This is an alphabetical list by county of all non-medical alcoholism and drug abuse recovery or treatment facilities licensed and/or certified by the Department of Health Care Services.

To view facilities within a specific county, simply click on the county name below. For easier browsing and navigation through this report, please access the “Page and Bookmark” View option on your Adobe Reader.

<table>
<thead>
<tr>
<th>Alameda County</th>
<th>Madera County</th>
<th>San Joaquin County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alpine County</td>
<td>Marin County</td>
<td>San Luis Obispo County</td>
</tr>
<tr>
<td>Amador County</td>
<td>Mariposa County</td>
<td>San Mateo County</td>
</tr>
<tr>
<td>Butte County</td>
<td>Mendocino County</td>
<td>Santa Barbara County</td>
</tr>
<tr>
<td>Calaveras County</td>
<td>Merced County</td>
<td>Santa Clara County</td>
</tr>
<tr>
<td>Colusa County</td>
<td>Modoc County</td>
<td>Santa Cruz County</td>
</tr>
<tr>
<td>Contra Costa County</td>
<td>Mono County</td>
<td>Shasta County</td>
</tr>
<tr>
<td>Del Norte County</td>
<td>Monterey County</td>
<td>Sierra County</td>
</tr>
<tr>
<td>El Dorado County</td>
<td>Napa County</td>
<td>Siskiyou County</td>
</tr>
<tr>
<td>Fresno County</td>
<td>Nevada County</td>
<td>Solano County</td>
</tr>
<tr>
<td>Glenn County</td>
<td>Orange County</td>
<td>Sonoma County</td>
</tr>
<tr>
<td>Humboldt County</td>
<td>Placer County</td>
<td>Stanislaus County</td>
</tr>
<tr>
<td>Imperial County</td>
<td>Plumas County</td>
<td>Sutter County</td>
</tr>
<tr>
<td>Inyo County</td>
<td>Riverside County</td>
<td>Tehama County</td>
</tr>
<tr>
<td>Kern County</td>
<td>Sacramento County</td>
<td>Trinity County</td>
</tr>
<tr>
<td>Kings County</td>
<td>San Benito County</td>
<td>Tulare County</td>
</tr>
<tr>
<td>Lake County</td>
<td>San Bernardino County</td>
<td>Tuolumne County</td>
</tr>
<tr>
<td>Lassen County</td>
<td>San Diego County</td>
<td>Ventura County</td>
</tr>
<tr>
<td>Los Angeles County</td>
<td>San Francisco County</td>
<td>Yolo County</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yuba County</td>
</tr>
</tbody>
</table>

COMMENTS?

We are always looking for ways to improve this document. If you have any comments or suggestions, please e-mail them to hilda.espinoza@dhcs.ca.gov, or contact the Licensing and Certification Section at (916) 322-2911.
<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Name:</td>
<td>The facility/program name.</td>
</tr>
<tr>
<td>Legal Name:</td>
<td>The legal name of the entity having the authority and responsibility for the operation of the facility or program.</td>
</tr>
<tr>
<td>Address:</td>
<td>The facility/program address. The location where services are provided.</td>
</tr>
<tr>
<td>City/State:</td>
<td>Name of the city where the facility/program is located.</td>
</tr>
<tr>
<td>Record ID:</td>
<td>The identification number issued by the Department of Alcohol and Drug Programs (ADP), Residential and Outpatient Programs Compliance Branch (ROPCB), for licensed facilities or certified programs. The last digit tells if the facility/program is a nonprofit (N) or profit (P) entity.</td>
</tr>
<tr>
<td>Service Type:</td>
<td>Indicates if the facility/program is:</td>
</tr>
<tr>
<td></td>
<td>o RES - Indicates facility licensed by the Department of Alcohol and Drug Programs (ADP), the licensing authority for 24-hour residential nonmedical alcoholism or drug abuse recovery or treatment facilities serving adults.</td>
</tr>
<tr>
<td></td>
<td>o NON - Indicates a nonresidential program which has voluntarily applied to ADP for alcohol and/or drug certification.</td>
</tr>
<tr>
<td></td>
<td>o DETOX - Indicates a free standing, 24-hour nonmedical detoxification facility licensed by ADP.</td>
</tr>
<tr>
<td></td>
<td>o RES-DETOX - Indicates a facility licensed by ADP to provide 24-hour residential nonmedical alcohol and/or drug recovery, treatment, and detoxification services for adults.</td>
</tr>
<tr>
<td></td>
<td>o DHS - Indicates licensure by the Department of Health Services, the licensing authority for medical alcohol and drug recovery or treatment facilities whose programs are certified by ADP. Typically, these are Chemical Dependency Recovery Hospitals.</td>
</tr>
<tr>
<td></td>
<td>o DSS - Indicates licensure by the Department of Social Services, the licensing authority for residential facilities for individuals in need of care and supervision whose programs are certified by ADP. Typically, these are group homes.</td>
</tr>
<tr>
<td></td>
<td>o COR - Indicates the facility is under the jurisdiction of the Department of Corrections (locked facility) whose program is certified by ADP.</td>
</tr>
<tr>
<td>Resident Capacity:</td>
<td>Indicates the maximum number of residents authorized by ADP to receive recovery, treatment, or detoxification services at any one time in the residential facility.</td>
</tr>
<tr>
<td>Total Occupancy:</td>
<td>Designates the maximum number of residential facility participants plus any dependent children, staff, or volunteers who may be housed in the facility. This occupancy is approved by the State or local fire authority.</td>
</tr>
</tbody>
</table>

*(The resident capacity and total occupancy are only indicated for licensed residential facilities. Certified nonresidential facilities show “0” as the resident capacity and total occupancy.)*
Target Population: Describes the targeted population of the facility or program.

- 1.1 – Co-Ed
- 1.2 – Men Only
- 1.3 - Women Only
- 1.4 - Women/Children
- 1.5 – Youth/Adolescents
- 1.7 – Families
- 1.8 – Dual Diagnosis
- 1.9 – Co-Ed/Children
- 1.10 – Co-Ed/Youth
- 1.11 – Men/Youth
- 1.12 – Women/Youth
- 1.13 – Co-Ed/Child/Dual
- 1.14 – Women/Child/Dual

Expiration Date: Expiration date of the facility’s current license and/or certification.
<table>
<thead>
<tr>
<th>Program Name</th>
<th>Legal Name</th>
<th>Address</th>
<th>City, State Zip</th>
<th>Phone</th>
<th>Fax</th>
<th>Record ID</th>
<th>Service Type</th>
<th>Resident Capacity</th>
<th>Total Occupancy</th>
<th>Target Population</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHRYSALIS</td>
<td>HORIZON SERVICES, INCORPORATED</td>
<td>3837, 3839, 3841, 3843, 3845 AND 3847 TELEGRAPH AVENUE</td>
<td>OAKLAND, CA 94609</td>
<td>(510) 450-1190</td>
<td>(510) 455-3520</td>
<td>010001AN</td>
<td>RES</td>
<td>20</td>
<td>20</td>
<td>1.3</td>
<td>10/31/2017</td>
</tr>
<tr>
<td>CRONIN HOUSE</td>
<td>HORIZON SERVICES, INCORPORATED</td>
<td>2595 DEPOT ROAD</td>
<td>HAYWARD, CA 94545</td>
<td>(510) 784-5874</td>
<td>(510) 784-9194</td>
<td>010001BN</td>
<td>RES</td>
<td>34</td>
<td>34</td>
<td>1.1</td>
<td>2/28/2018</td>
</tr>
<tr>
<td>PROJECT EDEN</td>
<td>HORIZON SERVICES, INCORPORATED</td>
<td>22646 2ND STREET</td>
<td>HAYWARD, CA 94541</td>
<td>(510) 247-8200</td>
<td>(510) 247-8202</td>
<td>010001CN</td>
<td>NON</td>
<td>1.5</td>
<td></td>
<td>YOUTH/adolescent</td>
<td>9/30/2016</td>
</tr>
<tr>
<td>CHERRY HILL DETOXIFICATION SERVICES PROGRAM</td>
<td>HORIZON SERVICES, INCORPORATED</td>
<td>2035 FAIRMONT DRIVE</td>
<td>SAN LEANDRO, CA 94578</td>
<td>(866) 866-7496</td>
<td>(510) 351-7630</td>
<td>010001DN</td>
<td>RES-DETOX</td>
<td>32</td>
<td>32</td>
<td>1.1</td>
<td>1/31/2018</td>
</tr>
<tr>
<td>LATINO FAMILY SERVICES CENTER</td>
<td>LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE OF ALAMEDA COUNTY</td>
<td>1315 FRUITVALE AVENUE</td>
<td>OAKLAND, CA 94601</td>
<td>(510) 536-4760</td>
<td>(510) 535-6312</td>
<td>010002DN</td>
<td>NON</td>
<td>1.2</td>
<td></td>
<td>MEN ONLY</td>
<td>10/31/2016</td>
</tr>
</tbody>
</table>
Program Name: COMMUNITY RECOVERY CENTER EAST  
Legal Name: THE WEST OAKLAND HEALTH COUNCIL  
Address: 7501 INTERNATIONAL BOULEVARD  
City, State Zip: OAKLAND, CA 94621  
Phone: (510) 729-8800       Fax: (510) 569-4965  
Record ID: 010005FN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 10/31/2016

Program Name: WEST OAKLAND HEALTH COUNCIL  
Legal Name: THE WEST OAKLAND HEALTH COUNCIL  
Address: 700 ADELINE STREET  
City, State Zip: OAKLAND, CA 94607  
Phone: (510) 273-4908       Fax: (510) 465-4873  
Record ID: 010005JN  
Service Type: NON  
Target Population: 1.3 --- WOMEN ONLY  
Expiration Date: 9/30/2016

Program Name: ORCHID WOMEN'S RECOVERY CENTER  
Legal Name: BI-BETT  
Address: 1342 EAST 27TH STREET  
City, State Zip: OAKLAND, CA 94606  
Phone: (510) 535-0611       Fax: (510) 535-1358  
Record ID: 010006AN  
Service Type: RES  
Resident Capacity: 12  
Total Occupancy: 12  
Target Population: 1.4 --- WOMEN/CHILDREN  
Expiration Date: 4/30/2018

Program Name: EAST OAKLAND RECOVERY CENTER  
Legal Name: BI-BETT  
Address: 7200 BANCROFT AVENUE, SUITE 176  
City, State Zip: OAKLAND, CA 94605  
Phone: (510) 568-2432       Fax: (510) 568-3912  
Record ID: 010006DN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 5/31/2017

Program Name: C.U.R.A., INC.  
Legal Name: CARNALES UNIDOS REFORMANDO ADICTOS INCORPORATE  
Address: 37437 GLENMOOR DRIVE  
City, State Zip: FREMONT, CA 94536  
Phone: (510) 713-3200       Fax: (510) 713-0684  
Record ID: 010010AN  
Service Type: RES  
Resident Capacity: 51  
Total Occupancy: 51  
Target Population: 1.1 --- CO-ED  
Expiration Date: 1/31/2018

Program Name: C.U.R.A., INC. OUTPATIENT PROGRAM  
Legal Name: CARNALES UNIDOS REFORMANDO ADICTOS INCORPORATE  
Address: 37471 GLENMOOR DRIVE  
City, State Zip: FREMONT, CA 94536  
Phone: (510) 713-3213       Fax: (510) 713-3202  
Record ID: 010010BN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 9/30/2016
Program Name: NEW BRIDGE FOUNDATION
Legal Name: THE NEW BRIDGE FOUNDATION, INC.
Address: 1816 AND 1820 SCENIC AVENUE
City, State Zip: BERKELEY, CA 94709
Phone: (510) 548-7270 Fax: (510) 526-6200
Record ID: 010013AN
Service Type: RES-DETOX
Resident Capacity: 93
Total Occupancy: 93
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2018

Program Name: NEW BRIDGE FOUNDATION
Legal Name: THE NEW BRIDGE FOUNDATION, INC.
Address: 1816 SCENIC AVENUE
City, State Zip: BERKELEY, CA 94709
Phone: (510) 548-7270 Fax: (510) 548-1060
Record ID: 010013BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2018

Program Name: NEW BRIDGE FOUNDATION, INC.
Legal Name: THE NEW BRIDGE FOUNDATION, INC.
Address: 2323 HEARST AVENUE
City, State Zip: BERKELEY, CA 94709
Phone: (510) 526-6200 Fax: (510) 665-3176
Record ID: 010013CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2017

Program Name: AIDS PROJECT OF THE EAST BAY
Legal Name: AIDS PROJECT OF THE EAST BAY
Address: 1320 WEBSTER STREET
City, State Zip: OAKLAND, CA 94612
Phone: (510) 663-7951
Record ID: 010014AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2017

Program Name: ALAMEDA HOUSE
Legal Name: THE SOLIDARITY FELLOWSHIP, INC.
Address: 34401 AND 34413 BLACKSTONE WAY
City, State Zip: FREMONT, CA 94555
Phone: (510) 796-7120
Record ID: 010019AN
Service Type: RES
Resident Capacity: 12
Total Occupancy: 14
Target Population: 1.2 --- MEN ONLY
Expiration Date: 5/31/2016

Program Name: PROJECT PRIDE RESIDENTIAL PROGRAM FOR WOMEN & CHILDREN
Legal Name: EAST BAY COMMUNITY RECOVERY PROJECT
Address: 2545 SAN PABLO AVENUE
City, State Zip: OAKLAND, CA 94612
Phone: (510) 446-7150 Fax: (510) 832-0626
Record ID: 010025BN
Service Type: RES
Resident Capacity: 20
Total Occupancy: 40
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 7/31/2018
Program Name: EAST BAY COMMUNITY RECOVERY PROJECT - NONRESIDENTIAL
Legal Name: EAST BAY COMMUNITY RECOVERY PROJECT
Address: 2577 SAN PABLO AVENUE
City, State Zip: OAKLAND, CA 94612
Phone: (510) 446-7180   Fax: (510) 832-0606
Record ID: 010025CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2018

Program Name: HAYWARD OUTPATIENT PROGRAM
Legal Name: EAST BAY COMMUNITY RECOVERY PROJECT
Address: 22971 SUTRO STREET
City, State Zip: HAYWARD, CA 94541
Phone: (510) 728-8600   Fax: (510) 728-8600
Record ID: 010025EN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2017

Program Name: WISTAR MEN'S R & R PROGRAM, INC.
Legal Name: WISTAR R AND R PROGRAM, INC.
Address: 9735 EMPIRE ROAD
City, State Zip: OAKLAND, CA 94603
Phone: (510) 568-9288   Fax: (510) 562-1549
Record ID: 010032EN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 6/30/2017

Program Name: AXIS COMMUNITY HEALTH CENTER
Legal Name: AXIS COMMUNITY HEALTH, INC.
Address: 6666 OWENS DRIVE
City, State Zip: PLEASANTON, CA 94588
Phone: (925) 462-1755   Fax: (925) 485-1265
Record ID: 010046BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2017

Program Name: AXIS COMMUNITY HEALTH DRUG AND ALCOHOL PROGRAM
Legal Name: AXIS COMMUNITY HEALTH, INC.
Address: 446 LINDBERGH AVENUE
City, State Zip: LIVERMORE, CA 94551
Phone: (925) 249-3180   Fax: (925) 417-1503
Record ID: 010046DN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2017

Program Name: SECOND CHANCE (TRI-CITIES), INC.
Legal Name: SECOND CHANCE, INC.
Address: 6330 THORNTON AVENUE, SUITE B AND C
City, State Zip: NEWARK, CA 94560
Phone: (510) 792-4357   Fax: (510) 745-1693
Record ID: 010061AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2017
Program Name: SECOND CHANCE PHOENIX PROGRAM
Legal Name: SECOND CHANCE, INC.
Address: 6330 THORNTON AVENUE, SUITE A
City, State Zip: NEWARK, CA 94560
Phone: (510) 792-4357 Fax: (510) 745-1693
Record ID: 010061DN
Service Type: NON
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 5/31/2017

Program Name: SECOND CHANCE, INC.
Legal Name: SECOND CHANCE, INC.
Address: 107 JACKSON STREET
City, State Zip: HAYWARD, CA 94544
Phone: (510) 886-8696 Fax: (510) 745-1693
Record ID: 010061GN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2017

Program Name: FRIENDSHIP HOUSE AMERICAN INDIAN LODGE
Legal Name: THE FRIENDSHIP HOUSE ASSOCIATION OF AMERICAN INDIANS
Address: 1818 38TH AVENUE AND 1815 39TH AVENUE
City, State Zip: OAKLAND, CA 94601
Phone: (510) 535-7100 Fax: (510) 535-3445
Record ID: 010062AN
Service Type: RES
Resident Capacity: 9
Total Occupancy: 20
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 2/28/2017

Program Name: OPTIONS RECOVERY SERVICES
Legal Name: OPTIONS RECOVERY SERVICES
Address: 1931 CENTER STREET
City, State Zip: BERKELEY, CA 94704
Phone: (510) 666-9552 Fax: (510) 666-0987
Record ID: 010066AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2017

Program Name: OPTIONS- OAKLAND DRUG FREE OUTPATIENT PROGRAM
Legal Name: OPTIONS RECOVERY SERVICES
Address: 610 16TH STREET, SUITE 312, 314, 315, 318, AND 319
City, State Zip: OAKLAND, CA 94612-1284
Phone: (510) 836-9900 Fax: (510) 836-9902
Record ID: 010066CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2018

Program Name: MEN ON THE WAY
Legal Name: WOMEN ON THE WAY RECOVERY CENTER
Address: 20424 HAVILAND AVENUE
City, State Zip: HAYWARD, CA 94541
Phone: (510) 276-3661 Fax: (510) 870-1575
Record ID: 010072AN
Service Type: RES
Resident Capacity: 10
Total Occupancy: 10
Target Population: 1.2 --- MEN ONLY
Expiration Date: 3/31/2018
Program Name: TERRA FIRMA DIVERSION/EDUCATIONAL SERVICES
Legal Name: TERRA FIRMA DIVERSION/EDUCATIONAL SERVICES
Address: 30086 MISSION BOULEVARD
City, State Zip: HAYWARD, CA 94544
Phone: (510) 675-9362 Fax: (510) 675-9468
Record ID: 010079AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2017

Program Name: MAGNOLIA WOMEN'S RECOVERY PROGRAM
Legal Name: MAGNOLIA WOMEN'S RECOVERY PROGRAMS, INC.
Address: 682 BRIERGATE WAY
City, State Zip: HAYWARD, CA 94544
Phone: (510) 487-2910 Fax: (510) 487-2916
Record ID: 010081AN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 12
Target Population: 1.14 --- WOMEN/CHILD/DUAL
Expiration Date: 9/30/2017

Program Name: MAGNOLIA WOMEN'S RECOVERY PROGRAMS, INC.
Legal Name: MAGNOLIA WOMEN'S RECOVERY PROGRAMS, INC.
Address: 3408 ANDOVER STREET
City, State Zip: OAKLAND, CA 94606
Phone: (510) 547-1531
Record ID: 010081CN
Service Type: RES
Resident Capacity: 10
Total Occupancy: 20
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 2/28/2017

Program Name: NATIVE AMERICAN HEALTH CENTER, INC.
Legal Name: NATIVE AMERICAN HEALTH CENTER, INC.
Address: 3124 INTERNATIONAL BOULEVARD, 4TH FLOOR
City, State Zip: OAKLAND, CA 94601
Phone: (510) 434-5421 Fax: (510) 437-9574
Record ID: 010090AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2018

Program Name: ALAMEDA FAMILY SERVICES
Legal Name: ALAMEDA FAMILY SERVICES
Address: 2325 CLEMENT AVENUE
City, State Zip: ALAMEDA, CA 94501
Phone: (510) 629-6300
Record ID: 010091AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2018

Program Name: FOUNTAIN RECOVERY
Legal Name: BROTHER AND SISTER PARTNERSHIP
Address: 5053 PAVO COURT
City, State Zip: LIVERMORE, CA 94551
Phone: (925) 292-5583 Fax: (925) 292-5583
Record ID: 010095AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2016
Program Name: CAL-PEP
Legal Name: CAL-PEP
Address: 2811 ADELINE STREET
City, State Zip: OAKLAND, CA 94608
Phone: (510) 874-7850       Fax: (510) 874-6775
Record ID: 010099AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2018

Program Name: SANTA CATARINA HOUSE LLC
Legal Name: SANTA CATARINA HOUSE LLC
Address: 1080 CRAGMONT AVENUE
City, State Zip: BERKELEY, CA 94708
Phone: (510) 847-5382       Fax: (510) 847-5382
Record ID: 010100AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2017

Program Name: MUJERES CON ESPERANZA/WOMEN’S SERVICES ENHANCEMENT PROGRAM
Legal Name: SOUTHERN ALAMEDA COUNTY COMITE FOR RAZA MENTAL HEALTH
Address: 3315 INTERNATIONAL BOULEVARD
City, State Zip: OAKLAND, CA 94601
Phone: (510) 536-4764       Fax: (510) 291-9591
Record ID: 010101AN
Service Type: NON
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 10/31/2017

Program Name: EL CHANTE RESIDENTIAL HOME
Legal Name: SOUTHERN ALAMEDA COUNTY COMITE FOR RAZA MENTAL HEALTH
Address: 425 VERNON STREET
City, State Zip: OAKLAND, CA 94610
Phone: (510) 465-4569       Fax: (510) 291-9591
Record ID: 010101CN
Service Type: RES
Resident Capacity: 20
Total Occupancy: 20
Target Population: 1.2 --- MEN ONLY
Expiration Date: 10/31/2017

Program Name: RECOVERY 55
Legal Name: St. Mary’s Center
Address: 925 BROCKHURST
City, State Zip: OAKLAND, CA 94608
Phone: (510) 923-9600
Record ID: 010102AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2018
State of California, Department of Health Care Services
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of 9/6/2016                   Alpine County

No licensed or certified facilities at this time.

Please check with a neighboring county for services.
Program Name: AMADOR COUNTY BEHAVIORAL HEALTH SERVICES
Legal Name: AMADOR COUNTY BEHAVIORAL HEALTH SERVICES
Address: 10877 CONDUCTOR BOULEVARD, SUITE 300
City, State Zip: SUTTER CREEK, CA 95685
Phone: (209) 223-6412 Fax: (209) 223-3460
Record ID: 030001AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2017
<table>
<thead>
<tr>
<th>Program Name</th>
<th>Legal Name</th>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
<th>Record ID</th>
<th>Service Type</th>
<th>Target Population</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>NORTHERN VALLEY INDIAN HEALTH, INC</td>
<td>NORTHERN VALLEY INDIAN HEALTH, INC.</td>
<td>845 WEST EAST AVENUE</td>
<td>(530) 934-4348 Ext: 1267</td>
<td>(530) 934-7688</td>
<td>040018AN</td>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td>5/31/2017</td>
</tr>
<tr>
<td>ESPLANADE HOUSE OUTPATIENT ALCOHOL AND DRUG PROGRAM</td>
<td>COMMUNITY ACTION AGENCY OF BUTTE COUNTY, INC.</td>
<td>181 EAST SHASTA AVENUE</td>
<td>(530) 712-2600</td>
<td>(530) 879-3426</td>
<td>040022AN</td>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td>11/30/2016</td>
</tr>
<tr>
<td>TRI-COUNTY TREATMENT RESIDENTIAL FACILITY</td>
<td>JULIE CHAPMAN</td>
<td>2740 ORO DAM BOULEVARD EAST</td>
<td>(530) 533-5272</td>
<td>(530) 533-5821</td>
<td>040024AP</td>
<td>RES</td>
<td>1.2 --- MEN ONLY</td>
<td>8/31/2017</td>
</tr>
<tr>
<td>TRI-COUNTY TREATMENT OUTPATIENT PROGRAM</td>
<td>JULIE CHAPMAN</td>
<td>1881 ROBINSON STREET, SUITE E</td>
<td>(530) 533-5272</td>
<td>(530) 533-5821</td>
<td>040024BP</td>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td>10/31/2016</td>
</tr>
<tr>
<td>THERAPEUTIC SOLUTIONS</td>
<td>THERAPEUTIC SOLUTIONS PROFESSIONAL CORPORATION</td>
<td>3255 ESPLANADE</td>
<td>(530) 899-3150</td>
<td>(530) 899-3160</td>
<td>040030AP</td>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td>10/31/2017</td>
</tr>
</tbody>
</table>
Program Name: CHICO RECOVERY CENTER
Legal Name: RUTH ELLEN WALLACE
Address: 2057 FOREST AVENUE, SUITE 5
City, State Zip: CHICO, CA 95928-7627
Phone: (530) 343-6566 Fax: (530) 343-6715
Record ID: 040031AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2018

Program Name: LIFELINE RECOVERY L.L.C.
Legal Name: LIFELINE RECOVERY L.L.C.
Address: 5075 LINCOLN BOULEVARD
City, State Zip: OROVILLE, CA 95966-6927
Phone: (530) 282-4357 Fax: (530) 282-4948
Record ID: 040032AP
Service Type: RES
Resident Capacity: 24
Total Occupancy: 24
Target Population: 1.2 --- MEN ONLY
Expiration Date: 3/31/2017

Program Name: SKYWAY HOUSE OUTPATIENT PROGRAM
Legal Name: SKYWAY HOUSE, LLC
Address: 40 LANDING CIRCLE, SUITE 1 & 3
City, State Zip: CHICO, CA 95973
Phone: (530) 898-8326 Fax: (530) 898-0239
Record ID: 040033AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2017

Program Name: SKYWAY HOUSE SHASTA RETREAT
Legal Name: SKYWAY HOUSE, LLC
Address: 3105 ESPLANADE
City, State Zip: CHICO, CA 95973
Phone: (530) 342-3046 Fax: (530) 342-1756
Record ID: 040033BP
Service Type: RES-DETOX
Resident Capacity: 22
Total Occupancy: 22
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2017

Program Name: SERENITY BY SKYWAY HOUSE
Legal Name: SKYWAY HOUSE, LLC
Address: 6000 COHASSET ROAD
City, State Zip: CHICO, CA 95973
Phone: (530) 893-3698 Fax: (530) 893-3748
Record ID: 040033CP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2017
<table>
<thead>
<tr>
<th>Program Name</th>
<th>Legal Name</th>
<th>Address</th>
<th>City, State Zip</th>
<th>Phone</th>
<th>Fax</th>
<th>Record ID</th>
<th>Service Type</th>
<th>Resident Capacity</th>
<th>Total Occupancy</th>
<th>Target Population</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHANGING ECHOES</td>
<td>CHANGING ECHOES, INC.</td>
<td>7632 POOL STATION ROAD</td>
<td>ANGELS CAMP, CA 95222</td>
<td>(209) 785-3666</td>
<td></td>
<td>050002AN</td>
<td>RES</td>
<td>30</td>
<td>30</td>
<td>1.1 --- CO-ED</td>
<td>9/30/2017</td>
</tr>
<tr>
<td>THE LAKES TREATMENT CENTER</td>
<td>THE LAKES TREATMENT CENTER, INC.</td>
<td>7260 O'BYRNES FERRY ROAD</td>
<td>COPPEROPOLIS, CA 95228</td>
<td>(209) 785-8200</td>
<td>(209) 785-8202</td>
<td>050005AP</td>
<td>RES-DETOX</td>
<td>76</td>
<td>80</td>
<td>1.1 --- CO-ED</td>
<td>7/31/2018</td>
</tr>
<tr>
<td>TURNING POINT</td>
<td>TURNING POINT OF ARNOLD, LLC</td>
<td>1194 CEDAR STREET</td>
<td>ARNOLD, CA 95223</td>
<td>(209) 822-3117</td>
<td>(209) 890-7246</td>
<td>050006AP</td>
<td>RES</td>
<td>12</td>
<td>12</td>
<td>1.1 --- CO-ED</td>
<td>12/31/2017</td>
</tr>
</tbody>
</table>
Program Name: COUNTY OF COLUSA DEPARTMENT OF BEHAVIORAL HEALTH
Legal Name: COUNTY OF COLUSA DEPARTMENT OF BEHAVIORAL HEALTH
Address: 162 EAST CARSON STREET, SUITE B
City, State Zip: COLUSA, CA 95932-2880
Phone: (530) 458-0525 Fax: (530) 458-8028
Record ID: 060001FN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2018
| Program Name                  | Legal Name | Address                          | City, State Zip   | Phone               | Fax                   | Record ID   | Service Type | Resident Capacity | Total Occupancy | Target Population     | Expiration Date |
|-----------------------------|-----------|----------------------------------|-------------------|---------------------|-----------------------|-------------|--------------|-------------------|----------------|---------------------|----------------|----------------|
| WEST GAADDS                 | BI-BETT   | 3726 BARRETT AVENUE              | RICHMOND, CA 94804 | (925) 685-7418      | (958) 685-7005        | 070001ACN   | NON          |                   |                | 1.1 --- CO-ED       | 11/30/2016     |
| DIABLO VALLEY RANCH         | BI-BETT   | 11540 MARSH CREEK ROAD           | CLAYTON, CA 94517 | (925) 672-5700      |                       | 070001AN    | RES          | 58                | 59             | 1.2 --- MEN ONLY     | 3/31/2018      |
| FREDERIC OZANAM CENTER      | BI-BETT   | 2931 PROSPECT AVENUE             | CONCORD, CA 94518 | (925) 676-4840      |                       | 070001BN    | RES-DETOX    | 6                 | 6              | 1.3 --- WOMEN ONLY   | 10/31/2016     |
| PUEBLOS DEL SOL             | BI-BETT   | 2090 COMMERCE AVENUE             | CONCORD, CA 94520 | (925) 798-7250      |                       | 070001CN    | RES-DETOX    | 20                | 20             | 1.2 --- MEN ONLY     | 4/30/2018      |
| SERENITY HOUSE              | BI-BETT   | 11440 MARSH CREEK ROAD           | CLAYTON, CA 94517 | (925) 672-5700      |                       | 070001DN    | RES          | 6                 | 6              | 1.2 --- MEN ONLY     | 3/31/2018      |
Program Name: OAKNOLLS
Legal Name: BI-BETT
Address: 11460 MARSH CREEK ROAD
City, State Zip: CLAYTON, CA 94517
Phone: (925) 672-5700
Record ID: 070001JN
Service Type: RES
Resident Capacity: 5
Total Occupancy: 5
Target Population: 1.2 --- MEN ONLY
Expiration Date: 3/31/2018

Program Name: FREDERIC OZANAM CENTER - CRYSTAL PALACE
Legal Name: BI-BETT
Address: 1390 SANTA CLARA STREET
City, State Zip: CONCORD, CA 94518
Phone: (925) 676-4840
Record ID: 070001KN
Service Type: RES
Resident Capacity: 4
Total Occupancy: 4
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 10/31/2016

Program Name: FREDERIC OZANAM CENTER--RAINBOW VILLAGE
Legal Name: BI-BETT
Address: 2901 PROSPECT AVENUE
City, State Zip: CONCORD, CA 94518
Phone: (925) 676-4840
Fax: (925) 676-1315
Record ID: 070001LN
Service Type: RES
Resident Capacity: 4
Total Occupancy: 4
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 10/31/2016

Program Name: FREDERIC OZANAM CENTER--EMERALD CITY
Legal Name: BI-BETT
Address: 2950 PROSPECT AVENUE
City, State Zip: CONCORD, CA 94518
Phone: (925) 676-4840
Record ID: 070001NN
Service Type: RES
Resident Capacity: 5
Total Occupancy: 5
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 10/31/2016

Program Name: FREDERIC OZANAM CENTER--AUNTIE EM'S
Legal Name: BI-BETT
Address: 2830 PROSPECT AVENUE
City, State Zip: CONCORD, CA 94518
Phone: (925) 676-4840
Fax: (925) 676-1315
Record ID: 070001QN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 10/31/2016

