<div align="center">

St. Clair County Resource Directory
for

Adolescent Services

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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?): Most insurances billed, fees based on family size & income; no one denied services due to inability to pay

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: