

LicenseNumber: **0026394-001** Exp. Date: **10/01/2008** **NOT PROV** Clients: **1**
Health Planning Region Number: **3**

TINA'S ADULT FOSTER CARE
5319 KING AVENUE WEST
BILLINGS MT 59102-
Phone: **Fax:**
Administrator: TINA OXLEY

Facility ID Number: **1550**
County: **YELLOWSTONE**
JCAHO:
OriginalLicenseDate: **03/01/05**
Current License Duration: **1**

LicenseNumber: **0032364-001** Exp. Date: **02/18/2008** **NOT PROV** Clients: **2**
Health Planning Region Number: **3**

TONY & TINA MUNGUIA
1035 AVE F
BILLINGS MT 59102-
Phone: 248-6016 **Fax:**
Administrator: TONY & TINA MANGUIA

Facility ID Number: **1525**
County: **YELLOWSTONE**
JCAHO:
OriginalLicenseDate: **08/01/03**
Current License Duration: **2**

LicenseNumber: **0029538-001** Exp. Date: **08/01/2007** **NOT PROV** Clients: **2**
Health Planning Region Number: **3**

VICKY'S ADULT FOSTER HOME Facility ID Number: **1535**
213 SOUTH 28TH STREET County: **YELLOWSTONE**
BILLINGS MT 59101- **JCAHO:**
Phone: **Fax:** OriginalLicenseDate: **02/05/04**
Administrator: VICKY BURLING Current License Duration: **2**

LicenseNumber: **0012127-001** Exp. Date: **02/04/2007** **NOT PROV** Clients: **4**
Health Planning Region Number: **3**

WILLIS FOSTER CARE Facility ID Number: **1176**
1116 ALDERSON AVE County: **YELLOWSTONE**
BILLINGS MT 59102-4218 **JCAHO:**
Phone: 252-4465 **Fax:** OriginalLicenseDate: **01/27/98**
Administrator: LYNDA WHIPPLE Current License Duration: **2**

LicenseNumber: **0026269-001** Exp. Date: **12/31/2006** **NOT PROV** Clients: **4**
Health Planning Region Number: **3**

GREGORY & PATICIA MARSHALL Facility ID Number: **1513**
140 GAWAIN WAY County: **GALLATIN**
BOZEMAN MT 59718-9025 **JCAHO:**
Phone: **Fax:** OriginalLicenseDate: **11/12/02**
Administrator: GREGORY & MARSHALL Current License Duration: **1**

LicenseNumber: **0028267-001** Exp. Date: **10/31/2007** **NOT PROV** Clients: **1**
Health Planning Region Number: **4**

KENNETH & CINDY REED Facility ID Number: **1504**
15416 KELLY CANYON RD County: **GALLATIN**
BOZEMAN MT 59715-8211 **JCAHO:**
Phone: 586-6439 **Fax:** OriginalLicenseDate: **09/06/02**
Administrator: KENNETH & REED Current License Duration: **2**

LicenseNumber: **0027724-001** Exp. Date: **08/31/2006** **NOT PROV** Clients: **1**
Health Planning Region Number: **4**

MARSHA THILL AFH Facility ID Number: **1449**
845 CAPE AVE **PO BOX 6412** County: **GALLATIN**
BOZEMAN MT 59771- **JCAHO:**
Phone: 586-7022 **Fax:** OriginalLicenseDate: **02/07/00**
Administrator: MARSHA THILL Current License Duration: **3**

LicenseNumber: **0026383-001** Exp. Date: **01/27/2007** **NOT PROV** Clients: **1**
Health Planning Region Number: **4**

DOREEN MITCHELL
2600 PLACER
BUTTE MT 59701-
Phone: 490-3830 **Fax:**
Administrator: DOREEN MITCHELL

Facility ID Number: **1565**
County: **SILVER BOW**
JCAHO:
OriginalLicenseDate: **03/09/06**
Current License Duration: **1**

LicenseNumber: **0034195-001** Exp. Date: **01/31/2007** **NOT PROV** Clients: **1**
Health Planning Region Number: **4**

JEAN JOHNSON
2552 S MAIN
BUTTE MT 59701-
Phone: 782-3755 **Fax:**
Administrator: JEAN JOHNSON

Facility ID Number: **1373**
County: **SILVER BOW**
JCAHO:
OriginalLicenseDate: **10/24/04**
Current License Duration: **3**

LicenseNumber: **0028174-001** Exp. Date: **09/30/2008** **NOT PROV** Clients: **1**
Health Planning Region Number: **4**

KERRY CHAVEZ AFH
2104 UTAH
BUTTE MT 59701-
Phone: 723-3457 **Fax:**
Administrator: RON & KERRY BORCHERT

Facility ID Number: **1456**
County: **SILVER BOW**
JCAHO:
OriginalLicenseDate: **05/02/00**
Current License Duration: **3**

LicenseNumber: **0026173-001** Exp. Date: **04/30/2006** **NOT PROV** Clients: **2**
Health Planning Region Number: **4**

HERITAGE HOUSE
442 HWY 200 WEST
CIRCLE MT 59215-
Phone: 485-2446 **Fax:**
Administrator: PATRICIA BARNHOUSE

Facility ID Number: **1560**
County: **MCCONE**
JCAHO:
OriginalLicenseDate: **01/24/06**
Current License Duration: **1**

LicenseNumber: **0033976-001** Exp. Date: **12/31/2006** **NOT PROV** Clients: **4**
Health Planning Region Number: **1**

ELIZABETH ADULT FOSTER CARE
3 CREEKSIDE LANE
CLANCY MT 59634-
Phone: 933-5712 **Fax:**
Administrator: ELIZABETH PRITOHARD-SLE

Facility ID Number: **1554**
County: **JEFFERSON**
JCAHO:
OriginalLicenseDate: **10/18/05**
Current License Duration: **1**

LicenseNumber: **0032778-001** Exp. Date: **08/31/2006** **NOT PROV** Clients: **4**
Health Planning Region Number: **4**

HOLLYANN FRISCH AFH
600 HWY 282 **PO BOX 32**
CLANCY MT 59634-
Phone: 933-5125 **Fax:**
Administrator: HOLLYANN FRISCH

Facility ID Number: **1337**
County: **JEFFERSON**
JCAHO:
OriginalLicenseDate:
Current License Duration: **3**

LicenseNumber: **0026765-001** Exp. Date: **08/31/2007** **NOT PROV** Clients: **2**
Health Planning Region Number: **4**

B AND N BUCK AFH
1492 14TH ST EN
COLUMBIA FALLS MT 59912-
Phone: 892-4812 **Fax:** 892-8961
Administrator: BERL & NYLA BUCK

Facility ID Number: **1522**
County: **FLATHEAD**
JCAHO:
OriginalLicenseDate: **04/01/03**
Current License Duration: **3**

LicenseNumber: **0029066-001** Exp. Date: **03/31/2009** **NOT PROV** Clients: **1**
Health Planning Region Number: **5**

TRACY PARRISH AFH
3775 KING STREET
E. HELENA MT 59635-
Phone: 266-3482 **Fax:**
Administrator: TRACY PARRISH

Facility ID Number: **1482**
County: **LEWIS & CLARK**
JCAHO:
OriginalLicenseDate: **06/30/01**
Current License Duration: **3**

LicenseNumber: **0026764-001** Exp. Date: **06/30/2008** **NOT PROV** Clients: **4**
Health Planning Region Number: **4**

SHARONS SUNSHINE CARE
2598 CASPER
EAST HELENA MT 59635-
Phone: **Fax:**
Administrator: SHARON MCEWEN

Facility ID Number: **1559**
County: **LEWIS & CLARK**
JCAHO:
OriginalLicenseDate: **01/24/06**
Current License Duration: **1**

LicenseNumber: **0034010-001** Exp. Date: **12/31/2006** **NOT PROV** Clients: **4**
Health Planning Region Number: **4**

DANA AND KATHRYN COTNOIR
17000 BECKWITH ROAD **PO BOX 349**
FRENCHTOWN MT 59834-
Phone: **Fax:**
Administrator: DANA & COTNOYR

Facility ID Number: **1534**
County: **MISSOULA**
JCAHO:
OriginalLicenseDate: **03/01/04**
Current License Duration: **1**

LicenseNumber: **0030560-001** Exp. Date: **02/28/2007** **NOT PROV** Clients: **1**
Health Planning Region Number: **5**

BUCK ADULT FOSTER HOME Facility ID Number: **1454**
300 RIVERVIEW DR E County: **CASCADE**
GREAT FALLS MT 59401- **JCAHO:**
Phone: 453-2716 **Fax:** OriginalLicenseDate: **04/12/00**
Administrator: DAVID BUCK Current License Duration: **3**

LicenseNumber: **0025782-001** Exp. Date: **09/30/2007** **NOT PROV** Clients: **3**
Health Planning Region Number: **2**

CONNIE DAWSON Facility ID Number: **1507**
1701 20TH ST APT B1 County: **CASCADE**
GREAT FALLS MT 59405-4937 **JCAHO:**
Phone: 268-1950 **Fax:** OriginalLicenseDate: **09/28/02**
Administrator: CONNIE DAWSON Current License Duration: **3**

LicenseNumber: **0027994-001** Exp. Date: **09/30/2006** **NOT PROV** Clients: **3**
Health Planning Region Number: **2**

COURTNEY-LURAAS ADULT FOSTER HOME Facility ID Number: **1540**
2302 2ND AVENUE SW County: **CASCADE**
GREAT FALLS MT 59404- **JCAHO:**
Phone: 761-1168 **Fax:** OriginalLicenseDate: **05/01/04**
Administrator: VERA MARIE COURTNEY-LURA Current License Duration: **2**

LicenseNumber: **0030962-001** Exp. Date: **04/30/2007** **NOT PROV** Clients: **2**
Health Planning Region Number: **2**

EWING HOUSE Facility ID Number: **1508**
1701 3RD AVE N County: **CASCADE**
GREAT FALLS MT 59401-2714 **JCAHO:**
Phone: 453-1238 **Fax:** OriginalLicenseDate: **10/01/02**
Administrator: DANIEL & PAYNICH Current License Duration: **3**

LicenseNumber: **0028073-001** Exp. Date: **09/30/2006** **NOT PROV** Clients: **1**
Health Planning Region Number: **2**

FRIER ADULT FOSTER HOME Facility ID Number: **1547**
7501 FOX FARM ROAD County: **CASCADE**
GREAT FALLS MT 59404- **JCAHO:**
Phone: 727-1606 **Fax:** OriginalLicenseDate: **11/01/04**
Administrator: PATTY & FRIER Current License Duration: **2**

LicenseNumber: **0031744-001** Exp. Date: **10/31/2007** **NOT PROV** Clients: **2**
Health Planning Region Number: **2**

GLENN & LYNN FOWLER AFH
3611 4TH AVE N
GREAT FALLS MT 59401-
Phone: 452-6019 **Fax:**
Administrator: GLENN & FOWLER

Facility ID Number: **1446**
County: **CASCADE**
JCAHO:
OriginalLicenseDate: **01/03/00**
Current License Duration: **3**

LicenseNumber: **0025788-001** Exp. Date: **12/31/2005** **NOT PROV** Clients: **4**
Health Planning Region Number: **2**

LULU VOYLES AFH
505 39TH STREET NORTH
GREAT FALLS MT 59405-
Phone: 454-3291 **Fax:**
Administrator: LULU VOYLES

Facility ID Number: **1417**
County: **CASCADE**
JCAHO:
OriginalLicenseDate: **11/05/98**
Current License Duration: **1**

LicenseNumber: **0025795-001** Exp. Date: **01/31/2007** **NOT PROV** Clients: **3**
Health Planning Region Number: **2**

LYNDA SULLIVAN
804 48TH ST S
GREAT FALLS MT 59405-5729
Phone: **Fax:**
Administrator: LYNDA SULLIVAN

Facility ID Number: **1526**
County: **CASCADE**
JCAHO:
OriginalLicenseDate: **08/01/03**
Current License Duration: **3**

LicenseNumber: **0026538-001** Exp. Date: **07/31/2007** **NOT PROV** Clients: **2**
Health Planning Region Number: **2**

CARE & COMFORT HOME
416 10TH AVE
HAVRE MT 59501-
Phone: 265-1197 **Fax:**
Administrator: APRIL CUSTER

Facility ID Number: **1517**
County: **HILL**
JCAHO:
OriginalLicenseDate: **02/01/03**
Current License Duration: **1**

LicenseNumber: **0028640-001** Exp. Date: **01/31/2009** **NOT PROV** Clients: **2**
Health Planning Region Number: **2**

NARDO'S RANCH AFH
EAGLE ROCK ESTATES **PO BOX 15**
HAVRE MT 59501-
Phone: 395-4831 **Fax:**
Administrator: PAUL & SEBEY

Facility ID Number: **1356**
County: **HILL**
JCAHO:
OriginalLicenseDate:
Current License Duration: **1**

LicenseNumber: **0025920-001** Exp. Date: **11/30/2006** **NOT PROV** Clients: **3**
Health Planning Region Number: **2**

TURTLEDOVE
38 6TH ST
HAVRE MT 59501-
Phone: 265-2559 **Fax:**
Administrator: CHERI BRINDLE

Facility ID Number: **1567**
County: **HILL**
JCAHO:
OriginalLicenseDate: **03/15/06**
Current License Duration: **1**

LicenseNumber: **0034386-001** Exp. Date: **03/14/2007** **NOT PROV** Clients: **2**
Health Planning Region Number: **2**

AFTON & WALLY MELCHER AFH
5452 BIRDSEYE RD
HELENA MT 59601-
Phone: 442-0895 **Fax:**
Administrator: AFTON & MELCHER

Facility ID Number: **1342**
County: **LEWIS & CLARK**
JCAHO:
OriginalLicenseDate:
Current License Duration: **3**

LicenseNumber: **0026745-001** Exp. Date: **03/31/2008** **NOT PROV** Clients: **1**
Health Planning Region Number: **4**

ALAN & MARTHA BOTTELSON
7113 SHITETAIL WAY
HELENA MT 59602-9424
Phone: 458-3547 **Fax:**
Administrator: ALAN & BOTTELSON

Facility ID Number: **1563**
County: **LEWIS & CLARK**
JCAHO:
OriginalLicenseDate: **12/31/05**
Current License Duration: **3**

LicenseNumber: **0026174-001** Exp. Date: **11/30/2008** **NOT PROV** Clients: **4**
Health Planning Region Number: **4**

ALAN & MARTHA BOTTELSON AFH
7113 WHITETAIL WAY
HELENA MT 59602-
Phone: 458-9547 **Fax:**
Administrator: ALAN & BOTTLESON

Facility ID Number: **1313**
County: **LEWIS & CLARK**
JCAHO:
OriginalLicenseDate: **09/29/98**
Current License Duration: **3**

LicenseNumber: **0026174-001** Exp. Date: **12/29/2005** **NOT PROV** Clients: **4**
Health Planning Region Number: **4**

CARMELA LINGUISTA AFH
417 PINE ST
HELENA MT 59601-
Phone: 442-9233 **Fax:**
Administrator: CARMELLA LINGUISTA

Facility ID Number: **1339**
County: **LEWIS & CLARK**
JCAHO:
OriginalLicenseDate: **12/14/99**
Current License Duration: **3**

LicenseNumber: **0026180-001** Exp. Date: **11/30/2007** **NOT PROV** Clients: **1**
Health Planning Region Number: **4**

CAROL BOYER-SMITH
210 E 6TH AVE APT 5
HELENA MT 59601-
Phone: **Fax:**
Administrator: CAROL BOYER-SMITH

Facility ID Number: **1538**
County: **LEWIS & CLARK**
JCAHO:
OriginalLicenseDate: **04/01/04**
Current License Duration: **2**

LicenseNumber: **0026744-001** Exp. Date: **03/31/2007** **NOT PROV** Clients: **1**
Health Planning Region Number: **4**

CONSTANCE MAYER
8130DIAMOND SPRINGS DRIVE
HELENA MT 59602-9397
Phone: **Fax:**
Administrator: CONSTANCE MAYER

Facility ID Number: **1512**
County: **LEWIS & CLARK**
JCAHO:
OriginalLicenseDate: **12/11/02**
Current License Duration: **2**

LicenseNumber: **0028416-001** Exp. Date: **02/28/2007** **NOT PROV** Clients: **4**
Health Planning Region Number: **4**

FRED & CAROL HARPER AFH
901 GARFIELD STREET
HELENA MT 59601-5719
Phone: 449-3732 **Fax:**
Administrator: FRED & HARPER

Facility ID Number: **1371**
County: **LEWIS & CLARK**
JCAHO:
OriginalLicenseDate:
Current License Duration: **2**

LicenseNumber: **0026750-001** Exp. Date: **10/30/2008** **NOT PROV** Clients: **1**
Health Planning Region Number: **4**

HILLTOP AFH
8540 LAKE PARK TRAIL
HELENA MT 59602-
Phone: 475-3678 **Fax:**
Administrator: MARY JUNKER

Facility ID Number: **1374**
County: **LEWIS & CLARK**
JCAHO:
OriginalLicenseDate: **09/30/99**
Current License Duration: **3**

LicenseNumber: **0026179-001** Exp. Date: **09/30/2008** **NOT PROV** Clients: **2**
Health Planning Region Number: **4**

JAMIE & DAVID MOE ADULT FOSTER HOME
1350 BOSTON ROAD
HELENA MT 59602-
Phone: 449-6706 **Fax:**
Administrator: JAMIE & MOE

Facility ID Number: **1561**
County: **LEWIS & CLARK**
JCAHO:
OriginalLicenseDate: **02/01/06**
Current License Duration:

LicenseNumber: **0034034-001** Exp. Date: **01/31/2007** **NOT PROV** Clients: **2**
Health Planning Region Number: **4**

JUNE & JOHN DALZELL
675 MYLES RD
HELENA MT 59602-
Phone: 442-4628 **Fax:**
Administrator: JUNE & JOHN DALZELL

Facility ID Number: **1564**
County: **LEWIS & CLARK**
JCAHO:
OriginalLicenseDate: **02/24/06**
Current License Duration: **2**

LicenseNumber: **0026062-001** Exp. Date: **09/30/2008** **NOT PROV** Clients: **4**
Health Planning Region Number: **4**

JUNE'S HOUSE INC AFH
675 MYLES RD
HELENA MT 59601-
Phone: 442-4628 **Fax:**
Administrator: JOHN & JUNE DALZELL

Facility ID Number: **1340**
County: **LEWIS & CLARK**
JCAHO:
OriginalLicenseDate:
Current License Duration: **3**

LicenseNumber: **0026062-001** Exp. Date: **10/29/2005** **NOT PROV** Clients: **4**
Health Planning Region Number: **4**

KATHRYN KAY LAKE
1740 EASY ST
HELENA MT 59601-
Phone: 442-3812 **Fax:**
Administrator: KATHRYN LAKE

Facility ID Number: **1553**
County: **LEWIS & CLARK**
JCAHO:
OriginalLicenseDate: **07/15/05**
Current License Duration: **1**

LicenseNumber: **0025771-001** Exp. Date: **06/30/2006** **NOT PROV** Clients: **2**
Health Planning Region Number: **4**

KEA WADDELL
3447 VIENNA DRIVE
HELENA MT 59602-0000
Phone: 227-7345 **Fax:**
Administrator: KEA WADDELL

Facility ID Number: **1527**
County: **LEWIS & CLARK**
JCAHO:
OriginalLicenseDate: **02/01/04**
Current License Duration: **1**

LicenseNumber: **0030421-001** Exp. Date: **01/31/2008** **NOT PROV** Clients: **2**
Health Planning Region Number: **4**

KRISTIN OLSEN AFH
613 S RODNEY
HELENA MT 59601-
Phone: 443-4735 **Fax:**
Administrator: KRISTIN OLSEN

Facility ID Number: **1386**
County: **LEWIS & CLARK**
JCAHO:
OriginalLicenseDate: **05/31/01**
Current License Duration: **3**

LicenseNumber: **0026377-001** Exp. Date: **05/31/2007** **NOT PROV** Clients: **2**
Health Planning Region Number: **4**

LINDA ESTES
4810 N MONTANA AVE
HELENA MT 59602-
Phone: 422-5334 **Fax:**
Administrator: LINDA ESTES

Facility ID Number: **1566**
County: **LEWIS & CLARK**
JCAHO:
OriginalLicenseDate: **09/01/06**
Current License Duration: **1**

LicenseNumber: **0034202-001** Exp. Date: **02/28/2007** **NOT PROV** Clients: **2**
Health Planning Region Number: **4**

MARY CRAMER AFH
1717 CHESTNUT ST
HELENA MT 59601-
Phone: 449-3356 **Fax:**
Administrator: MARY CRAMER

Facility ID Number: **1402**
County: **LEWIS & CLARK**
JCAHO:
OriginalLicenseDate:
Current License Duration: **3**

LicenseNumber: **0026175-001** Exp. Date: **08/01/2006** **NOT PROV** Clients: **2**
Health Planning Region Number: **4**

MICHAEL & CHERYL STEELE AFH
5940 DELRAY
HELENA MT 59602-
Phone: 458-6113 **Fax:**
Administrator: MICHAEL & STEELE

Facility ID Number: **1314**
County: **LEWIS & CLARK**
JCAHO:
OriginalLicenseDate: **01/08/98**
Current License Duration: **3**

LicenseNumber: **0006334-001** Exp. Date: **01/08/2008** **NOT PROV** Clients: **4**
Health Planning Region Number: **4**

STEVE CAHILL AFH
3260 TERRACE AVE
HELENA MT 59602-
Phone: 442-3432 **Fax:**
Administrator: STEVE CAHILL

Facility ID Number: **1459**
County: **LEWIS & CLARK**
JCAHO:
OriginalLicenseDate: **05/16/00**
Current License Duration: **3**

LicenseNumber: **0026746-001** Exp. Date: **04/30/2009** **NOT PROV** Clients: **4**
Health Planning Region Number: **4**

SUSAN MOSS AFH
2912 BROADWATER AVE
HELENA MT 59601-
Phone: 442-6657 **Fax:**
Administrator: SUSAN MOSS

Facility ID Number: **1343**
County: **LEWIS & CLARK**
JCAHO:
OriginalLicenseDate:
Current License Duration: **3**

LicenseNumber: **0900033-001** Exp. Date: **08/31/2008** **NOT PROV** Clients: **2**
Health Planning Region Number: **4**

THE TALBERT HOUSE AFH
200 STABERN STREET
HELENA MT 59601-
Phone: 449-2589 **Fax:**
Administrator: ROBIN TALBERT

Facility ID Number: **1370**
County: **LEWIS & CLARK**
JCAHO:
OriginalLicenseDate: **06/30/00**
Current License Duration: **3**

LicenseNumber: **0026537-001** Exp. Date: **06/30/2009** **NOT PROV** Clients: **4**
Health Planning Region Number: **4**

WENDY'S HOUSE
6285 SLEEPING GIANT VIEW DR
HELENA MT 59602-9174
Phone: 458-6277 **Fax:**
Administrator: WENDY OCHEDLEUS

Facility ID Number: **1502**
County: **LEWIS & CLARK**
JCAHO:
OriginalLicenseDate: **07/10/02**
Current License Duration: **3**

LicenseNumber: **0027341-001** Exp. Date: **05/30/2008** **NOT PROV** Clients: **4**
Health Planning Region Number: **4**

WILDER HOUSE
4322 PASO FINO LANE
HELENA MT 59602-
Phone: 442-1574 **Fax:**
Administrator: PATRICK PARRISH

Facility ID Number: **1531**
County: **LEWIS & CLARK**
JCAHO:
OriginalLicenseDate: **10/15/03**
Current License Duration: **2**

LicenseNumber: **0029916-001** Exp. Date: **09/30/2006** **NOT PROV** Clients: **4**
Health Planning Region Number: **4**

ZANA SMITH AFH
3465 VIENA DR
HELENA MT 59602-8830
Phone: 227-6248 **Fax:**
Administrator: ZANA SMITH

Facility ID Number: **1415**
County: **LEWIS & CLARK**
JCAHO:
OriginalLicenseDate: **06/16/98**
Current License Duration: **3**

LicenseNumber: **0026757-001** Exp. Date: **02/28/2008** **NOT PROV** Clients: **4**
Health Planning Region Number: **4**

KOUNTRY KARE AFH
19347 MOONLIGHT DR (FRENCHTOWN **PO BOX 914**
HUSON MT 59846-
Phone: 626-1756 **Fax:**
Administrator: LUCY BARNEY

Facility ID Number: **1476**
County: **MISSOULA**
JCAHO:
OriginalLicenseDate: **05/01/01**
Current License Duration: **1**

LicenseNumber: **0026011-001** Exp. Date: **05/31/2008** **NOT PROV** Clients: **3**
Health Planning Region Number: **5**

EDEN HOUSE
230 4TH AVE W
KALISPELL MT 59901-
Phone: 257-4945 **Fax:**
Administrator: JANET BALLARD

Facility ID Number: **1555**
County: **FLATHEAD**
JCAHO:
OriginalLicenseDate: **11/16/05**
Current License Duration: **1**

LicenseNumber: **0033737-001** Exp. Date: **10/31/2006** **NOT PROV** Clients: **4**
Health Planning Region Number: **5**

GRAND SIGHT SENIOR CARE
760 CAPISTRANO NW
KALISPELL MT 59901-
Phone: 755-1592 **Fax:** 755-1592
Administrator: NICHOLE MANN

Facility ID Number: **1552**
County: **FLATHEAD**
JCAHO:
OriginalLicenseDate: **05/01/05**
Current License Duration: **1**

LicenseNumber: **0032659-001** Exp. Date: **04/30/2006** **NOT PROV** Clients: **3**
Health Planning Region Number: **5**

ITZ 4 U AFH
182 NICHOLSON DR
KALISPELL MT 59901-3236
Phone: 752-4153 **Fax:**
Administrator: BELLA JACOBS

Facility ID Number: **1501**
County: **FLATHEAD**
JCAHO:
OriginalLicenseDate: **07/01/02**
Current License Duration: **3**

LicenseNumber: **0027339-001** Exp. Date: **06/30/2006** **NOT PROV** Clients: **4**
Health Planning Region Number: **5**

LANGSTON'S ADULT FOSTER CARE
1467 HWY 2 WEST
KALISPELL MT 59901-
Phone: 257-4999 **Fax:**
Administrator: ROBERT & LANGSTON

Facility ID Number: **1543**
County: **FLATHEAD**
JCAHO:
OriginalLicenseDate: **06/08/04**
Current License Duration: **1**

LicenseNumber: **0025821-001** Exp. Date: **05/31/2006** **NOT PROV** Clients: **4**
Health Planning Region Number: **5**

U AND I RANCH AFH
110 MANY LAKES DR
KALISPELL MT 59901-
Phone: 755-1156 **Fax:**
Administrator: SANDRA PATTEN

Facility ID Number: **1416**
County: **FLATHEAD**
JCAHO:
OriginalLicenseDate: **03/09/98**
Current License Duration: **3**

LicenseNumber: **0025790-001** Exp. Date: **06/30/2008** **NOT PROV** Clients: **4**
Health Planning Region Number: **5**

JAMES & KAYE HURSLEY AFH Facility ID Number: **1365**
122 BRASS ROAD **PO BOX 67** County: **FLATHEAD**
LAKESIDE MT 59922- **JCAHO:**
Phone: 844-2290 **Fax:** OriginalLicenseDate:
Administrator: JAMES & HURSLEY Current License Duration: **3**

LicenseNumber: **0025791-001** Exp. Date: **08/31/2006** **NOT PROV** Clients: **3**
Health Planning Region Number: **5**

CAROL ROBERTS AFH Facility ID Number: **1458**
404 IDAHO County: **LINCOLN**
LIBBY MT 59923- **JCAHO:**
Phone: 293-6132 **Fax:** OriginalLicenseDate: **05/25/00**
Administrator: CAROL ROBERTS Current License Duration: **3**

LicenseNumber: **0026015-001** Exp. Date: **05/31/2008** **NOT PROV** Clients: **3**
Health Planning Region Number: **5**

DOYLE & DORIS ACKERSON AFH Facility ID Number: **1425**
1310 W GEYSER County: **PARK**
LIVINGSTON MT 59047-1512 **JCAHO:**
Phone: 222-0751 **Fax:** OriginalLicenseDate: **05/17/99**
Administrator: DOYLE & ACKERSON Current License Duration: **3**

LicenseNumber: **0026391-001** Exp. Date: **04/30/2006** **NOT PROV** Clients: **1**
Health Planning Region Number: **4**

DONALD & VIVIAN WESTALL AFH Facility ID Number: **1480**
1017 ORR County: **CUSTER**
MILES CITY MT 59301- **JCAHO:**
Phone: 232-6727 **Fax:** OriginalLicenseDate: **07/09/01**
Administrator: DONALD & WESTALL Current License Duration: **3**

LicenseNumber: **0025919-001** Exp. Date: **07/08/2008** **NOT PROV** Clients: **2**
Health Planning Region Number: **1**

JODY SEPT ADULT FOSTER CARE Facility ID Number: **1556**
128 BITTERROOT RD County: **CUSTER**
MILES CITY MT 59301- **JCAHO:**
Phone: 232-3135 **Fax:** OriginalLicenseDate: **11/18/05**
Administrator: JODY ANN SEPT Current License Duration: **1**

LicenseNumber: **0033774-001** Exp. Date: **10/30/2006** **NOT PROV** Clients: **1**
Health Planning Region Number: **1**

JOYCE'S FOSTER CARE HOME Facility ID Number: **1541**
211 NORTH SIX STREET County: **CUSTER**
MILES CITY MT 59301- **JCAHO:**
Phone: 234-7323 **Fax:** OriginalLicenseDate: **05/11/04**
Administrator: JOYCE CONLEY Current License Duration: **3**

LicenseNumber: **0025512-001** Exp. Date: **05/10/2008** **NOT PROV** Clients: **4**
Health Planning Region Number: **1**

MICHAEL CONLEY Facility ID Number: **1549**
511 PALMER STREET County: **CUSTER**
MILES CITY MT 59301- **JCAHO:**
Phone: 234-3905 **Fax:** OriginalLicenseDate: **01/07/05**
Administrator: MICHAEL CONLEY Current License Duration: **2**

LicenseNumber: **0032191-001** Exp. Date: **01/06/2007** **NOT PROV** Clients: **1**
Health Planning Region Number: **1**

NORTH COTTAGE ADULT FOSTER CARE HOME Facility ID Number: **1451**
24 N COTTAGE County: **CUSTER**
MILES CITY MT 59301- **JCAHO:**
Phone: 232-0756 **Fax:** OriginalLicenseDate: **02/02/00**
Administrator: RANDALL & KING Current License Duration: **3**

LicenseNumber: **0025560-002** Exp. Date: **02/02/2009** **NOT PROV** Clients: **4**
Health Planning Region Number: **1**

VALLEY DRIVE FOSTER CARE Facility ID Number: **1466**
1620 VALLEY DR E County: **CUSTER**
MILES CITY MT 59301- **JCAHO:**
Phone: 232-0756 **Fax:** OriginalLicenseDate: **11/09/00**
Administrator: RANDALL & KING Current License Duration: **3**

LicenseNumber: **0025560-001** Exp. Date: **02/02/2009** **NOT PROV** Clients: **4**
Health Planning Region Number: **1**

CENTRAL ST GROUP HOME AFH Facility ID Number: **1493**
607 E CENTRAL ST County: **MISSOULA**
MISSOULA MT 59801- **JCAHO:**
Phone: 542-2471 **Fax:** 542-2411 OriginalLicenseDate: **03/01/02**
Administrator: KERRY KINSEY Current License Duration: **3**

LicenseNumber: **0011058-002** Exp. Date: **02/28/2008** **NOT PROV** Clients: **4**
Health Planning Region Number: **5**

CHRISTY GREENES
324 KENSINGTON
MISSOULA MT 59801-
Phone: 543-4371 **Fax:**
Administrator: CHRISTY GREENE

Facility ID Number: **1557**
County: **MISSOULA**
JCAHO:
OriginalLicenseDate: **12/12/05**
Current License Duration: **1**

LicenseNumber: **0033848-001** Exp. Date: **11/30/2006** **NOT PROV** Clients: **1**
Health Planning Region Number: **5**

DARRYL SMITH AFH
822 NORMANS LANE
MISSOULA MT 59803-
Phone: 251-0259 **Fax:**
Administrator: DARRYL SMITH

Facility ID Number: **1351**
County: **MISSOULA**
JCAHO:
OriginalLicenseDate: **07/09/98**
Current License Duration: **3**

LicenseNumber: **0026362-001** Exp. Date: **06/30/2008** **NOT PROV** Clients: **1**
Health Planning Region Number: **5**

DEBRA POPKO
310 S SURREY
MISSOULA MT 59808-1801
Phone: **Fax:**
Administrator: DEBRA POPKO

Facility ID Number: **1514**
County: **MISSOULA**
JCAHO:
OriginalLicenseDate: **01/01/03**
Current License Duration: **1**

LicenseNumber: **0028607-001** Exp. Date: **11/30/2006** **NOT PROV** Clients: **2**
Health Planning Region Number: **5**

FATHER GEORGE DUMAIS ROCKMONT INC AFH
1700 MADELINE
MISSOULA MT 59801-
Phone: 728-0469 **Fax:**
Administrator: FATHER DUMAIS

Facility ID Number: **1359**
County: **MISSOULA**
JCAHO:
OriginalLicenseDate:
Current License Duration: **3**

LicenseNumber: **0026360-001** Exp. Date: **10/31/2008** **NOT PROV** Clients: **3**
Health Planning Region Number: **5**

ICARE AFH
718 HEATHER DR
MISSOULA MT 59804-
Phone: 542-2719 **Fax:**
Administrator: MARY LOU MANN

Facility ID Number: **1432**
County: **MISSOULA**
JCAHO:
OriginalLicenseDate: **09/02/99**
Current License Duration: **3**

LicenseNumber: **0026365-001** Exp. Date: **08/31/2006** **NOT PROV** Clients: **1**
Health Planning Region Number: **5**

LEGREID ADULT FOSTER CARE
4263 DJ DRIVE
MISSOULA MT 59803-
Phone: 251-3821 **Fax:**
Administrator: ALLEN & LEGREID

Facility ID Number: **1503**
County: **MISSOULA**
JCAHO:
OriginalLicenseDate: **09/01/02**
Current License Duration: **2**

LicenseNumber: **0027740-001** Exp. Date: **10/31/2007** **NOT PROV** Clients: **1**
Health Planning Region Number: **5**

MELTON ADULT CARE HOME
1817 DEFOE STREET
MISSOULA MT 59802-
Phone: 728-0734 **Fax:**
Administrator: LENA MELTON

Facility ID Number: **1548**
County: **MISSOULA**
JCAHO:
OriginalLicenseDate: **12/01/04**
Current License Duration: **2**

LicenseNumber: **0032038-001** Exp. Date: **11/30/2007** **NOT PROV** Clients: **1**
Health Planning Region Number: **5**

MINA AIRHART AFH
243 N TRAVIOS
MISSOULA MT 59808-
Phone: 543-6365 **Fax:**
Administrator: MINA AIRHART

Facility ID Number: **1414**
County: **MISSOULA**
JCAHO:
OriginalLicenseDate: **09/16/98**
Current License Duration: **3**

LicenseNumber: **0026535-001** Exp. Date: **08/31/2008** **NOT PROV** Clients: **1**
Health Planning Region Number: **5**

PAMELA HOPPE AFH
4716 BAILEY
MISSOULA MT 59802-
Phone: 542-7750 **Fax:**
Administrator: PAMELA HOPPE

Facility ID Number: **1173**
County: **MISSOULA**
JCAHO:
OriginalLicenseDate: **06/20/96**
Current License Duration: **3**

LicenseNumber: **0026356-001** Exp. Date: **02/28/2008** **NOT PROV** Clients: **2**
Health Planning Region Number: **5**

PATTI CHEVALLIER
2829 N AVE W
MISSOULA MT 59804-
Phone: 721-6767 **Fax:**
Administrator: PATTI CHEVALLIER

Facility ID Number: **1516**
County: **MISSOULA**
JCAHO:
OriginalLicenseDate: **01/29/03**
Current License Duration: **3**

LicenseNumber: **0028614-001** Exp. Date: **09/30/2007** **NOT PROV** Clients: **1**
Health Planning Region Number: **5**

RAY & SUSIE RISHO AFH
302 S 4TH ST W
MISSOULA MT 59801-
Phone: 549-0752 **Fax:**
Administrator: RAY & SUSIE RISHO

Facility ID Number: **1309**
County: **MISSOULA**
JCAHO:
OriginalLicenseDate:
Current License Duration: **3**

LicenseNumber: **0026350-001** Exp. Date: **05/31/2009** **NOT PROV** Clients: **2**
Health Planning Region Number: **5**

SHARON HARDY AFH
157 MEADOWLARK CT
MISSOULA MT 59803-
Phone: 251-7956 **Fax:**
Administrator: SHARON HARDY

Facility ID Number: **1500**
County: **MISSOULA**
JCAHO:
OriginalLicenseDate: **07/01/02**
Current License Duration: **3**

LicenseNumber: **0025590-002** Exp. Date: **06/30/2007** **NOT PROV** Clients: **1**
Health Planning Region Number: **5**

ST BENEDICT HOUSE
2329 RATTLESNAKE DRIVE
MISSOULA MT 59802-
Phone: 728-3323 **Fax:** 728-3323
Administrator: MAXINE LANE

Facility ID Number: **1542**
County: **MISSOULA**
JCAHO:
OriginalLicenseDate: **06/01/04**
Current License Duration: **1**

LicenseNumber: **0031076-001** Exp. Date: **05/31/2005** **NOT PROV** Clients: **2**
Health Planning Region Number: **5**

STACEY BRAY'S FOSTER HOME
112 HEARTH COURT
MISSOULA MT 59803-
Phone: 251-7052 **Fax:**
Administrator: STACEY BRAY

Facility ID Number: **1551**
County: **MISSOULA**
JCAHO:
OriginalLicenseDate: **04/01/05**
Current License Duration: **1**

LicenseNumber: **0032474-001** Exp. Date: **03/31/2008** **NOT PROV** Clients: **1**
Health Planning Region Number: **5**

THE CARING CORNER AFH
2609 CARDINAL DR
MISSOULA MT 59803-
Phone: 251-5514 **Fax:**
Administrator: LENI CREBO

Facility ID Number: **1470**
County: **MISSOULA**
JCAHO:
OriginalLicenseDate: **01/17/00**
Current License Duration: **3**

LicenseNumber: **0026271-001** Exp. Date: **01/31/2008** **NOT PROV** Clients: **2**
Health Planning Region Number: **5**

CONDA POLAND
#1 JACKSON CREEK ROAD
MONTANA CITY MT 59634-
Phone: 442-2100 **Fax:**
Administrator: CONDA POLAND

Facility ID Number: **1532**
County: **JEFFERSON**
JCAHO:
OriginalLicenseDate: **09/01/02**
Current License Duration: **3**

LicenseNumber: **0027894-001** Exp. Date: **08/31/2008** **NOT PROV** Clients: **2**
Health Planning Region Number: **4**

D & J COUNTRY LIVING AFH
740 NELSON ROAD
MOORE MT 59464-
Phone: 374-2269 **Fax:**
Administrator: DONALD & NELSON

Facility ID Number: **1479**
County: **FERGUS**
JCAHO:
OriginalLicenseDate: **05/22/01**
Current License Duration: **3**

LicenseNumber: **0026027-001** Exp. Date: **04/30/2009** **NOT PROV** Clients: **4**
Health Planning Region Number: **3**

PARKS HOME CARE AFH
7887 DUBAY RD
POLSON MT 59860-
Phone: 883-2634 **Fax:**
Administrator: BOB & PARK

Facility ID Number: **1473**
County: **LAKE**
JCAHO:
OriginalLicenseDate: **02/16/01**
Current License Duration: **3**

LicenseNumber: **0026357-001** Exp. Date: **02/28/2008** **NOT PROV** Clients: **3**
Health Planning Region Number: **5**

THE RETREAT ADULT FOSTER HOME
451 CLAFFEY DRIVE
POLSON MT 59860-
Phone: 883-1379 **Fax:**
Administrator: PAMELA BONNER

Facility ID Number: **1546**
County: **LAKE**
JCAHO:
OriginalLicenseDate: **10/01/04**
Current License Duration: **2**

LicenseNumber: **0031517-001** Exp. Date: **09/30/2007** **NOT PROV** Clients: **3**
Health Planning Region Number: **5**

SHERRIE & STEVEN NEVILL
8517 HWY 212 **PO BOX 116**
ROBERTS MT 59070-
Phone: 445-2228 **Fax:**
Administrator: STEVEN & NEVILL

Facility ID Number: **1539**
County: **CARBON**
JCAHO:
OriginalLicenseDate: **05/10/04**
Current License Duration: **2**

LicenseNumber: **0030905-001** Exp. Date: **05/09/2007** **NOT PROV** Clients: **1**
Health Planning Region Number: **5**

D AND D HOME PLUS Facility ID Number: **1518**
501 S LAUNDER **PO BOX 470** County: **PRAIRIE**
TERRY MT 59349- **JCAHO:**
Phone: 635-9174 **Fax:** OriginalLicenseDate: **03/31/03**
Administrator: DANIEL AND KIRKPATRICK Current License Duration: **3**

LicenseNumber: **0028862-001** Exp. Date: **01/02/2009** **NOT PROV** Clients: **2**
Health Planning Region Number: **1**

OUR HOME AFH Facility ID Number: **1428**
612 E FIR ST **PO BOX 91** County: **GALLATIN**
THREE FORKS MT 59752- **JCAHO:**
Phone: 285-4053 **Fax:** OriginalLicenseDate: **07/14/99**
Administrator: IRIS NENTWIG Current License Duration: **3**

LicenseNumber: **0026392-001** Exp. Date: **11/13/2006** **NOT PROV** Clients: **2**
Health Planning Region Number: **4**

HOMESTEAD PERSONAL CARE AFH Facility ID Number: **1391**
42 WEBB LN County: **BROADWATER**
TOSTON MT 59643- **JCAHO:**
Phone: 266-3669 **Fax:** OriginalLicenseDate:
Administrator: WILLIAM & WEBB Current License Duration: **3**

LicenseNumber: **0026743-001** Exp. Date: **06/18/2005** **NOT PROV** Clients: **4**
Health Planning Region Number: **4**

Total Facilities = 108