

St. Clair County Resource Directory  
*for*  
**Adolescent Services**

**PROVIDER INFORMATION**

Agency/Organization:

Address:

Phone:

City:

State: MI

Zip Code:

Dedicated Text Line #:

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

Required  
Referral

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: