

## ***Resource Directory***

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<b><i>Organization Name</i></b>	2nd Chance Outreach Center
<b><i>Category</i></b>	Inpatient
<b><i>Address</i></b>	1115 West Cumberland Parkway
<b><i>City</i></b>	Jamestown
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	42629
<b><i>Phone Number</i></b>	270-384-9548
<b><i>Fax Number</i></b>	270-343-9587
<b><i>Web Site</i></b>	www.2ndchanceoutr
<b><i>Description of Services</i></b>	Short and long-term residential for adults with substance abuse addiction. 30, 60, or 90 day rehabilitation center (can stay up to 12 months). Does not provide medical detox.
<b><i>Service Area</i></b>	National
<b><i>Transportation Assistance</i></b>	Yes
<b><i>Waiting List</i></b>	No
<b><i>If Yes, Length</i></b>	
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	\$500 deposit, \$1000/ month
<b><i>Forms of Payment</i></b>	Self-pay cash only
<b><i>Payment Assistance</i></b>	Yes
<b><i>Qualifying Criteria</i></b>	Adults (male & female) 18 & older

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<b><i>Organization Name</i></b>	A Brighter Side, Inc.
<b><i>Category</i></b>	Inpatient
<b><i>Address</i></b>	1333 Scottsville Road
<b><i>City</i></b>	Bowling Green
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	42104
<b><i>Phone Number</i></b>	270-392-1517
<b><i>Fax Number</i></b>	270-904-0569
<b><i>Web Site</i></b>	<a href="http://abrightersidein">http://abrightersidein</a>
<b><i>Description of Services</i></b>	6 - 12 month residential services for adult men with substance abuse addiction.
<b><i>Service Area</i></b>	Kentucky
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	Yes
<b><i>If Yes, Length</i></b>	Varies
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	\$100/week plus buy own food
<b><i>Forms of Payment</i></b>	Self-pay
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	Adult male age 18 or older. Must be medic

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<i>Organization Name</i>	Alternative Recovery Center (ARC)
<i>Category</i>	Inpatient
<i>Address</i>	105 Hiestand Farm Road
<i>City</i>	Campbellsville
<i>State</i>	KY
<i>Zip Code</i>	42718
<i>Phone Number</i>	270-789-0176
<i>Fax Number</i>	270-789-0189
<i>Web Site</i>	<a href="http://alternativereco">http://alternativereco</a>
<i>Description of Services</i>	9-12 month residential service for men with substance abuse addiction.
<i>Service Area</i>	Kentucky
<i>Transportation Assistance</i>	No
<i>Waiting List</i>	Yes
<i>If Yes, Length</i>	3-6 months
<i>Referral Required</i>	No
<i>Cost of Services</i>	\$25/processing fee
<i>Forms of Payment</i>	NA
<i>Payment Assistance</i>	No
<i>Qualifying Criteria</i>	Adult males committed to long-term progr

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<b>Organization Name</b>	Anna C. Brush Memorial United Presbyter ian
<b>Category</b>	Churches
<b>Address</b>	
<b>City</b>	Dryhill
<b>State</b>	KY
<b>Zip Code</b>	0
<b>Phone Number</b>	606-672-6211
<b>Fax Number</b>	
<b>Web Site</b>	
<b>Description of Services</b>	Sunday School 9:30am, Church 10:30am
<b>Service Area</b>	Leslie County
<b>Transportation Assistance</b>	No
<b>Waiting List</b>	No
<b>If Yes, Length</b>	
<b>Referral Required</b>	No
<b>Cost of Services</b>	
<b>Forms of Payment</b>	
<b>Payment Assistance</b>	No
<b>Qualifying Criteria</b>	

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<b><i>Organization Name</i></b>	Appalachian Research and Defense Fund of Kentucky (AppalRed)
<b><i>Category</i></b>	Legal Assistance
<b><i>Address</i></b>	600 High Street
<b><i>City</i></b>	PO Box 7220
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	41702
<b><i>Phone Number</i></b>	800-866-2315
<b><i>Fax Number</i></b>	606-439-4364
<b><i>Web Site</i></b>	www.ardfky.org
<b><i>Description of Services</i></b>	Provides free civil legal representation for individuals who can not afford a private attorney. Contact AppalRed to see if type of civil case qualifies for assistance.
<b><i>Service Area</i></b>	Kentucky River Region
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	No
<b><i>If Yes, Length</i></b>	
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	NA
<b><i>Forms of Payment</i></b>	NA
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	Meet federal poverty guidelines. Live in K

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<b><i>Organization Name</i></b>	Beacon House Aftercare Program, Inc.
<b><i>Category</i></b>	Inpatient
<b><i>Address</i></b>	963 South 2nd Street
<b><i>City</i></b>	Louisville
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	40203
<b><i>Phone Number</i></b>	502-581-0765
<b><i>Fax Number</i></b>	502-581-1748
<b><i>Web Site</i></b>	Email: info@beacon
<b><i>Description of Services</i></b>	Halfway House/Sober Living for adult males with substance abuse addiction.
<b><i>Service Area</i></b>	Kentucky
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	Yes
<b><i>If Yes, Length</i></b>	Varies
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	\$90 deposit plus \$90 weekly
<b><i>Forms of Payment</i></b>	Self-pay (does not accept insurance)
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	Adult male already detoxed

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**Organization Name** Bear Branch Baptist Church

**Category** Churches

**Address**

**City**

**State** KY

**Zip Code** 0

**Phone Number** 606-672-3347

**Fax Number**

**Web Site**

**Description of Services** Sunday School 10am

**Service Area** Leslie County

**Transportation Assistance** No

**Waiting List** No

**If Yes, Length**

**Referral Required** No

**Cost of Services**

**Forms of Payment**

**Payment Assistance** No

**Qualifying Criteria**

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<b>Organization Name</b>	Beech Fork Rural Health Clinic/Frontier Nursing Service
<b>Category</b>	Medical
<b>Address</b>	805 Middle Fork Road, PO Box 26
<b>City</b>	Asher
<b>State</b>	KY
<b>Zip Code</b>	40803
<b>Phone Number</b>	606-374-3393
<b>Fax Number</b>	606-374-6590
<b>Web Site</b>	www.frontiernursing.
<b>Description of Services</b>	Primary care services for entire family. Open Monday, Tuesday, Wednesday 8:30 - 5:00 pm and Thursday 11:30 - 8:00 pm
<b>Service Area</b>	Leslie County
<b>Transportation Assistance</b>	No
<b>Waiting List</b>	No
<b>If Yes, Length</b>	
<b>Referral Required</b>	No
<b>Cost of Services</b>	Varies
<b>Forms of Payment</b>	Medicaid, Medicare, Private Health Insurance, Self-pay
<b>Payment Assistance</b>	No
<b>Qualifying Criteria</b>	NA



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<i>Organization Name</i>	Beechfork United Methodist Church
<i>Category</i>	Churches
<i>Address</i>	
<i>City</i>	
<i>State</i>	KY
<i>Zip Code</i>	0
<i>Phone Number</i>	606-374-4273
<i>Fax Number</i>	
<i>Web Site</i>	
<i>Description of Services</i>	Sunday School 10am, Church 11am
<i>Service Area</i>	Leslie County
<i>Transportation Assistance</i>	No
<i>Waiting List</i>	No
<i>If Yes, Length</i>	
<i>Referral Required</i>	No
<i>Cost of Services</i>	
<i>Forms of Payment</i>	
<i>Payment Assistance</i>	No
<i>Qualifying Criteria</i>	

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<b><i>Organization Name</i></b>	Big Fork Church of God
<b><i>Category</i></b>	Churches
<b><i>Address</i></b>	
<b><i>City</i></b>	Yeaddiss
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	0
<b><i>Phone Number</i></b>	606-279-3256
<b><i>Fax Number</i></b>	
<b><i>Web Site</i></b>	
<b><i>Description of Services</i></b>	Sunday School 10am, Friday 7pm, Saturday 7pm
<b><i>Service Area</i></b>	Leslie County
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	No
<b><i>If Yes, Length</i></b>	
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	
<b><i>Forms of Payment</i></b>	
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	

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<b><i>Organization Name</i></b>	Bluegrass Education and Treatment Addic tion (BETA)
<b><i>Category</i></b>	Inpatient
<b><i>Address</i></b>	925 Wash Road
<b><i>City</i></b>	Frankfort
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	40601
<b><i>Phone Number</i></b>	502-223-2017
<b><i>Fax Number</i></b>	502-226-5085
<b><i>Web Site</i></b>	www.bluegrass.org
<b><i>Description of Services</i></b>	Halfway House/Sober Living for adult males with substance abuse addiction.
<b><i>Service Area</i></b>	Kentucky
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	Yes
<b><i>If Yes, Length</i></b>	Varies
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	\$10/day
<b><i>Forms of Payment</i></b>	Self-pay (does not accept insurance)
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	Adult male. Must have completed a 28 da

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<b><i>Organization Name</i></b>	Bowen's Creek United Baptist Church
<b><i>Category</i></b>	Churches
<b><i>Address</i></b>	
<b><i>City</i></b>	Essie
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	0
<b><i>Phone Number</i></b>	606-598-3635
<b><i>Fax Number</i></b>	
<b><i>Web Site</i></b>	
<b><i>Description of Services</i></b>	Sunday School 10am, Church 11am, Evening Service 6pm
<b><i>Service Area</i></b>	Leslie County
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	No
<b><i>If Yes, Length</i></b>	
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	
<b><i>Forms of Payment</i></b>	
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	

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<i>Organization Name</i>	Bowen's Creek United Methodist Church
<i>Category</i>	Churches
<i>Address</i>	
<i>City</i>	
<i>State</i>	KY
<i>Zip Code</i>	0
<i>Phone Number</i>	606-374-6341
<i>Fax Number</i>	
<i>Web Site</i>	
<i>Description of Services</i>	Sunday Evening 6:30pm, Tuesday 7pm
<i>Service Area</i>	Leslie County
<i>Transportation Assistance</i>	No
<i>Waiting List</i>	No
<i>If Yes, Length</i>	
<i>Referral Required</i>	No
<i>Cost of Services</i>	
<i>Forms of Payment</i>	
<i>Payment Assistance</i>	No
<i>Qualifying Criteria</i>	

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<i>Organization Name</i>	Brighton Recovery Center
<i>Category</i>	Inpatient
<i>Address</i>	375 Weaver Road
<i>City</i>	Florence
<i>State</i>	KY
<i>Zip Code</i>	41742
<i>Phone Number</i>	859-282-9390
<i>Fax Number</i>	859-525-6400
<i>Web Site</i>	www.brightoncenter.
<i>Description of Services</i>	Inpatient residential services for adult women with substance abuse addiction.
<i>Service Area</i>	Kentucky
<i>Transportation Assistance</i>	No
<i>Waiting List</i>	Yes
<i>If Yes, Length</i>	4 months
<i>Referral Required</i>	No
<i>Cost of Services</i>	Non-profit
<i>Forms of Payment</i>	NA
<i>Payment Assistance</i>	No
<i>Qualifying Criteria</i>	Adult women 18 or older

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<b><i>Organization Name</i></b>	Camp Creek Bible Church
<b><i>Category</i></b>	Churches
<b><i>Address</i></b>	
<b><i>City</i></b>	Camp Creek
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	0
<b><i>Phone Number</i></b>	606-672-2473
<b><i>Fax Number</i></b>	
<b><i>Web Site</i></b>	
<b><i>Description of Services</i></b>	Sunday School 10am, Church 11am
<b><i>Service Area</i></b>	Leslie County
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	No
<b><i>If Yes, Length</i></b>	
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	
<b><i>Forms of Payment</i></b>	
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	

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<i>Organization Name</i>	Central Presbyterian Church
<i>Category</i>	Churches
<i>Address</i>	
<i>City</i>	
<i>State</i>	KY
<i>Zip Code</i>	0
<i>Phone Number</i>	
<i>Fax Number</i>	
<i>Web Site</i>	
<i>Description of Services</i>	Sunday School 10am, Church 11am
<i>Service Area</i>	Leslie County
<i>Transportation Assistance</i>	No
<i>Waiting List</i>	No
<i>If Yes, Length</i>	
<i>Referral Required</i>	No
<i>Cost of Services</i>	
<i>Forms of Payment</i>	
<i>Payment Assistance</i>	No
<i>Qualifying Criteria</i>	



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<i>Organization Name</i>	Chad's Hope Teen Challenge
<i>Category</i>	Inpatient
<i>Address</i>	300 Chad McWhorter
<i>City</i>	Manchester
<i>State</i>	KY
<i>Zip Code</i>	40962
<i>Phone Number</i>	606-599-9716
<i>Fax Number</i>	606-599-0274
<i>Web Site</i>	www.chadshopeky.c
<i>Description of Services</i>	Long term residential (365 days) faith-based
<i>Service Area</i>	National
<i>Transportation Assistance</i>	No
<i>Waiting List</i>	No
<i>If Yes, Length</i>	
<i>Referral Required</i>	No
<i>Cost of Services</i>	\$1500/month
<i>Forms of Payment</i>	Self-pay, Sliding fee scale
<i>Payment Assistance</i>	No
<i>Qualifying Criteria</i>	Adult males

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<b><i>Organization Name</i></b>	Christian Family Healthcare/Frontier Nursing Service
<b><i>Category</i></b>	Medical
<b><i>Address</i></b>	96 Highway 80 Hurts Creek Center
<b><i>City</i></b>	Hyden
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	41749
<b><i>Phone Number</i></b>	606-672-5243
<b><i>Fax Number</i></b>	606-672-5245
<b><i>Web Site</i></b>	www.frontiernursing.
<b><i>Description of Services</i></b>	Primary care service to entire family. Open Monday - Thursday 8:00 - 4:30 pm and Friday 8:00 - 12:00 noon.
<b><i>Service Area</i></b>	Leslie County
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	No
<b><i>If Yes, Length</i></b>	
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	Varies
<b><i>Forms of Payment</i></b>	Medicare, Medicaid, Private Health Insurance, Self-pay
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	NA

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<b><i>Organization Name</i></b>	Christian Missionary Alliance Church
<b><i>Category</i></b>	Churches
<b><i>Address</i></b>	
<b><i>City</i></b>	
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	0
<b><i>Phone Number</i></b>	606-374-5286
<b><i>Fax Number</i></b>	
<b><i>Web Site</i></b>	
<b><i>Description of Services</i></b>	Sunday School 10am, Evening Service 7pm, Wednesday 7pm, Thursday (youth) 6:30pm
<b><i>Service Area</i></b>	Leslie County
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	No
<b><i>If Yes, Length</i></b>	
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	
<b><i>Forms of Payment</i></b>	
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	

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<b><i>Organization Name</i></b>	Chrysalis House
<b><i>Category</i></b>	Inpatient
<b><i>Address</i></b>	251 East Maxwell
<b><i>City</i></b>	Lexington
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	40508
<b><i>Phone Number</i></b>	859-225-9912
<b><i>Fax Number</i></b>	859-252-6690
<b><i>Web Site</i></b>	www.chrysalishouse.
<b><i>Description of Services</i></b>	Long term residential (18-24 months) for women with substance abuse addiction
<b><i>Service Area</i></b>	Kentucky
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	Yes
<b><i>If Yes, Length</i></b>	Varies
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	NA
<b><i>Forms of Payment</i></b>	NA
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	Females and their dependent children

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<b><i>Organization Name</i></b>	Church of Christ
<b><i>Category</i></b>	Churches
<b><i>Address</i></b>	
<b><i>City</i></b>	Smilax
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	0
<b><i>Phone Number</i></b>	606-279-2990
<b><i>Fax Number</i></b>	
<b><i>Web Site</i></b>	
<b><i>Description of Services</i></b>	Church 10am, Evening Service 6pm, Wednesday 7pm
<b><i>Service Area</i></b>	Leslie County
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	No
<b><i>If Yes, Length</i></b>	
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	
<b><i>Forms of Payment</i></b>	
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	

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<b><i>Organization Name</i></b>	Church of Christ
<b><i>Category</i></b>	Churches
<b><i>Address</i></b>	
<b><i>City</i></b>	Cutshin
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	0
<b><i>Phone Number</i></b>	
<b><i>Fax Number</i></b>	
<b><i>Web Site</i></b>	
<b><i>Description of Services</i></b>	Church 10am, Evening Service 6pm
<b><i>Service Area</i></b>	Leslie County
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	No
<b><i>If Yes, Length</i></b>	
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	
<b><i>Forms of Payment</i></b>	
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	

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<i>Organization Name</i>	Church of Christ
<i>Category</i>	Churches
<i>Address</i>	
<i>City</i>	
<i>State</i>	KY
<i>Zip Code</i>	0
<i>Phone Number</i>	
<i>Fax Number</i>	
<i>Web Site</i>	
<i>Description of Services</i>	Sunday 10am, Wednesday 7pm
<i>Service Area</i>	Leslie County
<i>Transportation Assistance</i>	No
<i>Waiting List</i>	No
<i>If Yes, Length</i>	
<i>Referral Required</i>	No
<i>Cost of Services</i>	
<i>Forms of Payment</i>	
<i>Payment Assistance</i>	No
<i>Qualifying Criteria</i>	

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<b><i>Organization Name</i></b>	Church of Christ
<b><i>Category</i></b>	Churches
<b><i>Address</i></b>	
<b><i>City</i></b>	Hoskinston
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	0
<b><i>Phone Number</i></b>	606-374-4351
<b><i>Fax Number</i></b>	
<b><i>Web Site</i></b>	
<b><i>Description of Services</i></b>	Sunday School 10am, Church 10:45am, Evening Service 5pm, Wednesday 6:30pm
<b><i>Service Area</i></b>	Leslie County
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	No
<b><i>If Yes, Length</i></b>	
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	
<b><i>Forms of Payment</i></b>	
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	



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<b><i>Organization Name</i></b>	Church of Christ
<b><i>Category</i></b>	Churches
<b><i>Address</i></b>	
<b><i>City</i></b>	Hurts Creek
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	0
<b><i>Phone Number</i></b>	
<b><i>Fax Number</i></b>	
<b><i>Web Site</i></b>	
<b><i>Description of Services</i></b>	Sunday School 10am, Church 11am, Evening Service 5pm, Wednesday 6pm
<b><i>Service Area</i></b>	Leslie County
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	No
<b><i>If Yes, Length</i></b>	
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	
<b><i>Forms of Payment</i></b>	
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	

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<b><i>Organization Name</i></b>	Church of Christ at Camp Creek
<b><i>Category</i></b>	Churches
<b><i>Address</i></b>	
<b><i>City</i></b>	Camp Creek
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	0
<b><i>Phone Number</i></b>	
<b><i>Fax Number</i></b>	
<b><i>Web Site</i></b>	
<b><i>Description of Services</i></b>	Bible Study 10am, Church 11am, Evening Service 6pm, Wednesday 7pm
<b><i>Service Area</i></b>	Leslie County
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	No
<b><i>If Yes, Length</i></b>	
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	
<b><i>Forms of Payment</i></b>	
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	

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<b><i>Organization Name</i></b>	Church of the Lord Jesus
<b><i>Category</i></b>	Churches
<b><i>Address</i></b>	
<b><i>City</i></b>	Yeaddiss
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	0
<b><i>Phone Number</i></b>	606-279-4932
<b><i>Fax Number</i></b>	
<b><i>Web Site</i></b>	
<b><i>Description of Services</i></b>	Church 6pm, Wednesday 7pm, 1st & 3rd Friday 7pm
<b><i>Service Area</i></b>	Leslie County
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	No
<b><i>If Yes, Length</i></b>	
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	
<b><i>Forms of Payment</i></b>	
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	

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<i>Organization Name</i>	Clean and Country
<i>Category</i>	Support Groups
<i>Address</i>	Tim Lee Carter Building, 22045 Main Street
<i>City</i>	Hyden
<i>State</i>	KY
<i>Zip Code</i>	41749
<i>Phone Number</i>	
<i>Fax Number</i>	
<i>Web Site</i>	
<i>Description of Services</i>	Support group for alcoholics and drug addicts. Group meets on Wednesdays at 7:00pm
<i>Service Area</i>	Leslie County
<i>Transportation Assistance</i>	No
<i>Waiting List</i>	No
<i>If Yes, Length</i>	
<i>Referral Required</i>	No
<i>Cost of Services</i>	None
<i>Forms of Payment</i>	NA
<i>Payment Assistance</i>	No
<i>Qualifying Criteria</i>	None

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<b><i>Organization Name</i></b>	Communicare Recovery Center
<b><i>Category</i></b>	Inpatient
<b><i>Address</i></b>	1311 North Dixie Avenue
<b><i>City</i></b>	Elizabethtown
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	42701
<b><i>Phone Number</i></b>	800-641-4673
<b><i>Fax Number</i></b>	270-769-6581
<b><i>Web Site</i></b>	<a href="http://communicare.o">http://communicare.o</a>
<b><i>Description of Services</i></b>	30 day residential program for adults with substance abuse addiction.
<b><i>Service Area</i></b>	Kentucky
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	Yes
<b><i>If Yes, Length</i></b>	6-7 weeks
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	\$767/30 days
<b><i>Forms of Payment</i></b>	Self-pay, Private Health Insurance, Sliding Fee Scale, Fee determined by proof of income
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	Adults 18 or older

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<i>Organization Name</i>	Communicare Recovery Center
<i>Category</i>	Inpatient
<i>Address</i>	1311 North Dixie Highway
<i>City</i>	Elizabethtown
<i>State</i>	KY
<i>Zip Code</i>	42701
<i>Phone Number</i>	270-765-5145
<i>Fax Number</i>	270-769-6581
<i>Web Site</i>	www.communicare.o
<i>Description of Services</i>	Short term residential (30 days) for adults with substance abuse addiction
<i>Service Area</i>	Kentucky
<i>Transportation Assistance</i>	No
<i>Waiting List</i>	Yes
<i>If Yes, Length</i>	7-8 weeks
<i>Referral Required</i>	No
<i>Cost of Services</i>	\$450/day
<i>Forms of Payment</i>	Self-pay, Private Health Insurance, Sliding Fee Scale
<i>Payment Assistance</i>	No
<i>Qualifying Criteria</i>	Adults male and female (pregnant women)

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<i>Organization Name</i>	Community United Presbyterian Church
<i>Category</i>	Churches
<i>Address</i>	
<i>City</i>	Wooton
<i>State</i>	KY
<i>Zip Code</i>	0
<i>Phone Number</i>	606-279-4370
<i>Fax Number</i>	
<i>Web Site</i>	
<i>Description of Services</i>	Sunday School 10am, Church 11am, Tuesday 6:30pm
<i>Service Area</i>	Leslie County
<i>Transportation Assistance</i>	No
<i>Waiting List</i>	No
<i>If Yes, Length</i>	
<i>Referral Required</i>	No
<i>Cost of Services</i>	
<i>Forms of Payment</i>	
<i>Payment Assistance</i>	No
<i>Qualifying Criteria</i>	

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<b><i>Organization Name</i></b>	Couch's Fork Church of God
<b><i>Category</i></b>	Churches
<b><i>Address</i></b>	
<b><i>City</i></b>	Bear Branch
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	0
<b><i>Phone Number</i></b>	606-672-2935
<b><i>Fax Number</i></b>	
<b><i>Web Site</i></b>	
<b><i>Description of Services</i></b>	Sunday School 10am, Church 11am, Evening Service 6pm, Wednesday 7pm
<b><i>Service Area</i></b>	Leslie County
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	No
<b><i>If Yes, Length</i></b>	
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	
<b><i>Forms of Payment</i></b>	
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	



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<b><i>Organization Name</i></b>	Crossroads - Cumberland River Comprehensive Care
<b><i>Category</i></b>	Inpatient
<b><i>Address</i></b>	610 American Greeting Lane, PO Box 568
<b><i>City</i></b>	Corbin
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	40701
<b><i>Phone Number</i></b>	606-526-9552
<b><i>Fax Number</i></b>	606-526-9598
<b><i>Web Site</i></b>	www.crccc.net
<b><i>Description of Services</i></b>	Short-term (30 day) and Long-term (90 day & 7 months) residential for men with substance abuse addiction
<b><i>Service Area</i></b>	Kentucky
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	Yes
<b><i>If Yes, Length</i></b>	5-6 weeks
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	\$110/day
<b><i>Forms of Payment</i></b>	Self-pay, Private Health Insurance, Sliding Fee Scale
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	Adult males only

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<b><i>Organization Name</i></b>	Cumberland Hall Hospital
<b><i>Category</i></b>	Medical Detox
<b><i>Address</i></b>	210 W. 17th Street
<b><i>City</i></b>	Hopkinsville
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	42240
<b><i>Phone Number</i></b>	877-281-4177
<b><i>Fax Number</i></b>	270-886-1335
<b><i>Web Site</i></b>	www.cumberlandhall
<b><i>Description of Services</i></b>	Medical detox, short-term inpatient (adolescents 13-18), short-term inpatient (adults 18 and older)
<b><i>Service Area</i></b>	Kentucky
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	Yes
<b><i>If Yes, Length</i></b>	Varies
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	\$700/day
<b><i>Forms of Payment</i></b>	\$2100 down and then payment plan. Self-pay, Medicaid, Private Health Insurance, VA
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	Adolescent ages 13-18 males and female

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<b><i>Organization Name</i></b>	Cumberland Hope Community Center for Women
<b><i>Category</i></b>	Inpatient
<b><i>Address</i></b>	6050 Highway 38
<b><i>City</i></b>	Evarts
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	40828
<b><i>Phone Number</i></b>	606-837-0100
<b><i>Fax Number</i></b>	606-837-0500
<b><i>Web Site</i></b>	www.crccc.org
<b><i>Description of Services</i></b>	9-12 month residential services for female adults with substance abuse addiction.
<b><i>Service Area</i></b>	National
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	Yes
<b><i>If Yes, Length</i></b>	2-4 weeks
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	30% of income
<b><i>Forms of Payment</i></b>	Self-pay, Sliding Fee Scale
<b><i>Payment Assistance</i></b>	Yes
<b><i>Qualifying Criteria</i></b>	Non-pregnant, HUD guidelines in regards

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<i>Organization Name</i>	Cutshin Bible Church
<i>Category</i>	Churches
<i>Address</i>	
<i>City</i>	
<i>State</i>	KY
<i>Zip Code</i>	0
<i>Phone Number</i>	
<i>Fax Number</i>	
<i>Web Site</i>	
<i>Description of Services</i>	Sunday School 10am, Church 11am, Evening Service 6:30pm, Wednesday 6:30pm
<i>Service Area</i>	Leslie County
<i>Transportation Assistance</i>	No
<i>Waiting List</i>	No
<i>If Yes, Length</i>	
<i>Referral Required</i>	No
<i>Cost of Services</i>	
<i>Forms of Payment</i>	
<i>Payment Assistance</i>	No
<i>Qualifying Criteria</i>	

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<b><i>Organization Name</i></b>	Cutshin Clinic & Mission
<b><i>Category</i></b>	Medical
<b><i>Address</i></b>	12500 Cutshin Road
<b><i>City</i></b>	Yeaddiss
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	41777
<b><i>Phone Number</i></b>	606-279-4125
<b><i>Fax Number</i></b>	606-279-4125
<b><i>Web Site</i></b>	
<b><i>Description of Services</i></b>	Primary care services to entire family. Open Monday 8-4:00 pm, Tuesday 8-12:00 & 4-7:00 pm, Wednesday 8-12:00 & 4-6:00 pm, Thursday 8-12:00 & 4-7:00 pm, Closed on Friday, Saturday 8:00 - 12:00 pm.
<b><i>Service Area</i></b>	Leslie County
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	No
<b><i>If Yes, Length</i></b>	
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	\$5.00 per office visit
<b><i>Forms of Payment</i></b>	Self-pay
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	NA

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<i>Organization Name</i>	Davidson Fork Church of God
<i>Category</i>	Churches
<i>Address</i>	
<i>City</i>	Thousandsticks
<i>State</i>	KY
<i>Zip Code</i>	0
<i>Phone Number</i>	
<i>Fax Number</i>	
<i>Web Site</i>	
<i>Description of Services</i>	Sunday School 11am, Monday 7pm
<i>Service Area</i>	Leslie County
<i>Transportation Assistance</i>	No
<i>Waiting List</i>	No
<i>If Yes, Length</i>	
<i>Referral Required</i>	No
<i>Cost of Services</i>	
<i>Forms of Payment</i>	
<i>Payment Assistance</i>	No
<i>Qualifying Criteria</i>	

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<b>Organization Name</b>	Department for Community Based Service Child Protection & Permanency
<b>Category</b>	DCBS
<b>Address</b>	21150 Highway 421, Suite 3
<b>City</b>	Hyden
<b>State</b>	KY
<b>Zip Code</b>	41749
<b>Phone Number</b>	606-672-2313
<b>Fax Number</b>	606-672-6155
<b>Web Site</b>	www.chfs.ky.gov
<b>Description of Services</b>	Referrals to different agencies, community work experience. Investigate complaints of abuse/neglect on children and adults. Provide foster care services, adoption. Provide support services for qualified families, etc
<b>Service Area</b>	Leslie County
<b>Transportation Assistance</b>	No
<b>Waiting List</b>	No
<b>If Yes, Length</b>	
<b>Referral Required</b>	Yes
<b>Cost of Services</b>	N/A
<b>Forms of Payment</b>	NA
<b>Payment Assistance</b>	No
<b>Qualifying Criteria</b>	Varies per program

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<b><i>Organization Name</i></b>	Department of Community Based Service Family Support
<b><i>Category</i></b>	DCBS
<b><i>Address</i></b>	21150 Highway 421 S, Box 2
<b><i>City</i></b>	Hyden
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	41749
<b><i>Phone Number</i></b>	606-672-2313
<b><i>Fax Number</i></b>	606-672-6155
<b><i>Web Site</i></b>	<a href="http://chfs.ky.gov">http://chfs.ky.gov</a>
<b><i>Description of Services</i></b>	Administers several programs including EBT card/food stamps, K-tap, Medicaid, Low Income Home Energy Assistance Program (LIHEAP), etc.
<b><i>Service Area</i></b>	Leslie County
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	No
<b><i>If Yes, Length</i></b>	
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	NA
<b><i>Forms of Payment</i></b>	NA
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	Varies per program



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<b><i>Organization Name</i></b>	Dr. Anne Wasson Rural Healthcare Cente -
<b><i>Category</i></b>	Medical
<b><i>Address</i></b>	130 Kate Ireland Drive
<b><i>City</i></b>	Hyden
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	41749
<b><i>Phone Number</i></b>	606-672-2341
<b><i>Fax Number</i></b>	606-672-5254
<b><i>Web Site</i></b>	www.frontiernursing.
<b><i>Description of Services</i></b>	Located in the Mary Breckinridge Hospital. Primary care services, women's healthcare and maternity services, pediatrics, internal medicine. Open Monday - Friday 8:30 - 4:30 pm.
<b><i>Service Area</i></b>	Kentucky
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	No
<b><i>If Yes, Length</i></b>	
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	Varies
<b><i>Forms of Payment</i></b>	Medicaid, Medicare, Private Health Insurance, Self-pay
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	NA

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<i>Organization Name</i>	Droege House - Transitions Inc.
<i>Category</i>	Inpatient
<i>Address</i>	925 Fifth Avenue
<i>City</i>	Dayton
<i>State</i>	KY
<i>Zip Code</i>	41074
<i>Phone Number</i>	859-291-1045
<i>Fax Number</i>	859-291-0184
<i>Web Site</i>	www.transitionsky.or
<i>Description of Services</i>	90 day residential services for men with substance abuse addiction.
<i>Service Area</i>	Kentucky
<i>Transportation Assistance</i>	No
<i>Waiting List</i>	Yes
<i>If Yes, Length</i>	Varies
<i>Referral Required</i>	No
<i>Cost of Services</i>	\$50 Admission fee
<i>Forms of Payment</i>	Self-pay
<i>Payment Assistance</i>	No
<i>Qualifying Criteria</i>	Adult males age 18 or older

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<b><i>Organization Name</i></b>	Dry Fork Holiness Church
<b><i>Category</i></b>	Churches
<b><i>Address</i></b>	
<b><i>City</i></b>	
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	0
<b><i>Phone Number</i></b>	
<b><i>Fax Number</i></b>	
<b><i>Web Site</i></b>	
<b><i>Description of Services</i></b>	Sunday School 10am, Church 11:30am, Tuesday 7pm, Thursday 7:30pm
<b><i>Service Area</i></b>	Leslie County
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	No
<b><i>If Yes, Length</i></b>	
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	
<b><i>Forms of Payment</i></b>	
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	

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<b><i>Organization Name</i></b>	Eastern Kentucky Concentrated Employment ent Program (EKCEP)
<b><i>Category</i></b>	Employment
<b><i>Address</i></b>	124 South Cumberland
<b><i>City</i></b>	Harlan
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	40831
<b><i>Phone Number</i></b>	606-573-3160
<b><i>Fax Number</i></b>	606-573-5903
<b><i>Web Site</i></b>	<a href="http://oet.ky.gov/des/">http://oet.ky.gov/des/</a>
<b><i>Description of Services</i></b>	Assistance with all employment related needs. Job searches and referrals, veterans services, unemployment insurance services, training opportunities, etc.
<b><i>Service Area</i></b>	Leslie County
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	No
<b><i>If Yes, Length</i></b>	
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	NA
<b><i>Forms of Payment</i></b>	NA
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	Depends on service.

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<i>Organization Name</i>	Families in Safe Homes Network (FISHN)
<i>Category</i>	Other
<i>Address</i>	412 Roy Campbell Drive
<i>City</i>	Hazard
<i>State</i>	KY
<i>Zip Code</i>	41701
<i>Phone Number</i>	606-436-5761 x. 762
<i>Fax Number</i>	606-487-0754
<i>Web Site</i>	
<i>Description of Services</i>	Link individuals with partners in the network
<i>Service Area</i>	Kentucky River Region
<i>Transportation Assistance</i>	No
<i>Waiting List</i>	No
<i>If Yes, Length</i>	
<i>Referral Required</i>	No
<i>Cost of Services</i>	NA
<i>Forms of Payment</i>	NA
<i>Payment Assistance</i>	No
<i>Qualifying Criteria</i>	Parent with addiction with children at hom

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<i>Organization Name</i>	Family Preservation Project
<i>Category</i>	Other
<i>Address</i>	412 Roy Campbell Drive
<i>City</i>	Hazard
<i>State</i>	KY
<i>Zip Code</i>	41701
<i>Phone Number</i>	606-436-5761 x. 762
<i>Fax Number</i>	606-487-0754
<i>Web Site</i>	
<i>Description of Services</i>	Intensive in-home services for families that include crisis intervention, counseling, skill building, advocacy and linkage to community resources
<i>Service Area</i>	Kentucky River Region
<i>Transportation Assistance</i>	No
<i>Waiting List</i>	No
<i>If Yes, Length</i>	
<i>Referral Required</i>	Yes
<i>Cost of Services</i>	NA
<i>Forms of Payment</i>	NA
<i>Payment Assistance</i>	No
<i>Qualifying Criteria</i>	Families with children who have been rem

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<b><i>Organization Name</i></b>	First Baptist Church
<b><i>Category</i></b>	Churches
<b><i>Address</i></b>	
<b><i>City</i></b>	Wooton
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	0
<b><i>Phone Number</i></b>	606-279-4789
<b><i>Fax Number</i></b>	
<b><i>Web Site</i></b>	
<b><i>Description of Services</i></b>	Church 11am, Evening Service 6pm, Wednesday 7pm
<b><i>Service Area</i></b>	Leslie County
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	No
<b><i>If Yes, Length</i></b>	
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	
<b><i>Forms of Payment</i></b>	
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	

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<i>Organization Name</i>	Foothills Academy, Inc.
<i>Category</i>	Inpatient
<i>Address</i>	107 Foothills Academy
<i>City</i>	Albany
<i>State</i>	KY
<i>Zip Code</i>	42602
<i>Phone Number</i>	606-387-4673
<i>Fax Number</i>	606-387-3380
<i>Web Site</i>	<a href="http://foothillsacade">http://foothillsacade</a>
<i>Description of Services</i>	7 month residential for male adolescents age 13-18.

<i>Service Area</i>	Kentucky
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<i>Transportation Assistance</i>	Yes
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<i>Waiting List</i>	Yes
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<i>If Yes, Length</i>	Varies
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<i>Referral Required</i>	Yes
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<i>Cost of Services</i>	NA
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<i>Forms of Payment</i>	NA
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<i>Payment Assistance</i>	No
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<i>Qualifying Criteria</i>	Male adolescents age 13-18 in state custo
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<b><i>Organization Name</i></b>	Full Gospel Church of Jesus Christ
<b><i>Category</i></b>	Churches
<b><i>Address</i></b>	
<b><i>City</i></b>	Smilax
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	0
<b><i>Phone Number</i></b>	606-279-4358
<b><i>Fax Number</i></b>	
<b><i>Web Site</i></b>	
<b><i>Description of Services</i></b>	Sunday School 10am, Evening Service 6:30pm, Wednesday 6:30pm
<b><i>Service Area</i></b>	Leslie County
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	No
<b><i>If Yes, Length</i></b>	
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	
<b><i>Forms of Payment</i></b>	
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	

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<b><i>Organization Name</i></b>	Grace House
<b><i>Category</i></b>	Inpatient
<b><i>Address</i></b>	1131 South 1st Street
<b><i>City</i></b>	Louisville
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	40203
<b><i>Phone Number</i></b>	502-634-0082
<b><i>Fax Number</i></b>	502-635-0570
<b><i>Web Site</i></b>	www.voaky.org
<b><i>Description of Services</i></b>	6-9 months long-term residential for women and dependent children. Pregnant women take priority.
<b><i>Service Area</i></b>	Kentucky
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	Yes
<b><i>If Yes, Length</i></b>	6-10 weeks
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	30% of income or N ^ if you have no income
<b><i>Forms of Payment</i></b>	Medicaid, Self-pay
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	Must document homelessness, cannot be

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<b><i>Organization Name</i></b>	Grassy Branch Church of Christ
<b><i>Category</i></b>	Churches
<b><i>Address</i></b>	
<b><i>City</i></b>	Lower Grassy
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	0
<b><i>Phone Number</i></b>	
<b><i>Fax Number</i></b>	
<b><i>Web Site</i></b>	
<b><i>Description of Services</i></b>	Sunday School 10am, Evening service 6pm, Wednesday 6pm
<b><i>Service Area</i></b>	Leslie County
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	No
<b><i>If Yes, Length</i></b>	
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	
<b><i>Forms of Payment</i></b>	
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	

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<b>Organization Name</b>	Greasy Creek Full Gospel Holiness Church
<b>Category</b>	Churches
<b>Address</b>	
<b>City</b>	
<b>State</b>	KY
<b>Zip Code</b>	0
<b>Phone Number</b>	606-374-5676
<b>Fax Number</b>	
<b>Web Site</b>	
<b>Description of Services</b>	Sunday School 10am, Church 11am, Friday 7pm
<b>Service Area</b>	Leslie County
<b>Transportation Assistance</b>	No
<b>Waiting List</b>	No
<b>If Yes, Length</b>	
<b>Referral Required</b>	No
<b>Cost of Services</b>	
<b>Forms of Payment</b>	
<b>Payment Assistance</b>	No
<b>Qualifying Criteria</b>	

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**Organization Name** Green Hill Church of God

**Category** Churches

**Address**

**City** Bledsoe

**State** KY

**Zip Code** 0

**Phone Number**

**Fax Number**

**Web Site**

**Description of Services**

**Service Area**

**Transportation Assistance** No

**Waiting List** No

**If Yes, Length**

**Referral Required** No

**Cost of Services**

**Forms of Payment**

**Payment Assistance** No

**Qualifying Criteria**

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<b><i>Organization Name</i></b>	Haven for Change
<b><i>Category</i></b>	Inpatient
<b><i>Address</i></b>	1500 Parkside Drive
<b><i>City</i></b>	Bowling Green
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	42101
<b><i>Phone Number</i></b>	279-796-1764
<b><i>Fax Number</i></b>	270-796-1726
<b><i>Web Site</i></b>	
<b><i>Description of Services</i></b>	Transitional living program for women. Haven for Change is a step-down program. Clients must attend a residential program before entering transitional living program.
<b><i>Service Area</i></b>	National
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	Yes
<b><i>If Yes, Length</i></b>	Varies
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	\$225/admission fee, must work and pay
<b><i>Forms of Payment</i></b>	Self Pay
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	Female age 18 or older and pass a drug s

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<b><i>Organization Name</i></b>	Hayes Lewis Head Start - LKLP
<b><i>Category</i></b>	Childcare
<b><i>Address</i></b>	PO Box 70, 10130 Cutshin Road
<b><i>City</i></b>	Yeaddiss
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	41777
<b><i>Phone Number</i></b>	606-279-3301
<b><i>Fax Number</i></b>	606-279-3301
<b><i>Web Site</i></b>	
<b><i>Description of Services</i></b>	Pre-school activities for children; also serves two meals and a snack per day. Located at Hayes Lewis Elementary.
<b><i>Service Area</i></b>	Leslie County
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	Yes
<b><i>If Yes, Length</i></b>	Varies
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	Must meet income guidelines
<b><i>Forms of Payment</i></b>	
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	students must meet income guidelines.

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<b><i>Organization Name</i></b>	Hazard Community and Technical College Technical Campus
<b><i>Category</i></b>	Other
<b><i>Address</i></b>	101 Vo-Tech Drive
<b><i>City</i></b>	Hazard
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	41701
<b><i>Phone Number</i></b>	800-246-7521
<b><i>Fax Number</i></b>	606-439-2988
<b><i>Web Site</i></b>	<a href="http://hazard.kctcs.e">http://hazard.kctcs.e</a>
<b><i>Description of Services</i></b>	
<b><i>Service Area</i></b>	National
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	No
<b><i>If Yes, Length</i></b>	
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	Varies
<b><i>Forms of Payment</i></b>	Federal Pell Grant, Work Study, Scholarships, Direct Loans, Self-pay
<b><i>Payment Assistance</i></b>	Yes
<b><i>Qualifying Criteria</i></b>	Must have high school diploma or GED to



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<b><i>Organization Name</i></b>	Healing Rain Substance Abuse Recovery Center (CAR) Christian Appalachian Project
<b><i>Category</i></b>	Inpatient
<b><i>Address</i></b>	310 Beiting Lane
<b><i>City</i></b>	Mt. Vernon
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	40456
<b><i>Phone Number</i></b>	606-256-5810
<b><i>Fax Number</i></b>	606-256-0971
<b><i>Web Site</i></b>	NA
<b><i>Description of Services</i></b>	6-12 month residential program for women with substance abuse addiction.
<b><i>Service Area</i></b>	Kentucky
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	No
<b><i>If Yes, Length</i></b>	
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	NA
<b><i>Forms of Payment</i></b>	UNITE Voucher accepted
<b><i>Payment Assistance</i></b>	Yes
<b><i>Qualifying Criteria</i></b>	Female adults not pregnant

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<b><i>Organization Name</i></b>	Hillcrest Hall
<b><i>Category</i></b>	Inpatient
<b><i>Address</i></b>	209 Davis Road
<b><i>City</i></b>	Mt. Sterling
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	40353
<b><i>Phone Number</i></b>	859-498-6574
<b><i>Fax Number</i></b>	606-498-7325
<b><i>Web Site</i></b>	www.pathways-ky.or
<b><i>Description of Services</i></b>	Long-term residential services for adolescents with substance abuse addiction. Program length is 6-8 months.
<b><i>Service Area</i></b>	Kentucky
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	Yes
<b><i>If Yes, Length</i></b>	Varies, usually 2 wee
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	Income based
<b><i>Forms of Payment</i></b>	Medicaid, Self-pay, Private Health Insurance, VA, Sliding Scale
<b><i>Payment Assistance</i></b>	Yes
<b><i>Qualifying Criteria</i></b>	Male adolescents 13-18 years old

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<i>Organization Name</i>	Holiness Church
<i>Category</i>	Churches
<i>Address</i>	
<i>City</i>	Hal's Fork
<i>State</i>	KY
<i>Zip Code</i>	0
<i>Phone Number</i>	
<i>Fax Number</i>	
<i>Web Site</i>	
<i>Description of Services</i>	First Sunday each month 11am, Tuesday 7pm, Friday 7pm
<i>Service Area</i>	Leslie County
<i>Transportation Assistance</i>	No
<i>Waiting List</i>	No
<i>If Yes, Length</i>	
<i>Referral Required</i>	No
<i>Cost of Services</i>	
<i>Forms of Payment</i>	
<i>Payment Assistance</i>	No
<i>Qualifying Criteria</i>	

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<b><i>Organization Name</i></b>	Hope Center Recovery Program for Women
<b><i>Category</i></b>	Inpatient
<b><i>Address</i></b>	1524 Versailles Road
<b><i>City</i></b>	Lexington
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	40588
<b><i>Phone Number</i></b>	859-252-2002
<b><i>Fax Number</i></b>	859-252-2592
<b><i>Web Site</i></b>	www.hopectr.org
<b><i>Description of Services</i></b>	Long term residential (7-12 months) for women with substance abuse addiction.
<b><i>Service Area</i></b>	National
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	Yes
<b><i>If Yes, Length</i></b>	Varies - 4-5 weeks
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	NA in KY, Fees for court ordered & out of
<b><i>Forms of Payment</i></b>	Self-pay
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	Female only

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<i>Organization Name</i>	Hyden Baptist Church
<i>Category</i>	Churches
<i>Address</i>	
<i>City</i>	
<i>State</i>	KY
<i>Zip Code</i>	0
<i>Phone Number</i>	606-672-2953
<i>Fax Number</i>	
<i>Web Site</i>	
<i>Description of Services</i>	Sunday School 10am, Church 11am
<i>Service Area</i>	Leslie County
<i>Transportation Assistance</i>	No
<i>Waiting List</i>	No
<i>If Yes, Length</i>	
<i>Referral Required</i>	No
<i>Cost of Services</i>	
<i>Forms of Payment</i>	
<i>Payment Assistance</i>	No
<i>Qualifying Criteria</i>	

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<b><i>Organization Name</i></b>	Hyden Church of God
<b><i>Category</i></b>	Churches
<b><i>Address</i></b>	
<b><i>City</i></b>	Hyden
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	0
<b><i>Phone Number</i></b>	606-672-3272
<b><i>Fax Number</i></b>	
<b><i>Web Site</i></b>	
<b><i>Description of Services</i></b>	Sunday School 10am, Church 11am, Evening Service 6:30pm, Wednesday 7pm
<b><i>Service Area</i></b>	Leslie County
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	No
<b><i>If Yes, Length</i></b>	
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	
<b><i>Forms of Payment</i></b>	
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	

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<b><i>Organization Name</i></b>	Independence House - Cumberland River Comprehensive Care Center
<b><i>Category</i></b>	Inpatient
<b><i>Address</i></b>	3110 Cumberland Falls Highway
<b><i>City</i></b>	Corbin
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	40701
<b><i>Phone Number</i></b>	606-523-9386
<b><i>Fax Number</i></b>	606-523-9307
<b><i>Web Site</i></b>	www.crccc.org
<b><i>Description of Services</i></b>	Short term (40 days) and long term (24 months) residential
<b><i>Service Area</i></b>	National
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	Yes
<b><i>If Yes, Length</i></b>	Varies
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	NA
<b><i>Forms of Payment</i></b>	NA
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	Pregnant females or Postpartum (less tha

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<b><i>Organization Name</i></b>	Isaiah House
<b><i>Category</i></b>	Inpatient
<b><i>Address</i></b>	2084 Main Street, PO Box 188
<b><i>City</i></b>	Willisburg
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	40078
<b><i>Phone Number</i></b>	859-375-9200
<b><i>Fax Number</i></b>	859-375-9202
<b><i>Web Site</i></b>	<a href="http://isaiah-house.or">http://isaiah-house.or</a>
<b><i>Description of Services</i></b>	Faith based residential services for men with substance abuse addiction. Program length is 12 months.
<b><i>Service Area</i></b>	National
<b><i>Transportation Assistance</i></b>	Yes
<b><i>Waiting List</i></b>	No
<b><i>If Yes, Length</i></b>	
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	\$900/month, \$1800 deposit for 1st and 2nd
<b><i>Forms of Payment</i></b>	Self-pay, UNITE Voucher
<b><i>Payment Assistance</i></b>	Yes
<b><i>Qualifying Criteria</i></b>	Adult male



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<i>Organization Name</i>	Jacks Creek United Methodist Church
<i>Category</i>	Churches
<i>Address</i>	
<i>City</i>	
<i>State</i>	KY
<i>Zip Code</i>	0
<i>Phone Number</i>	606-374-6341
<i>Fax Number</i>	
<i>Web Site</i>	
<i>Description of Services</i>	Sunday School 10am, Church 11am, Wednesday 6:30pm
<i>Service Area</i>	Leslie County
<i>Transportation Assistance</i>	No
<i>Waiting List</i>	No
<i>If Yes, Length</i>	
<i>Referral Required</i>	No
<i>Cost of Services</i>	
<i>Forms of Payment</i>	
<i>Payment Assistance</i>	No
<i>Qualifying Criteria</i>	

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<b><i>Organization Name</i></b>	Jefferson Alcohol and Drug Abuse Center
<b><i>Category</i></b>	Inpatient
<b><i>Address</i></b>	600 S. Preston Street
<b><i>City</i></b>	Louisville
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	40202
<b><i>Phone Number</i></b>	502-583-3951
<b><i>Fax Number</i></b>	502-581-9234
<b><i>Web Site</i></b>	www.sevencounties.
<b><i>Description of Services</i></b>	Medical detox and 15 day residential (length of stay is approximately 3-14 days). Facility has 30 beds for medical detox and 46 beds for residential (must have detox first).
<b><i>Service Area</i></b>	National
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	Yes
<b><i>If Yes, Length</i></b>	Indigent care (7-10 d
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	\$425/day detox, \$15 4/day residential
<b><i>Forms of Payment</i></b>	Private Health Insurance
<b><i>Payment Assistance</i></b>	Yes
<b><i>Qualifying Criteria</i></b>	50% of fee up front

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<b>Organization Name</b>	Jefferson Alcohol and Drug Abuse Center
<b>Category</b>	Medical Detox
<b>Address</b>	600 S. Preston Street
<b>City</b>	Louisville
<b>State</b>	KY
<b>Zip Code</b>	40202
<b>Phone Number</b>	502-583-3951
<b>Fax Number</b>	502-581-9234
<b>Web Site</b>	www.sevencounties.
<b>Description of Services</b>	Medical detox and 15 day residential (length of stay is approximately 3-14 days). Facility has 30 beds for medical detox and 46 beds for residential (must have detox first).
<b>Service Area</b>	National
<b>Transportation Assistance</b>	No
<b>Waiting List</b>	Yes
<b>If Yes, Length</b>	Indigent care (7-10 d
<b>Referral Required</b>	No
<b>Cost of Services</b>	\$425/day detox, \$15 4/day residential
<b>Forms of Payment</b>	Private Health Insurance
<b>Payment Assistance</b>	Yes
<b>Qualifying Criteria</b>	50% of fee up front

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<b><i>Organization Name</i></b>	Kentucky Housing Corporation
<b><i>Category</i></b>	Housing
<b><i>Address</i></b>	1231 Louisville Road
<b><i>City</i></b>	Frankfort
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	40601
<b><i>Phone Number</i></b>	800-633-8896 (KY o
<b><i>Fax Number</i></b>	502-564-7630
<b><i>Web Site</i></b>	www.kyhousing.org
<b><i>Description of Services</i></b>	Promotes home ownership by offering manageable loans or providing rental assistance.
<b><i>Service Area</i></b>	Kentucky
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	No
<b><i>If Yes, Length</i></b>	
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	Income based
<b><i>Forms of Payment</i></b>	Self-pay
<b><i>Payment Assistance</i></b>	Yes
<b><i>Qualifying Criteria</i></b>	Must meet income guidelines.

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<i>Organization Name</i>	Kentucky River Community Care, Inc
<i>Category</i>	Outpatient
<i>Address</i>	28 Fire House Lane
<i>City</i>	Hyden
<i>State</i>	KY
<i>Zip Code</i>	41749
<i>Phone Number</i>	606-672-4215
<i>Fax Number</i>	606-672-4218
<i>Web Site</i>	www.krcccares.com
<i>Description of Services</i>	Outpatient substance abuse treatment services
<i>Service Area</i>	Kentucky River Region
<i>Transportation Assistance</i>	No
<i>Waiting List</i>	No
<i>If Yes, Length</i>	
<i>Referral Required</i>	No
<i>Cost of Services</i>	Varies
<i>Forms of Payment</i>	Self Pay, Private Health Insurance, Medicaid, Medicare, VA, Sliding Fee Scale
<i>Payment Assistance</i>	No
<i>Qualifying Criteria</i>	None

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<b><i>Organization Name</i></b>	Kentucky River Community Care, Inc.
<b><i>Category</i></b>	Outpatient
<b><i>Address</i></b>	115 Rockwood Lane
<b><i>City</i></b>	Hazard
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	41701
<b><i>Phone Number</i></b>	606-436-5761
<b><i>Fax Number</i></b>	606-436-2467
<b><i>Web Site</i></b>	www.krcccares.com
<b><i>Description of Services</i></b>	Outpatient substance abuse treatment services
<b><i>Service Area</i></b>	Kentucky River Region
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	No
<b><i>If Yes, Length</i></b>	
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	Varies
<b><i>Forms of Payment</i></b>	Self-pay, Medicare, Medicaid, Sliding Fee Scale, Private Health Insurance
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	None

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<i>Organization Name</i>	Kentucky River Community Care, Inc.
<i>Category</i>	Outpatient
<i>Address</i>	3367 Highway 119N
<i>City</i>	Mayking
<i>State</i>	KY
<i>Zip Code</i>	41837
<i>Phone Number</i>	606-633-4439
<i>Fax Number</i>	606-633-9964
<i>Web Site</i>	www.krcccares.com
<i>Description of Services</i>	Outpatient substance abuse treatment services.
<i>Service Area</i>	Kentucky River Region
<i>Transportation Assistance</i>	No
<i>Waiting List</i>	No
<i>If Yes, Length</i>	
<i>Referral Required</i>	No
<i>Cost of Services</i>	Varies
<i>Forms of Payment</i>	Self-pay, Medicaid, Medicare, Private Health Insurance, Sliding Fee Scale
<i>Payment Assistance</i>	No
<i>Qualifying Criteria</i>	None

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<b><i>Organization Name</i></b>	KRCC School Base Clinician
<b><i>Category</i></b>	Outpatient
<b><i>Address</i></b>	PO Box 587
<b><i>City</i></b>	Hyden
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	41749
<b><i>Phone Number</i></b>	606-672-5000
<b><i>Fax Number</i></b>	606-672-4218
<b><i>Web Site</i></b>	www.krcccares.com
<b><i>Description of Services</i></b>	School based clinicians provide therapeutic services to youth at school. The program attends to mental health emergencies, works with families and other agencies and refers clients to necessary services.
<b><i>Service Area</i></b>	Leslie County
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	No
<b><i>If Yes, Length</i></b>	
<b><i>Referral Required</i></b>	Yes
<b><i>Cost of Services</i></b>	Varies
<b><i>Forms of Payment</i></b>	Medicaid, Medicare, Private Health Insurance, Self-pay
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	Students in the Leslie County School syst



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<i>Organization Name</i>	Laurel Mission
<i>Category</i>	Other
<i>Address</i>	Laurel Mission
<i>City</i>	Big Laurel
<i>State</i>	KY
<i>Zip Code</i>	40808
<i>Phone Number</i>	606-558-3780
<i>Fax Number</i>	606-558-5700
<i>Web Site</i>	
<i>Description of Services</i>	Religious ministry, food bank, used clothing distribution, youth camp and activities, home repairs, etc.
<i>Service Area</i>	Leslie County
<i>Transportation Assistance</i>	No
<i>Waiting List</i>	No
<i>If Yes, Length</i>	
<i>Referral Required</i>	No
<i>Cost of Services</i>	NA
<i>Forms of Payment</i>	N/A
<i>Payment Assistance</i>	No
<i>Qualifying Criteria</i>	NA

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<b><i>Organization Name</i></b>	Layne House, Mountain Comprehensive Care Center
<b><i>Category</i></b>	Inpatient
<b><i>Address</i></b>	1416 South Lake Drive
<b><i>City</i></b>	Prestonsburg
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	41653
<b><i>Phone Number</i></b>	606-886-7839
<b><i>Fax Number</i></b>	606-886-9469
<b><i>Web Site</i></b>	www.mtcomp.org
<b><i>Description of Services</i></b>	Long-term residential for adults with substance abuse addiction, 45 day program
<b><i>Service Area</i></b>	National
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	Yes
<b><i>If Yes, Length</i></b>	12-16 weeks
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	\$475 in region, \$500/ Kentucky, \$450/out
<b><i>Forms of Payment</i></b>	Cash or money order
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	Chemically dependent adults, male or fem

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<i>Organization Name</i>	Leslie Adult Learning Center
<i>Category</i>	GED
<i>Address</i>	22728 Highway 421
<i>City</i>	Hyden
<i>State</i>	KY
<i>Zip Code</i>	41749
<i>Phone Number</i>	606-672-2232
<i>Fax Number</i>	606-672-2241
<i>Web Site</i>	www.kentuckyvalley.
<i>Description of Services</i>	Classes to help adults prepare for the GED exam.

<i>Service Area</i>	Leslie County
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<i>Transportation Assistance</i>	No
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<i>Waiting List</i>	No
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<i>If Yes, Length</i>	
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<i>Referral Required</i>	No
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<i>Cost of Services</i>	NA
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<i>Forms of Payment</i>	NA
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<i>Payment Assistance</i>	No
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<i>Qualifying Criteria</i>	Age 16 or older and meet program guideli
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<i>Organization Name</i>	Leslie County Extension Office
<i>Category</i>	Other
<i>Address</i>	22045 Main Street
<i>City</i>	Hyden
<i>State</i>	Ky
<i>Zip Code</i>	41749
<i>Phone Number</i>	606-672-2154
<i>Fax Number</i>	606-672-4385
<i>Web Site</i>	<a href="http://ces.ca.uky.edu">http://ces.ca.uky.edu</a>
<i>Description of Services</i>	Provides information on agriculture and home economics, free publications on topics such as gardening, food & nutrition, money management, clothing and housing, landscape design, soil testing, 4-H youth programs, etc.
<i>Service Area</i>	Leslie County
<i>Transportation Assistance</i>	No
<i>Waiting List</i>	No
<i>If Yes, Length</i>	
<i>Referral Required</i>	No
<i>Cost of Services</i>	NA
<i>Forms of Payment</i>	NA
<i>Payment Assistance</i>	No
<i>Qualifying Criteria</i>	NA

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<b><i>Organization Name</i></b>	Leslie County Health Center
<b><i>Category</i></b>	Medical
<b><i>Address</i></b>	78 Maple Street, PO Box 787
<b><i>City</i></b>	Hyden
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	41749
<b><i>Phone Number</i></b>	606-672-2393
<b><i>Fax Number</i></b>	606-672-5006
<b><i>Web Site</i></b>	www.krdhd.org
<b><i>Description of Services</i></b>	Preventive health programs for children and adults, assistance with medical care, nutritional counseling, health screening, immunizations, family planning and environmental protection information and services.
<b><i>Service Area</i></b>	Leslie County
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	No
<b><i>If Yes, Length</i></b>	
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	Varies
<b><i>Forms of Payment</i></b>	Based on income, Private Health Insurance
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	NA

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***Organization Name*** Leslie County High Youth Service Center  
***Category*** FRYSC  
***Address*** 25 Eagle Lane, PO Box 970  
***City*** Hyden  
***State*** KY  
***Zip Code*** 41749  
***Phone Number*** 606-672-4440  
***Fax Number*** 606-672-2858  
***Web Site*** www.leslie.k12.ky.us  
***Description of Services*** Provide support and resources to students and families.

***Service Area*** Leslie County

***Transportation Assistance*** No

***Waiting List*** No

***If Yes, Length***

***Referral Required*** No

***Cost of Services*** NA

***Forms of Payment*** NA

***Payment Assistance*** No

***Qualifying Criteria*** High school students and families

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<b><i>Organization Name</i></b>	Leslie County Home Health Agency
<b><i>Category</i></b>	Medical
<b><i>Address</i></b>	78 Maple Street
<b><i>City</i></b>	Hyden
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	41749
<b><i>Phone Number</i></b>	606-672-7175
<b><i>Fax Number</i></b>	606-672-4899
<b><i>Web Site</i></b>	www.krdhd.org
<b><i>Description of Services</i></b>	Provides services to patients who are home bound. Nursing, physical therapy, occupational therapy, speech therapy, personal care service and IV therapy.
<b><i>Service Area</i></b>	Leslie County
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	No
<b><i>If Yes, Length</i></b>	
<b><i>Referral Required</i></b>	Yes
<b><i>Cost of Services</i></b>	Varies
<b><i>Forms of Payment</i></b>	Medicaid, Medicare, Private Health Insurance, Self-pay
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	Some services require patients to meet in

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**Organization Name** Leslie County Middle School Youth Service Center  
**Category** FRYSC  
**Address** 27 Eagle Lane, PO Box 965  
**City** Hyden  
**State** KY  
**Zip Code** 41749  
**Phone Number** 606-672-5580  
**Fax Number** 606-672-5320  
**Web Site** www.leslie.k12.ky.us  
**Description of Services** Provide support and resources to students and families.

**Service Area** Leslie County

**Transportation Assistance** No

**Waiting List** No

**If Yes, Length**

**Referral Required** No

**Cost of Services** NA

**Forms of Payment** NA

**Payment Assistance** No

**Qualifying Criteria** Middle school students and families



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<b><i>Organization Name</i></b>	Liberty Place Recovery Center for Women
<b><i>Category</i></b>	Inpatient
<b><i>Address</i></b>	218 Lake Street
<b><i>City</i></b>	Richmond
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	40475
<b><i>Phone Number</i></b>	859-625-0104
<b><i>Fax Number</i></b>	859-625-0188
<b><i>Web Site</i></b>	
<b><i>Description of Services</i></b>	Long-term residential for women with substance abuse addiction, 12-24 months
<b><i>Service Area</i></b>	Kentucky
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	Yes
<b><i>If Yes, Length</i></b>	2-3 weeks
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	\$15 for criminal background check
<b><i>Forms of Payment</i></b>	NA
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	Female Adults, homeless or unemployed,

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<b><i>Organization Name</i></b>	Lifeline of Leslie County
<b><i>Category</i></b>	Support Groups
<b><i>Address</i></b>	137 Hickory Street
<b><i>City</i></b>	Hyden
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	41749
<b><i>Phone Number</i></b>	
<b><i>Fax Number</i></b>	
<b><i>Web Site</i></b>	
<b><i>Description of Services</i></b>	Support group for alcoholics and drug addicts. Group meets on Mondays at 6:00 pm and 7:00 pm
<b><i>Service Area</i></b>	Leslie County
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	No
<b><i>If Yes, Length</i></b>	
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	None
<b><i>Forms of Payment</i></b>	NA
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	None

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<b><i>Organization Name</i></b>	Lighthouse Adolescent Recovery Center
<b><i>Category</i></b>	Inpatient
<b><i>Address</i></b>	2210 Tucker Station Road
<b><i>City</i></b>	Louisville
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	40299
<b><i>Phone Number</i></b>	502-366-0705
<b><i>Fax Number</i></b>	502-375-3199
<b><i>Web Site</i></b>	www.sevencounties.
<b><i>Description of Services</i></b>	4-6 month residential services for adolescents with substance abuse addiction.
<b><i>Service Area</i></b>	Kentucky
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	Yes
<b><i>If Yes, Length</i></b>	Varies
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	Based on Income if n o insurance
<b><i>Forms of Payment</i></b>	Medicaid, Self-pay, Private Health Insurance, Sliding Scale Fee
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	Adolescents ages 13-18

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<b><i>Organization Name</i></b>	LKLP Community Action Council
<b><i>Category</i></b>	Transportation Asst
<b><i>Address</i></b>	121 Maple Street
<b><i>City</i></b>	Hyden
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	41749
<b><i>Phone Number</i></b>	606-672-2985
<b><i>Fax Number</i></b>	606-672-4605
<b><i>Web Site</i></b>	www.lklp.org
<b><i>Description of Services</i></b>	Provides community outreach, adult day care, head start, domestic violence program, jobsight, LIHEAP, public transportation, parent classes, weatherization, etc.
<b><i>Service Area</i></b>	Leslie County
<b><i>Transportation Assistance</i></b>	Yes
<b><i>Waiting List</i></b>	No
<b><i>If Yes, Length</i></b>	
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	Varies
<b><i>Forms of Payment</i></b>	Self-pay, medicaid
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	Referral required for transportation, some

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<b><i>Organization Name</i></b>	LKLP Community Action Council
<b><i>Category</i></b>	Employment
<b><i>Address</i></b>	121 Maple Street
<b><i>City</i></b>	Hyden
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	41749
<b><i>Phone Number</i></b>	606-672-2985
<b><i>Fax Number</i></b>	606-672-4605
<b><i>Web Site</i></b>	www.lklp.org
<b><i>Description of Services</i></b>	Provides community outreach, Jobsight, adult day care, head start, domestic violence program, LIHEAP, public transportation, parent classes, weatherization, etc.
<b><i>Service Area</i></b>	Leslie County
<b><i>Transportation Assistance</i></b>	Yes
<b><i>Waiting List</i></b>	No
<b><i>If Yes, Length</i></b>	
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	Varies
<b><i>Forms of Payment</i></b>	Self-pay, Medicaid
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	Referral required for transportation and so

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<i>Organization Name</i>	Lower Beechfork United Methodist
<i>Category</i>	Churches
<i>Address</i>	
<i>City</i>	Mozelle
<i>State</i>	KY
<i>Zip Code</i>	0
<i>Phone Number</i>	606-374-3139
<i>Fax Number</i>	
<i>Web Site</i>	
<i>Description of Services</i>	Church 10:30am, Wednesday 6pm
<i>Service Area</i>	Leslie County
<i>Transportation Assistance</i>	No
<i>Waiting List</i>	No
<i>If Yes, Length</i>	
<i>Referral Required</i>	No
<i>Cost of Services</i>	
<i>Forms of Payment</i>	
<i>Payment Assistance</i>	No
<i>Qualifying Criteria</i>	

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<b><i>Organization Name</i></b>	Lower Middlefork Church
<b><i>Category</i></b>	Churches
<b><i>Address</i></b>	
<b><i>City</i></b>	
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	0
<b><i>Phone Number</i></b>	
<b><i>Fax Number</i></b>	
<b><i>Web Site</i></b>	
<b><i>Description of Services</i></b>	Church 6:30pm, Wednesday 7pm, Thursday 7pm
<b><i>Service Area</i></b>	Leslie County
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	No
<b><i>If Yes, Length</i></b>	
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	
<b><i>Forms of Payment</i></b>	
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	

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<b><i>Organization Name</i></b>	Mary Breckinridge Home Health Agency
<b><i>Category</i></b>	Medical
<b><i>Address</i></b>	130 Kate Ireland Drive
<b><i>City</i></b>	Hyden
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	41749
<b><i>Phone Number</i></b>	606-672-2355
<b><i>Fax Number</i></b>	606-672-2059
<b><i>Web Site</i></b>	www.frontiernursing.
<b><i>Description of Services</i></b>	Home health services, nursing, physical therapy, occupational therapy, etc.
<b><i>Service Area</i></b>	Leslie County
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	No
<b><i>If Yes, Length</i></b>	
<b><i>Referral Required</i></b>	Yes
<b><i>Cost of Services</i></b>	Varies
<b><i>Forms of Payment</i></b>	Medicaid, Medicare, Private Health Insurance, Self-pay
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	Home health services may require referral



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<i>Organization Name</i>	Mary Breckinridge Hospital
<i>Category</i>	Medical
<i>Address</i>	130 Kate Ireland Drive
<i>City</i>	Hyden
<i>State</i>	KY
<i>Zip Code</i>	41749
<i>Phone Number</i>	606-672-2901
<i>Fax Number</i>	606-672-5254
<i>Web Site</i>	www.frontiernursing.
<i>Description of Services</i>	Critical access hospital, 24 hour emergency services
<i>Service Area</i>	Kentucky
<i>Transportation Assistance</i>	No
<i>Waiting List</i>	No
<i>If Yes, Length</i>	
<i>Referral Required</i>	No
<i>Cost of Services</i>	Varies
<i>Forms of Payment</i>	Medicaid, Medicare, Private Health Insurance, Self-pay
<i>Payment Assistance</i>	No
<i>Qualifying Criteria</i>	NA

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<i>Organization Name</i>	McIntosh Baptist Church
<i>Category</i>	Churches
<i>Address</i>	
<i>City</i>	
<i>State</i>	KY
<i>Zip Code</i>	0
<i>Phone Number</i>	
<i>Fax Number</i>	
<i>Web Site</i>	
<i>Description of Services</i>	Sunday School 10am, Church 11am
<i>Service Area</i>	Leslie County
<i>Transportation Assistance</i>	No
<i>Waiting List</i>	No
<i>If Yes, Length</i>	
<i>Referral Required</i>	No
<i>Cost of Services</i>	
<i>Forms of Payment</i>	
<i>Payment Assistance</i>	No
<i>Qualifying Criteria</i>	

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<b><i>Organization Name</i></b>	McIntosh Church of God
<b><i>Category</i></b>	Churches
<b><i>Address</i></b>	
<b><i>City</i></b>	
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	0
<b><i>Phone Number</i></b>	
<b><i>Fax Number</i></b>	
<b><i>Web Site</i></b>	
<b><i>Description of Services</i></b>	Sunday School 10am, Church 11am, Evening Service 6pm, Wednesday 7pm
<b><i>Service Area</i></b>	Leslie County
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	No
<b><i>If Yes, Length</i></b>	
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	
<b><i>Forms of Payment</i></b>	
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	

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<b><i>Organization Name</i></b>	Middlefork United Methodist Church
<b><i>Category</i></b>	Churches
<b><i>Address</i></b>	
<b><i>City</i></b>	
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	0
<b><i>Phone Number</i></b>	606-374-4406
<b><i>Fax Number</i></b>	
<b><i>Web Site</i></b>	
<b><i>Description of Services</i></b>	Church 9:30am, Sunday School 10:30am
<b><i>Service Area</i></b>	Leslie County
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	No
<b><i>If Yes, Length</i></b>	
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	
<b><i>Forms of Payment</i></b>	
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	

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<i>Organization Name</i>	Morehead Inspiration Center
<i>Category</i>	Inpatient
<i>Address</i>	1111 West U.S. 60
<i>City</i>	Morehead
<i>State</i>	KY
<i>Zip Code</i>	40351
<i>Phone Number</i>	606-783-0404
<i>Fax Number</i>	606-783-0422
<i>Web Site</i>	www.pathways-ky.or
<i>Description of Services</i>	Long-term residential services for men with substance abuse addiction. Program length is 9-12 months.
<i>Service Area</i>	Kentucky
<i>Transportation Assistance</i>	No
<i>Waiting List</i>	Yes
<i>If Yes, Length</i>	9-12 months
<i>Referral Required</i>	No
<i>Cost of Services</i>	State Funded
<i>Forms of Payment</i>	NA
<i>Payment Assistance</i>	No
<i>Qualifying Criteria</i>	Male adults 18 or older with substance ab

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**Organization Name** Mother Good Counsel Catholic Communit  
**Category** Churches  
**Address**  
**City** Hazard  
**State** KY  
**Zip Code** 41701  
**Phone Number** 606-436-2533  
**Fax Number**  
**Web Site**  
**Description of Services** Church 9am & 11:15am, Sunday School 10:05am  
  
**Service Area** Kentucky River Region  
**Transportation Assistance** No  
**Waiting List** No  
**If Yes, Length**  
**Referral Required** No  
**Cost of Services**  
**Forms of Payment**  
  
**Payment Assistance** No  
**Qualifying Criteria**

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<b><i>Organization Name</i></b>	Mountain View Family Resource Center
<b><i>Category</i></b>	FRYSC
<b><i>Address</i></b>	160 Maple Street
<b><i>City</i></b>	Hyden
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	41749
<b><i>Phone Number</i></b>	606-672-4118
<b><i>Fax Number</i></b>	606-672-6545
<b><i>Web Site</i></b>	<a href="http://www.leslie.k12.ky.us/">www.leslie.k12.ky.us/</a>
<b><i>Description of Services</i></b>	Coordinate and provide needed services to students and families. Resource Center provides student activities, day care/child care (may have waiting list), clothing giveaways, family support, parent trainings, etc.
<b><i>Service Area</i></b>	Leslie County
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	No
<b><i>If Yes, Length</i></b>	
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	\$70 weekly (Monday Thursday for Day
<b><i>Forms of Payment</i></b>	Self-pay for Day Care
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	NA

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<b><i>Organization Name</i></b>	Mountain View Head Start
<b><i>Category</i></b>	Childcare
<b><i>Address</i></b>	170 Bear Trail
<b><i>City</i></b>	Hyden
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	41749
<b><i>Phone Number</i></b>	606-672-3186
<b><i>Fax Number</i></b>	606-672-3186
<b><i>Web Site</i></b>	
<b><i>Description of Services</i></b>	Pre-school activities plus 2 meals & 1 snack per day.
<b><i>Service Area</i></b>	Leslie County
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	No
<b><i>If Yes, Length</i></b>	
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	NA
<b><i>Forms of Payment</i></b>	NA
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	Pre-school students



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<i>Organization Name</i>	Mozelle Church of God
<i>Category</i>	Churches
<i>Address</i>	
<i>City</i>	Mozelle
<i>State</i>	KY
<i>Zip Code</i>	0
<i>Phone Number</i>	
<i>Fax Number</i>	
<i>Web Site</i>	
<i>Description of Services</i>	Sunday School 10:30am, Evening Service 6pm, Thursday 6:30pm, Saturday 6:30pm
<i>Service Area</i>	Leslie County
<i>Transportation Assistance</i>	No
<i>Waiting List</i>	No
<i>If Yes, Length</i>	
<i>Referral Required</i>	No
<i>Cost of Services</i>	
<i>Forms of Payment</i>	
<i>Payment Assistance</i>	No
<i>Qualifying Criteria</i>	

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<b><i>Organization Name</i></b>	Mozelle Pentecostal Church
<b><i>Category</i></b>	Churches
<b><i>Address</i></b>	
<b><i>City</i></b>	Mozelle
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	0
<b><i>Phone Number</i></b>	606-374-6777
<b><i>Fax Number</i></b>	
<b><i>Web Site</i></b>	
<b><i>Description of Services</i></b>	Sunday School 10am, Church 6pm, Wednesday 7pm, Saturday 7pm
<b><i>Service Area</i></b>	Leslie County
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	No
<b><i>If Yes, Length</i></b>	
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	
<b><i>Forms of Payment</i></b>	
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	

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<b><i>Organization Name</i></b>	Muncy Creek Baptist Church
<b><i>Category</i></b>	Churches
<b><i>Address</i></b>	
<b><i>City</i></b>	
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	0
<b><i>Phone Number</i></b>	606-672-5139
<b><i>Fax Number</i></b>	
<b><i>Web Site</i></b>	
<b><i>Description of Services</i></b>	Sunday School 10am, Church 11am, Evening Service 7pm, Wednesday 7pm
<b><i>Service Area</i></b>	Leslie County
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	No
<b><i>If Yes, Length</i></b>	
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	
<b><i>Forms of Payment</i></b>	
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	

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<i>Organization Name</i>	Muncy Creek Holiness
<i>Category</i>	Churches
<i>Address</i>	
<i>City</i>	Stinnet
<i>State</i>	KY
<i>Zip Code</i>	0
<i>Phone Number</i>	606-374-3988
<i>Fax Number</i>	
<i>Web Site</i>	
<i>Description of Services</i>	Sunday 7pm, Friday 7pm
<i>Service Area</i>	Leslie County
<i>Transportation Assistance</i>	No
<i>Waiting List</i>	No
<i>If Yes, Length</i>	
<i>Referral Required</i>	No
<i>Cost of Services</i>	
<i>Forms of Payment</i>	
<i>Payment Assistance</i>	No
<i>Qualifying Criteria</i>	

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<b><i>Organization Name</i></b>	New Hope Church
<b><i>Category</i></b>	Churches
<b><i>Address</i></b>	
<b><i>City</i></b>	Warbranch
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	0
<b><i>Phone Number</i></b>	606-374-6320
<b><i>Fax Number</i></b>	
<b><i>Web Site</i></b>	
<b><i>Description of Services</i></b>	Sunday School 10am, Church 11am, Wednesday(youth) 6pm, Friday 7pm
<b><i>Service Area</i></b>	Leslie County
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	No
<b><i>If Yes, Length</i></b>	
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	
<b><i>Forms of Payment</i></b>	
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	

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<b><i>Organization Name</i></b>	New Horizons Recovery House
<b><i>Category</i></b>	Inpatient
<b><i>Address</i></b>	320 Clay Street
<b><i>City</i></b>	Owensboro
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	42303
<b><i>Phone Number</i></b>	270-685-4499
<b><i>Fax Number</i></b>	270-689-1288
<b><i>Web Site</i></b>	<a href="http://newhorizonsow">http://newhorizonsow</a>
<b><i>Description of Services</i></b>	9-12 month residential services for men with substance abuse addiction.
<b><i>Service Area</i></b>	Kentucky
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	Yes
<b><i>If Yes, Length</i></b>	4-6 weeks
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	\$180/deposit, \$90/w week (includes food)
<b><i>Forms of Payment</i></b>	Self-pay
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	Adult males age 18 or older

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<b><i>Organization Name</i></b>	Noah's Ark Daycare
<b><i>Category</i></b>	Childcare
<b><i>Address</i></b>	23217 Highway 421
<b><i>City</i></b>	Hyden
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	41749
<b><i>Phone Number</i></b>	606-672-4590
<b><i>Fax Number</i></b>	606-672-4590
<b><i>Web Site</i></b>	
<b><i>Description of Services</i></b>	Childcare
<b><i>Service Area</i></b>	Kentucky
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	Yes
<b><i>If Yes, Length</i></b>	Varies
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	Contact Daycare
<b><i>Forms of Payment</i></b>	Self-pay, State Assistance
<b><i>Payment Assistance</i></b>	Yes
<b><i>Qualifying Criteria</i></b>	Children ages birth-6 years

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<b><i>Organization Name</i></b>	Operation UNITE
<b><i>Category</i></b>	Other
<b><i>Address</i></b>	2292 South Highway 27
<b><i>City</i></b>	Somerset
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	42501
<b><i>Phone Number</i></b>	866-678-6483
<b><i>Fax Number</i></b>	606-677-6166
<b><i>Web Site</i></b>	<a href="http://operationunite">http://operationunite.</a>
<b><i>Description of Services</i></b>	Voucher Program provides financial assistance to low-income residents to receive substance abuse treatment. Treatment Referral Line (1-866-908-6483), Drug Tip Line (1-866-424-4382).
<b><i>Service Area</i></b>	Kentucky
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	No
<b><i>If Yes, Length</i></b>	
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	NA
<b><i>Forms of Payment</i></b>	NA
<b><i>Payment Assistance</i></b>	Yes
<b><i>Qualifying Criteria</i></b>	NA



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<b><i>Organization Name</i></b>	Our Lady of Peace - Pathways to Peace
<b><i>Category</i></b>	Medical Detox
<b><i>Address</i></b>	2020 Newburg Road
<b><i>City</i></b>	Louisville
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	40205
<b><i>Phone Number</i></b>	800-451-3637
<b><i>Fax Number</i></b>	502-479-4350
<b><i>Web Site</i></b>	www.ourladyofpeace
<b><i>Description of Services</i></b>	Medical detox (1-3 days)
<b><i>Service Area</i></b>	National
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	No
<b><i>If Yes, Length</i></b>	
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	\$600/day
<b><i>Forms of Payment</i></b>	Self-pay, VA, Medicare, Private Health Insurance, Medicaid
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	Medical necessity for detoxification

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<b><i>Organization Name</i></b>	Owensboro Regional Recovery Center (O RD)
<b><i>Category</i></b>	Inpatient
<b><i>Address</i></b>	4301 Veach Road
<b><i>City</i></b>	Owensboro
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	42303
<b><i>Phone Number</i></b>	270-689-0905
<b><i>Fax Number</i></b>	270-689-0903
<b><i>Web Site</i></b>	N/A
<b><i>Description of Services</i></b>	9-12 month residential services for adult men with substance abuse addiction.
<b><i>Service Area</i></b>	National
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	Yes
<b><i>If Yes, Length</i></b>	Varies
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	NA for Low income/l ndigent
<b><i>Forms of Payment</i></b>	NA
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	Homeless. HUD may pay rent if client qu

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<i>Organization Name</i>	Park Place Recovery Center - Lifeskills, In ~
<i>Category</i>	Inpatient
<i>Address</i>	822 Woodway Drive
<i>City</i>	Bowling Green
<i>State</i>	KY
<i>Zip Code</i>	42101
<i>Phone Number</i>	270-901-5000
<i>Fax Number</i>	270-781-6446
<i>Web Site</i>	www.lifeskills.com
<i>Description of Services</i>	28 day residential services for male and female adults with substance abuse addiction.
<i>Service Area</i>	National
<i>Transportation Assistance</i>	No
<i>Waiting List</i>	Yes
<i>If Yes, Length</i>	Varies
<i>Referral Required</i>	No
<i>Cost of Services</i>	Based on Income
<i>Forms of Payment</i>	Private Health Insurance, Medicare, Sliding Fee Scale
<i>Payment Assistance</i>	Yes
<i>Qualifying Criteria</i>	Male and Female adults 18 or older

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*Organization Name* Parkway Pentecostal Church

*Category* Churches

*Address*

*City*

*State* KY

*Zip Code* 0

*Phone Number*

*Fax Number*

*Web Site*

*Description of Services* Sunday 7pm, Friday 7pm

*Service Area* Leslie County

*Transportation Assistance* No

*Waiting List* No

*If Yes, Length*

*Referral Required* No

*Cost of Services*

*Forms of Payment*

*Payment Assistance* No

*Qualifying Criteria*

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<b><i>Organization Name</i></b>	Pikeville Medical Addiction Services
<b><i>Category</i></b>	Outpatient
<b><i>Address</i></b>	911 Bypass Road
<b><i>City</i></b>	Pikeville
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	41501
<b><i>Phone Number</i></b>	606-218-4686
<b><i>Fax Number</i></b>	606-218-4724
<b><i>Web Site</i></b>	www.pikevillehospital
<b><i>Description of Services</i></b>	Outpatient addiction services.
<b><i>Service Area</i></b>	Kentucky
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	Yes
<b><i>If Yes, Length</i></b>	Varies
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	Varies
<b><i>Forms of Payment</i></b>	Private Health Insurance, Self-pay, Medicare
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	Adults 18 or older. Must have assessmen

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<b><i>Organization Name</i></b>	Priscilla's Place
<b><i>Category</i></b>	Inpatient
<b><i>Address</i></b>	1151 East Broadway
<b><i>City</i></b>	Louisville
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	40204
<b><i>Phone Number</i></b>	502-561-2131
<b><i>Fax Number</i></b>	502-561-2132
<b><i>Web Site</i></b>	www.teenchallengek
<b><i>Description of Services</i></b>	6 month residential program for adult women with substance abuse addiction.
<b><i>Service Area</i></b>	Kentucky
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	Yes
<b><i>If Yes, Length</i></b>	1-2 months
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	\$250 entry fee, \$550 /month
<b><i>Forms of Payment</i></b>	Self-pay
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	Female adults 18 or older

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<i>Organization Name</i>	Project ADVANCE - KRCC
<i>Category</i>	Outpatient
<i>Address</i>	91 Little Grapevine Creek Road
<i>City</i>	Hazard
<i>State</i>	KY
<i>Zip Code</i>	41701
<i>Phone Number</i>	606-435-2839
<i>Fax Number</i>	606-435-1530
<i>Web Site</i>	www.krcccares.com
<i>Description of Services</i>	Intensive outpatient services
<i>Service Area</i>	Kentucky River Region
<i>Transportation Assistance</i>	Yes
<i>Waiting List</i>	No
<i>If Yes, Length</i>	
<i>Referral Required</i>	No
<i>Cost of Services</i>	NA
<i>Forms of Payment</i>	NA
<i>Payment Assistance</i>	No
<i>Qualifying Criteria</i>	Women and children

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<b><i>Organization Name</i></b>	Quest House
<b><i>Category</i></b>	Inpatient
<b><i>Address</i></b>	2349 Russellville Road
<b><i>City</i></b>	Bowling Green
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	42101
<b><i>Phone Number</i></b>	270-781-3387
<b><i>Fax Number</i></b>	270-781-3407
<b><i>Web Site</i></b>	<a href="http://questhouse.co">http://questhouse.co</a>
<b><i>Description of Services</i></b>	Short-term (28 days) and long-term (60-90 days) residential program for men and women with substance abuse addiction.
<b><i>Service Area</i></b>	National
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	Yes
<b><i>If Yes, Length</i></b>	1-2 weeks
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	\$3,900/28 days, \$59 00/60 days, \$7100/90
<b><i>Forms of Payment</i></b>	Self-pay
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	Men and Women age 18 or older



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<b>Organization Name</b>	Recovery Works Drug & Alcohol Treatment Center
<b>Category</b>	Medical Detox
<b>Address</b>	3107 Cincinnati Pike
<b>City</b>	Georgetown
<b>State</b>	KY
<b>Zip Code</b>	40324
<b>Phone Number</b>	866-570-9313
<b>Fax Number</b>	502-867-7978
<b>Web Site</b>	www.recoveryworksk
<b>Description of Services</b>	Medical detox and short-term residential, 16 beds for adults (male & female)
<b>Service Area</b>	National
<b>Transportation Assistance</b>	No
<b>Waiting List</b>	No
<b>If Yes, Length</b>	
<b>Referral Required</b>	No
<b>Cost of Services</b>	\$450/day detox, \$30 0/day residential \$10,000
<b>Forms of Payment</b>	Private Health Insurance, Self-pay
<b>Payment Assistance</b>	No
<b>Qualifying Criteria</b>	Adults 18 or older

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<b>Organization Name</b>	Recovery Works Drug & Alcohol Treatment Center
<b>Category</b>	Inpatient
<b>Address</b>	3107 Cincinnati Pike
<b>City</b>	Georgetown
<b>State</b>	KY
<b>Zip Code</b>	40324
<b>Phone Number</b>	866-570-9313
<b>Fax Number</b>	502-867-7978
<b>Web Site</b>	www.recoveryworksk
<b>Description of Services</b>	Medical detox and short-term residential, 16 beds for adults (male & female).
<b>Service Area</b>	National
<b>Transportation Assistance</b>	No
<b>Waiting List</b>	No
<b>If Yes, Length</b>	
<b>Referral Required</b>	No
<b>Cost of Services</b>	\$450/day detox, \$30 0/day residential \$10,000
<b>Forms of Payment</b>	Private Health Insurance, Self-pay
<b>Payment Assistance</b>	No
<b>Qualifying Criteria</b>	Adults 18 or older

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<b><i>Organization Name</i></b>	River Valley Behavioral Health Care - Residential Chemical Dependency Program
<b><i>Category</i></b>	Inpatient
<b><i>Address</i></b>	Cigar Factory Complex, 1100 Walnut Street
<b><i>City</i></b>	Owensboro
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	42302
<b><i>Phone Number</i></b>	270-689-6548
<b><i>Fax Number</i></b>	270-689-6788
<b><i>Web Site</i></b>	www.rvbh.com
<b><i>Description of Services</i></b>	28-30 day residential program for men and women with substance abuse addiction. Non-medical detox.
<b><i>Service Area</i></b>	Kentucky
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	Yes
<b><i>If Yes, Length</i></b>	3 weeks
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	\$595
<b><i>Forms of Payment</i></b>	Self-pay, Private Health Insurance, Medicaid (pregnant women)
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	Men and women age 18 or older.

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<b><i>Organization Name</i></b>	Rockhouse Baptist Church
<b><i>Category</i></b>	Churches
<b><i>Address</i></b>	
<b><i>City</i></b>	
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	0
<b><i>Phone Number</i></b>	
<b><i>Fax Number</i></b>	
<b><i>Web Site</i></b>	
<b><i>Description of Services</i></b>	Sunday School 10am, Church 11am, Wednesday 7pm
<b><i>Service Area</i></b>	Leslie County
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	No
<b><i>If Yes, Length</i></b>	
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	
<b><i>Forms of Payment</i></b>	
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	

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<i>Organization Name</i>	Rockhouse Pentecostal Church
<i>Category</i>	Churches
<i>Address</i>	
<i>City</i>	
<i>State</i>	KY
<i>Zip Code</i>	0
<i>Phone Number</i>	606-672-3099
<i>Fax Number</i>	
<i>Web Site</i>	
<i>Description of Services</i>	Church 10am, Evening Service 6pm, Wednesday 7pm
<i>Service Area</i>	Leslie County
<i>Transportation Assistance</i>	No
<i>Waiting List</i>	No
<i>If Yes, Length</i>	
<i>Referral Required</i>	No
<i>Cost of Services</i>	
<i>Forms of Payment</i>	
<i>Payment Assistance</i>	No
<i>Qualifying Criteria</i>	

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<i>Organization Name</i>	Rocky Point Holiness Church
<i>Category</i>	Churches
<i>Address</i>	
<i>City</i>	Phillips Fork
<i>State</i>	KY
<i>Zip Code</i>	0
<i>Phone Number</i>	
<i>Fax Number</i>	
<i>Web Site</i>	
<i>Description of Services</i>	Church 11am, Wednesday 7pm
<i>Service Area</i>	Leslie County
<i>Transportation Assistance</i>	No
<i>Waiting List</i>	No
<i>If Yes, Length</i>	
<i>Referral Required</i>	No
<i>Cost of Services</i>	
<i>Forms of Payment</i>	
<i>Payment Assistance</i>	No
<i>Qualifying Criteria</i>	

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<b><i>Organization Name</i></b>	Samaritan Hospital Behavioral Health
<b><i>Category</i></b>	Medical Detox
<b><i>Address</i></b>	310 South Limestone
<b><i>City</i></b>	Lexington
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	40508
<b><i>Phone Number</i></b>	800-776-2673
<b><i>Fax Number</i></b>	859-226-7266
<b><i>Web Site</i></b>	www.ukhealthcare.u
<b><i>Description of Services</i></b>	Medical detox for adults addicted to alcohol. Length of stay is 3-5 days.
<b><i>Service Area</i></b>	National
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	No
<b><i>If Yes, Length</i></b>	
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	\$4000/deposit, \$500/ day
<b><i>Forms of Payment</i></b>	Medicare, Private Health Insurance, Self-pay
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	Alcohol detox for adult men and women.

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<i>Organization Name</i>	Sawbranch Pentecostal
<i>Category</i>	Churches
<i>Address</i>	
<i>City</i>	
<i>State</i>	KY
<i>Zip Code</i>	0
<i>Phone Number</i>	
<i>Fax Number</i>	
<i>Web Site</i>	
<i>Description of Services</i>	Sunday School 10am, Church 6pm, Thursday 7pm
<i>Service Area</i>	Leslie County
<i>Transportation Assistance</i>	No
<i>Waiting List</i>	No
<i>If Yes, Length</i>	
<i>Referral Required</i>	No
<i>Cost of Services</i>	
<i>Forms of Payment</i>	
<i>Payment Assistance</i>	No
<i>Qualifying Criteria</i>	



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<i>Organization Name</i>	Sewell Center
<i>Category</i>	Inpatient
<i>Address</i>	3826 Highway 15 South
<i>City</i>	Jackson
<i>State</i>	KY
<i>Zip Code</i>	41339
<i>Phone Number</i>	606-666-8820
<i>Fax Number</i>	606-666-8597
<i>Web Site</i>	www.krcccares.com
<i>Description of Services</i>	Inpatient treatment facility for youth ages 17 & under.
<i>Service Area</i>	National
<i>Transportation Assistance</i>	No
<i>Waiting List</i>	No
<i>If Yes, Length</i>	
<i>Referral Required</i>	Yes
<i>Cost of Services</i>	\$300/day
<i>Forms of Payment</i>	Sliding Fee Scale for Ky River Region, Medicaid, Medicare, Self-pay, Private Health Insurance
<i>Payment Assistance</i>	No
<i>Qualifying Criteria</i>	Male and female youth ages 17 and under

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<b><i>Organization Name</i></b>	Shepherd's House
<b><i>Category</i></b>	Inpatient
<b><i>Address</i></b>	154 Bonnie Brae Drive
<b><i>City</i></b>	Lexington
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	40508
<b><i>Phone Number</i></b>	859-252-1939
<b><i>Fax Number</i></b>	859-252-1935
<b><i>Web Site</i></b>	www.shepherdshous
<b><i>Description of Services</i></b>	12-18 month residential services for men with substance abuse addiction.
<b><i>Service Area</i></b>	National
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	Yes
<b><i>If Yes, Length</i></b>	4-6 weeks
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	\$150 deposit and mu at work or obtain wor
<b><i>Forms of Payment</i></b>	Self-pay
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	Male adults 18 or older. Must have job or

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<b><i>Organization Name</i></b>	Shepherd's Shelter/Ross Rehab
<b><i>Category</i></b>	Inpatient
<b><i>Address</i></b>	236 Bridgett Drive
<b><i>City</i></b>	Mount Sterling
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	40353
<b><i>Phone Number</i></b>	859-498-7111
<b><i>Fax Number</i></b>	859-498-7100
<b><i>Web Site</i></b>	<a href="http://shepherdsshelt">http://shepherdsshelt</a>
<b><i>Description of Services</i></b>	6-12 month residential services for adults with substance abuse addiction.
<b><i>Service Area</i></b>	National
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	Yes
<b><i>If Yes, Length</i></b>	Varies
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	\$700/month, \$200 u n front for food
<b><i>Forms of Payment</i></b>	Self-pay
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	Adults 18 or older.

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<b>Organization Name</b>	Sizerock Baptist Church
<b>Category</b>	Churches
<b>Address</b>	
<b>City</b>	
<b>State</b>	KY
<b>Zip Code</b>	0
<b>Phone Number</b>	606-672-3070
<b>Fax Number</b>	
<b>Web Site</b>	
<b>Description of Services</b>	Sunday School 10am, Church 11am
<b>Service Area</b>	Leslie County
<b>Transportation Assistance</b>	No
<b>Waiting List</b>	No
<b>If Yes, Length</b>	
<b>Referral Required</b>	No
<b>Cost of Services</b>	
<b>Forms of Payment</b>	
<b>Payment Assistance</b>	No
<b>Qualifying Criteria</b>	

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<i>Organization Name</i>	Smith Camp Pentecostal Church
<i>Category</i>	Churches
<i>Address</i>	
<i>City</i>	
<i>State</i>	KY
<i>Zip Code</i>	0
<i>Phone Number</i>	
<i>Fax Number</i>	
<i>Web Site</i>	
<i>Description of Services</i>	Sunday School 10am, Evening Service 6pm, Wednesday 7pm, Friday 6pm
<i>Service Area</i>	Leslie County
<i>Transportation Assistance</i>	No
<i>Waiting List</i>	No
<i>If Yes, Length</i>	
<i>Referral Required</i>	No
<i>Cost of Services</i>	
<i>Forms of Payment</i>	
<i>Payment Assistance</i>	No
<i>Qualifying Criteria</i>	

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<b><i>Organization Name</i></b>	Solid Rock Bible Church
<b><i>Category</i></b>	Churches
<b><i>Address</i></b>	
<b><i>City</i></b>	Coon Creek
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	0
<b><i>Phone Number</i></b>	
<b><i>Fax Number</i></b>	
<b><i>Web Site</i></b>	
<b><i>Description of Services</i></b>	Sunday School 10am, Church 11am, Evening Service 6:30pm, Wednesday 6:30pm
<b><i>Service Area</i></b>	Leslie County
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	No
<b><i>If Yes, Length</i></b>	
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	
<b><i>Forms of Payment</i></b>	
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	

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<i>Organization Name</i>	Solid Rock Christian Assembly
<i>Category</i>	Churches
<i>Address</i>	
<i>City</i>	Hyden
<i>State</i>	KY
<i>Zip Code</i>	0
<i>Phone Number</i>	
<i>Fax Number</i>	
<i>Web Site</i>	
<i>Description of Services</i>	Church 6:30pm, Tuesday 7pm
<i>Service Area</i>	Leslie County
<i>Transportation Assistance</i>	No
<i>Waiting List</i>	No
<i>If Yes, Length</i>	
<i>Referral Required</i>	No
<i>Cost of Services</i>	
<i>Forms of Payment</i>	
<i>Payment Assistance</i>	No
<i>Qualifying Criteria</i>	

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<b><i>Organization Name</i></b>	St. Elizabeth Alcohol and Drug Treatment Center
<b><i>Category</i></b>	Medical Detox
<b><i>Address</i></b>	512 South Maple Avenue
<b><i>City</i></b>	Falmouth
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	41040
<b><i>Phone Number</i></b>	859-572-3500
<b><i>Fax Number</i></b>	859-654-4323
<b><i>Web Site</i></b>	www.stelizabeth.com
<b><i>Description of Services</i></b>	2-week medical detox
<b><i>Service Area</i></b>	National
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	No
<b><i>If Yes, Length</i></b>	
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	\$3000 deposit and 4000
<b><i>Forms of Payment</i></b>	Medicare, PrivateHealth Insurance, Self-pay
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	Adults 18 and older



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<b><i>Organization Name</i></b>	Stepworks Addiction Resources
<b><i>Category</i></b>	Inpatient
<b><i>Address</i></b>	100 Diecks Drive
<b><i>City</i></b>	Elizabethtown
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	42701
<b><i>Phone Number</i></b>	888-982-1244
<b><i>Fax Number</i></b>	
<b><i>Web Site</i></b>	www.stepworks.com
<b><i>Description of Services</i></b>	Medical detox, 30 day residential. 16 beds (8 female and 8 male). 3-5 day/alcohol detox and 7-9 day opiate detox. Halfway house for men only (6-12 month stay).
<b><i>Service Area</i></b>	National
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	Yes
<b><i>If Yes, Length</i></b>	Varies
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	\$6000/30 days inclu des detox
<b><i>Forms of Payment</i></b>	Private Health Insurance, Self-pay
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	Halfway house for men only.

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<b><i>Organization Name</i></b>	Stepworks Addiction Resources
<b><i>Category</i></b>	Medical Detox
<b><i>Address</i></b>	100 Diecks Drive
<b><i>City</i></b>	Elizabethtown
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	42701
<b><i>Phone Number</i></b>	888-982-1244
<b><i>Fax Number</i></b>	
<b><i>Web Site</i></b>	www.stepworks.com
<b><i>Description of Services</i></b>	Medical detox, 30 day residential. 16 beds for 8 female and 8 male. 3-5 day/alcohol detox and 7-9 day opiate detox. Halfway house for men only (6-12 month stay).
<b><i>Service Area</i></b>	National
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	Yes
<b><i>If Yes, Length</i></b>	Varies
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	\$6000/30 days inclu des detox
<b><i>Forms of Payment</i></b>	Private Health Insurance, Self-pay
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	Halfway house for men only.

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<b><i>Organization Name</i></b>	Stepworks Addiction Treatment
<b><i>Category</i></b>	Inpatient
<b><i>Address</i></b>	100 Diecks Drive
<b><i>City</i></b>	Elizabethtown
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	42701
<b><i>Phone Number</i></b>	888-982-1244
<b><i>Fax Number</i></b>	270-982-1244
<b><i>Web Site</i></b>	<a href="http://stepworks.com">http://stepworks.com</a>
<b><i>Description of Services</i></b>	30-90 day residential treatment services for adults with substance abuse addiction
<b><i>Service Area</i></b>	Kentucky
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	Yes
<b><i>If Yes, Length</i></b>	Varies
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	Contact for cost
<b><i>Forms of Payment</i></b>	Self-pay, Private Insurance, UNITE Voucher
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	Male and Female adults age 18 or older

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<b><i>Organization Name</i></b>	Stepworks Addiction Treatment
<b><i>Category</i></b>	Medical Detox
<b><i>Address</i></b>	100 Diecks Drive
<b><i>City</i></b>	Elizabethtown
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	42701
<b><i>Phone Number</i></b>	888-982-1244
<b><i>Fax Number</i></b>	270-982-1244
<b><i>Web Site</i></b>	<a href="http://stepworks.com">http://stepworks.com</a>
<b><i>Description of Services</i></b>	Medical detox (3-4 days)
<b><i>Service Area</i></b>	Kentucky
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	Yes
<b><i>If Yes, Length</i></b>	Varies
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	Contact for cost
<b><i>Forms of Payment</i></b>	Self-pay, Private Insurance, UNITE Voucher, Medicare
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	Male and Female adults age 18 or older

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<b><i>Organization Name</i></b>	Stinnett Church of God
<b><i>Category</i></b>	Churches
<b><i>Address</i></b>	
<b><i>City</i></b>	Stinnett
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	0
<b><i>Phone Number</i></b>	606-374-3422
<b><i>Fax Number</i></b>	
<b><i>Web Site</i></b>	
<b><i>Description of Services</i></b>	Sunday School 10am, Church 11am, Evening Service 6pm, Wednesday 7pm
<b><i>Service Area</i></b>	Leslie County
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	No
<b><i>If Yes, Length</i></b>	
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	
<b><i>Forms of Payment</i></b>	
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	

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<i>Organization Name</i>	Stinnett Family Resource Center
<i>Category</i>	FRYSC
<i>Address</i>	PO Box 275
<i>City</i>	Hoskinston
<i>State</i>	KY
<i>Zip Code</i>	40844
<i>Phone Number</i>	606-374-4315
<i>Fax Number</i>	606-374-6655
<i>Web Site</i>	www.leslie.k12.ky.us
<i>Description of Services</i>	Provides support and resources to students and families.

<i>Service Area</i>	Leslie County
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<i>Transportation Assistance</i>	No
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<i>Waiting List</i>	No
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<i>If Yes, Length</i>	
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<i>Referral Required</i>	No
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<i>Cost of Services</i>	NA
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<i>Forms of Payment</i>	NA
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<i>Payment Assistance</i>	No
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<i>Qualifying Criteria</i>	Elementary students and families
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<b><i>Organization Name</i></b>	Stinnett Pentecostal Church
<b><i>Category</i></b>	Churches
<b><i>Address</i></b>	
<b><i>City</i></b>	
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	0
<b><i>Phone Number</i></b>	
<b><i>Fax Number</i></b>	
<b><i>Web Site</i></b>	
<b><i>Description of Services</i></b>	Sunday School 10am, Church 6pm, Wednesday 7pm, Saturday 7pm
<b><i>Service Area</i></b>	Leslie County
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	No
<b><i>If Yes, Length</i></b>	
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	
<b><i>Forms of Payment</i></b>	
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	

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<b><i>Organization Name</i></b>	Stoner Creek Behavioral Health Centre
<b><i>Category</i></b>	Medical Detox
<b><i>Address</i></b>	Bourbon Community Hospital, 9 Linville Drive
<b><i>City</i></b>	Paris
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	40361
<b><i>Phone Number</i></b>	888-394-4673
<b><i>Fax Number</i></b>	859-987-1087
<b><i>Web Site</i></b>	www.bourbonhospita
<b><i>Description of Services</i></b>	Medical detox for adults and adolescents (age 10-17). Admissions are directed and supervised by a licensed psychiatrist. Average stay is 7 days.
<b><i>Service Area</i></b>	National
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	Yes
<b><i>If Yes, Length</i></b>	Varies
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	Contact Admissions representative
<b><i>Forms of Payment</i></b>	Self-Pay, Medicaid, Medicare, Private Health Insurance, VA
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	Adults and Adolescents (age 10-17).



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<b><i>Organization Name</i></b>	The Brook Hospital - Dupont
<b><i>Category</i></b>	Medical Detox
<b><i>Address</i></b>	1405 Browns Lane
<b><i>City</i></b>	Louisville
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	40207
<b><i>Phone Number</i></b>	866-373-6085
<b><i>Fax Number</i></b>	502-895-4539
<b><i>Web Site</i></b>	www.thebrookhospit
<b><i>Description of Services</i></b>	Medical detox (length of stay is approximately 5-10 days)
<b><i>Service Area</i></b>	National
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	No
<b><i>If Yes, Length</i></b>	
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	\$700/day
<b><i>Forms of Payment</i></b>	Private Health Insurance, Medicare
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	Adults 18 and older

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<b><i>Organization Name</i></b>	The Brook Hospital - KMI
<b><i>Category</i></b>	Medical Detox
<b><i>Address</i></b>	8521 LaGrange Road
<b><i>City</i></b>	Louisville
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	40242
<b><i>Phone Number</i></b>	800-866-8876
<b><i>Fax Number</i></b>	502-412-3024
<b><i>Web Site</i></b>	www.thebrookhospit
<b><i>Description of Services</i></b>	28 day residential for adolescents (13-18) and 28 day residential for adults (18 and up), medical detox
<b><i>Service Area</i></b>	Kentucky
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	Yes
<b><i>If Yes, Length</i></b>	
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	Unavailable
<b><i>Forms of Payment</i></b>	Insurance, Self-pay
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	Adolescent ages 13-18 male and female,

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<i>Organization Name</i>	The Grateful Life Center
<i>Category</i>	Inpatient
<i>Address</i>	305 Pleasure Isle Drive
<i>City</i>	Erlanger
<i>State</i>	KY
<i>Zip Code</i>	41018
<i>Phone Number</i>	859-359-4800
<i>Fax Number</i>	859-359-4540
<i>Web Site</i>	www.transitionsky.or
<i>Description of Services</i>	9-12 month residential services for men with substance abuse addiction.
<i>Service Area</i>	Kentucky
<i>Transportation Assistance</i>	No
<i>Waiting List</i>	Yes
<i>If Yes, Length</i>	Varies
<i>Referral Required</i>	No
<i>Cost of Services</i>	NA
<i>Forms of Payment</i>	NA
<i>Payment Assistance</i>	No
<i>Qualifying Criteria</i>	Adult males 18 or older.

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<b><i>Organization Name</i></b>	The Healing Place
<b><i>Category</i></b>	Inpatient
<b><i>Address</i></b>	1020 West Market Street
<b><i>City</i></b>	Louisville
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	40202
<b><i>Phone Number</i></b>	866-781-3266
<b><i>Fax Number</i></b>	502-587-9565
<b><i>Web Site</i></b>	www.thehealingplace
<b><i>Description of Services</i></b>	6-9 month recovery center for men with substance abuse addiction. The Healing place also offers a detox center 3-7 days.
<b><i>Service Area</i></b>	Kentucky
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	Yes
<b><i>If Yes, Length</i></b>	1-2 months, varies
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	NA
<b><i>Forms of Payment</i></b>	NA
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	Adult men age 18 or older.

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<b><i>Organization Name</i></b>	The Healing Place
<b><i>Category</i></b>	Inpatient
<b><i>Address</i></b>	1503 South 15th Street
<b><i>City</i></b>	Louisville
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	40202
<b><i>Phone Number</i></b>	866-781-3266
<b><i>Fax Number</i></b>	502-587-9565
<b><i>Web Site</i></b>	www.thehealingplace
<b><i>Description of Services</i></b>	6-9 month recovery center for women with substance abuse addiction. Also provides detox 3-7 days.
<b><i>Service Area</i></b>	Kentucky
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	Yes
<b><i>If Yes, Length</i></b>	1-2 months, varies
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	NA
<b><i>Forms of Payment</i></b>	NA
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	Women age 18 or older

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<i>Organization Name</i>	The Hope House
<i>Category</i>	Inpatient
<i>Address</i>	105 Trimble Chapel Square
<i>City</i>	Prestonsburg
<i>State</i>	KY
<i>Zip Code</i>	41653
<i>Phone Number</i>	606-874-0240
<i>Fax Number</i>	606-874-8666
<i>Web Site</i>	www.hopeinthemoun
<i>Description of Services</i>	Long term residential (90 - 180 days) for females including pregnant women
<i>Service Area</i>	National
<i>Transportation Assistance</i>	No
<i>Waiting List</i>	Yes
<i>If Yes, Length</i>	Varies - one month
<i>Referral Required</i>	No
<i>Cost of Services</i>	\$6000/90 days
<i>Forms of Payment</i>	Self-pay
<i>Payment Assistance</i>	Yes
<i>Qualifying Criteria</i>	Female

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<b><i>Organization Name</i></b>	The Ridge Behavioral Health System
<b><i>Category</i></b>	Inpatient
<b><i>Address</i></b>	350 Rio Dosa Drive
<b><i>City</i></b>	Lexington
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	40509
<b><i>Phone Number</i></b>	800-753-4673
<b><i>Fax Number</i></b>	859-268-6456
<b><i>Web Site</i></b>	www.ridgebhs.com
<b><i>Description of Services</i></b>	5-7 day medical detox for adolescents (ages 12-17) and adults. Will provide residential for adolescents only. Length of residential stay is approximately 28-55 days.
<b><i>Service Area</i></b>	Kentucky
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	No
<b><i>If Yes, Length</i></b>	
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	\$4030 for 5 days
<b><i>Forms of Payment</i></b>	Medicare, Medicaid (youth), Private Health Insurance, Self-pay
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	Residential for adolescents only

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<b><i>Organization Name</i></b>	The Ridge Behavioral Health System
<b><i>Category</i></b>	Medical Detox
<b><i>Address</i></b>	350 Rio Dosa Drive
<b><i>City</i></b>	Lexington
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	40509
<b><i>Phone Number</i></b>	800-753-4673
<b><i>Fax Number</i></b>	859-268-6456
<b><i>Web Site</i></b>	www.ridgebhs.com
<b><i>Description of Services</i></b>	5-7 day medical detox for adolescents (ages 12-17) and adults. Will provide residential for adolescents only. Length of residential stay is approximately 28-55 days.
<b><i>Service Area</i></b>	Kentucky
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	No
<b><i>If Yes, Length</i></b>	
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	\$4030 for 5 days
<b><i>Forms of Payment</i></b>	Medicare, Medicaid (youth), Private Health Insurance, Self-pay
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	Residential for adolescents only



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<b><i>Organization Name</i></b>	Thousandsticks United Methodist
<b><i>Category</i></b>	Churches
<b><i>Address</i></b>	
<b><i>City</i></b>	Thousandsticks
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	0
<b><i>Phone Number</i></b>	606-672-2581
<b><i>Fax Number</i></b>	
<b><i>Web Site</i></b>	
<b><i>Description of Services</i></b>	Sunday School 9:45am, Church 11am, Wednesday 6pm
<b><i>Service Area</i></b>	Leslie County
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	No
<b><i>If Yes, Length</i></b>	
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	
<b><i>Forms of Payment</i></b>	
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	

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<b><i>Organization Name</i></b>	Transitions, Inc. - York Street House
<b><i>Category</i></b>	Inpatient
<b><i>Address</i></b>	601 York Street
<b><i>City</i></b>	Newport
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	41071
<b><i>Phone Number</i></b>	859-291-3660
<b><i>Fax Number</i></b>	859-291-3682 *2
<b><i>Web Site</i></b>	www.transitionsky.or
<b><i>Description of Services</i></b>	Short term (7-10 days) and Long term (90 day-men & 3-9 months-women w/children) residential
<b><i>Service Area</i></b>	Kentucky
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	Yes
<b><i>If Yes, Length</i></b>	Varies 2-4 months
<b><i>Referral Required</i></b>	Yes
<b><i>Cost of Services</i></b>	\$50 admission fee
<b><i>Forms of Payment</i></b>	Self-pay, not denied because of inability to pay
<b><i>Payment Assistance</i></b>	Yes
<b><i>Qualifying Criteria</i></b>	Adult male and female

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<b><i>Organization Name</i></b>	Trillium Center - Baptist Regional Medical Center
<b><i>Category</i></b>	Medical Detox
<b><i>Address</i></b>	1 Trillium Way
<b><i>City</i></b>	Corbin
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	40701
<b><i>Phone Number</i></b>	800-395-4435
<b><i>Fax Number</i></b>	
<b><i>Web Site</i></b>	www.baptistregional.
<b><i>Description of Services</i></b>	Medical detox (5-7 days) for Adults and Adolescents (age 12-17)
<b><i>Service Area</i></b>	Kentucky
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	Yes
<b><i>If Yes, Length</i></b>	1 week
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	Varies
<b><i>Forms of Payment</i></b>	Medicaid, Medicare, Self-pay, Private Health Insurance
<b><i>Payment Assistance</i></b>	Yes
<b><i>Qualifying Criteria</i></b>	Must have medical clearance. Patient will

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<b><i>Organization Name</i></b>	UK Good Samaritan Hospital
<b><i>Category</i></b>	Medical Detox
<b><i>Address</i></b>	310 South Limestone
<b><i>City</i></b>	Lexington
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	40508
<b><i>Phone Number</i></b>	859-226-7078
<b><i>Fax Number</i></b>	859-226-7266
<b><i>Web Site</i></b>	<a href="http://ukhealthcare.u">http://ukhealthcare.u</a>
<b><i>Description of Services</i></b>	Medical detox for pregnant women. Average length of stay is 7-10 days.
<b><i>Service Area</i></b>	National
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	Yes
<b><i>If Yes, Length</i></b>	Varies
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	Contact Admissions
<b><i>Forms of Payment</i></b>	Self-Pay, Private Health Insurance, Medicaid, VA
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	Pregnant women only age 18 or older

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**Organization Name** Ulysess Creek Pentecostal Church

**Category** Churches

**Address**

**City**

**State** KY

**Zip Code** 0

**Phone Number**

**Fax Number**

**Web Site**

**Description of Services** Sunday Evening Service 7pm

**Service Area** Leslie County

**Transportation Assistance** No

**Waiting List** No

**If Yes, Length**

**Referral Required** No

**Cost of Services**

**Forms of Payment**

**Payment Assistance** No

**Qualifying Criteria**

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<i>Organization Name</i>	Upper Grassy Branch Pentecostal
<i>Category</i>	Churches
<i>Address</i>	
<i>City</i>	
<i>State</i>	KY
<i>Zip Code</i>	0
<i>Phone Number</i>	606-374-3701
<i>Fax Number</i>	
<i>Web Site</i>	
<i>Description of Services</i>	Church 2nd Sunday 11am, Tuesday 7pm, Saturday 6pm, Sunday 6pm
<i>Service Area</i>	Leslie County
<i>Transportation Assistance</i>	No
<i>Waiting List</i>	No
<i>If Yes, Length</i>	
<i>Referral Required</i>	No
<i>Cost of Services</i>	
<i>Forms of Payment</i>	
<i>Payment Assistance</i>	No
<i>Qualifying Criteria</i>	

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<b>Organization Name</b>	Victory Mountain Grace Brethern Church
<b>Category</b>	Churches
<b>Address</b>	
<b>City</b>	Hell-fer-Certain Cree r
<b>State</b>	KY
<b>Zip Code</b>	0
<b>Phone Number</b>	
<b>Fax Number</b>	
<b>Web Site</b>	
<b>Description of Services</b>	church 11am, Evening Service 6pm, Thursday 6:30pm, Bible Study Saturday 10am,
<b>Service Area</b>	Leslie County
<b>Transportation Assistance</b>	No
<b>Waiting List</b>	No
<b>If Yes, Length</b>	
<b>Referral Required</b>	No
<b>Cost of Services</b>	
<b>Forms of Payment</b>	
<b>Payment Assistance</b>	No
<b>Qualifying Criteria</b>	

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<b><i>Organization Name</i></b>	Volta Program - Western State Hospital
<b><i>Category</i></b>	Inpatient
<b><i>Address</i></b>	2400 Russellville Road, PO Box 2200
<b><i>City</i></b>	Hopkinsville
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	42241
<b><i>Phone Number</i></b>	270-889-6025 x.406
<b><i>Fax Number</i></b>	606-886-8944
<b><i>Web Site</i></b>	
<b><i>Description of Services</i></b>	Short term residential (28 days) for adults with substance abuse addiction.
<b><i>Service Area</i></b>	Kentucky
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	Yes
<b><i>If Yes, Length</i></b>	2-6 weeks
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	\$0 -\$140/day based on income
<b><i>Forms of Payment</i></b>	Self-pay
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	Adults 18 & older male and female



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<b><i>Organization Name</i></b>	West Care
<b><i>Category</i></b>	Inpatient
<b><i>Address</i></b>	10057 Elkhorn Creek
<b><i>City</i></b>	Ashcamp
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	41512
<b><i>Phone Number</i></b>	606-754-7077
<b><i>Fax Number</i></b>	606-754-7079
<b><i>Web Site</i></b>	www.westcare.com
<b><i>Description of Services</i></b>	Residential substance abuse treatment for adult men. 90 day residential inpatient facility.
<b><i>Service Area</i></b>	National
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	Yes
<b><i>If Yes, Length</i></b>	1-3 weeks
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	\$12,350
<b><i>Forms of Payment</i></b>	Self-pay, Medicaid, Medicare, Private Health Insurance, Sliding Fee Scale
<b><i>Payment Assistance</i></b>	Yes
<b><i>Qualifying Criteria</i></b>	Adult men 18 and older

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<b><i>Organization Name</i></b>	William H. Fuller Memorial Substance Abuse Treatment Center
<b><i>Category</i></b>	Inpatient
<b><i>Address</i></b>	1525 Cuba Road
<b><i>City</i></b>	Mayfield
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	40266
<b><i>Phone Number</i></b>	270-247-2588
<b><i>Fax Number</i></b>	270-247-0142
<b><i>Web Site</i></b>	www.4rbh.org/servic
<b><i>Description of Services</i></b>	Substance abuse residential, 30 day program
<b><i>Service Area</i></b>	Kentucky
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	Yes
<b><i>If Yes, Length</i></b>	Varies
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	150/day, out of region pay up front
<b><i>Forms of Payment</i></b>	Self-pay, Private Health Insurance, Sliding Fee Scale
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	Male & Female adults

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<b><i>Organization Name</i></b>	Women's Addiction Recovery Manor (WA RAM)
<b><i>Category</i></b>	Inpatient
<b><i>Address</i></b>	56 North McKinley Street
<b><i>City</i></b>	Henderson
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	42420
<b><i>Phone Number</i></b>	270-826-0036
<b><i>Fax Number</i></b>	270-826-2696
<b><i>Web Site</i></b>	www.warmrecovery.c
<b><i>Description of Services</i></b>	Long-term residential services for women with substance abuse addiction. Program length is 9-12 months.
<b><i>Service Area</i></b>	Kentucky
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	Yes
<b><i>If Yes, Length</i></b>	3-4 months
<b><i>Referral Required</i></b>	Yes
<b><i>Cost of Services</i></b>	Income based
<b><i>Forms of Payment</i></b>	Self-pay, VA, Medicare
<b><i>Payment Assistance</i></b>	Yes
<b><i>Qualifying Criteria</i></b>	Female adults who are committed to a lon

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<b><i>Organization Name</i></b>	WRAP - Transitions Inc.
<b><i>Category</i></b>	Inpatient
<b><i>Address</i></b>	1629 Madison Avenue
<b><i>City</i></b>	Covington
<b><i>State</i></b>	KY
<b><i>Zip Code</i></b>	41011
<b><i>Phone Number</i></b>	859-491-2090
<b><i>Fax Number</i></b>	859-491-2450
<b><i>Web Site</i></b>	www.transitionsky.or
<b><i>Description of Services</i></b>	3-9 month residential services for women with substance abuse addiction.
<b><i>Service Area</i></b>	Kentucky
<b><i>Transportation Assistance</i></b>	No
<b><i>Waiting List</i></b>	Yes
<b><i>If Yes, Length</i></b>	Varies
<b><i>Referral Required</i></b>	No
<b><i>Cost of Services</i></b>	\$50 admission fee
<b><i>Forms of Payment</i></b>	Self-pay
<b><i>Payment Assistance</i></b>	No
<b><i>Qualifying Criteria</i></b>	Female adults age 18 or older. Women m