$\begin{array}{c} \textbf{St. Clair County Resource Directory} \\ for \end{array}$

Adolescent Services

PROVIDER INFORMATION

| Agency/Organization: | | | | | |
|--|-------------------------------|---------------|--------|-------------------------|----------------------|
| Address: | | | | | |
| City: | State: MI | Zip Code: | | Phone: | |
| Website: | | Facebook: | | | |
| PROGRAM INFORMATION | | | | | |
| Program Name: | | | | | |
| Primary Contact Person: | | E-Mail: | | | |
| Service Classification: | | Target Popula | ation: | | |
| Age Group: | Application / Intake Process: | Walk-In | Call | Appointment Required | Referral Required |
| Fee/Costs (Are scholarships available?): | | | | | |
| Criteria (i.e. Medicaid, family income, etc.): | | | | | |
| City Zip Code(s) Where Program is Offered: | | | | | |
| Timeframe When Program Offered (year-round, summer, winter, etc.): | | | | | |
| Brief Description: | | | | | |
| | | | | | |