

St. Clair County Resource Directory
for
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 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: