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

Adolescent Services

PROVIDER INFORMATION

Agency/Organization:					
Address:					
City:	State: MI	Zip Code:		Phone:	
Website:		Facebook:			
PROGRAM INFORMATION	<u>ON</u>				
Program Name:					
Primary Contact Person:		E-Mail:			
Service Classification:		Target Population:			
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:					