Program Name: EAST COUNTY COMMUNITY WOMEN'S CENTER
Legal Name: BI-BETT
Address: 2, 4, 12 AND 14 DAVI AVENUE
City, State Zip: PITTSBURG, CA 94565
Phone: (925) 427-1384
Record ID: 070001RN
Service Type: RES-DETOX
Resident Capacity: 15
Total Occupancy: 15
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 12/31/2016
Program Name: EAST COUNTY WOLLAM
Legal Name: BI-BETT
Address: 22 DAVI AVENUE
City, State Zip: PITTSBURG, CA 94565
Phone: (925) 427-1384
Record ID: 070001SN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 12/31/2016

Program Name: EAST COUNTY WOLLAM
Legal Name: BI-BETT
Address: 32 DAVI AVENUE
City, State Zip: PITTSBURG, CA 94565
Phone: (925) 427-1384  Fax: (925) 458-8996
Record ID: 070001TN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 12/31/2016

Program Name: EAST COUNTY GAADDS/ACFF
Legal Name: BI-BETT
Address: 1251 CALIFORNIA STREET, SUITE 600
City, State Zip: PITTSBURG, CA 94565
Phone: (925) 439-5161  Fax: (925) 439-0322
Record ID: 070001UN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2016

Program Name: EAST COUNTY WOLLAM
Legal Name: BI-BETT
Address: 24 DAVI AVENUE
City, State Zip: PITTSBURG, CA 94565
Phone: (925) 427-1384  Fax: (925) 427-4217
Record ID: 070001ZN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2017

Program Name: GAADDS CENTRAL/ACFF
Legal Name: BI-BETT
Address: 2290 DIAMOND BOULEVARD, SUITE 202
City, State Zip: CONCORD, CA 94520
Phone: (925) 685-7418  Fax: (925) 685-7005
Record ID: 070001XN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2017
Program Name:       THE RECTORY WOMEN'S RECOVERY CENTER
Legal Name:       UJIMA FAMILY RECOVERY SERVICES
Address:         1901 CHURCH LANE
City, State Zip:   SAN PABLO, CA 94806
Phone:            (510) 236-3134
Record ID:       070008AN
Service Type:     RES
Resident Capacity:  12
Total Occupancy:   21
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date:  2/28/2017

Program Name:       LA CASA UJIMA
Legal Name:       UJIMA FAMILY RECOVERY SERVICES
Address:         904 MELLUS STREET
City, State Zip:   MARTINEZ, CA 94553
Phone:            (925) 229-0230         Fax:    (925) 229-0233
Record ID:       070008BN
Service Type:     RES
Resident Capacity:  12
Total Occupancy:   18
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date:  2/28/2017

Program Name:       UJIMA WEST OUTPATIENT TREATMENT PROGRAM
Legal Name:       UJIMA FAMILY RECOVERY SERVICES
Address:         12960 SAN PABLO AVENUE
City, State Zip:   RICHMOND, CA 94805
Phone:            (510) 215-2280         Fax:    (925) 215-2283
Record ID:       070008CN
Service Type:     NON
Target Population: 1.3 --- WOMEN ONLY
Expiration Date:  2/28/2017

Program Name:       LA CASA UJIMA
Legal Name:       UJIMA FAMILY RECOVERY SERVICES
Address:         919 MELLUS STREET
City, State Zip:   MARTINEZ, CA 94553
Phone:            (925) 229-0230         Fax:    (925) 229-0233
Record ID:       070008DN
Service Type:     RES
Resident Capacity:  3
Total Occupancy:   6
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date:  2/28/2017

Program Name:       UJIMA EAST INTENSIVE DAY TREATMENT PROGRAM
Legal Name:       UJIMA FAMILY RECOVERY SERVICES
Address:         180 EAST LELAND ROAD,
                  SUITES A & B
City, State Zip:   PITTSBURG, CA 94565
Phone:            (925) 427-9100         Fax:    (925) 427-9102
Record ID:       070008EN
Service Type:     NON
Target Population: 1.1 --- CO-ED
Expiration Date:  2/28/2017

Program Name:       THE RECTORY WOMEN'S RECOVERY CENTER
Legal Name:       UJIMA FAMILY RECOVERY SERVICES
Address:         1916 CHURCH LANE
City, State Zip:   SAN PABLO, CA 94806
Phone:            (510) 236-3134         Fax:    (510) 236-3151
Record ID:       070008HN
Service Type:     RES
Resident Capacity:  3
Total Occupancy:   6
Target Population: 1.1 --- CO-ED
Expiration Date:  2/28/2017
Program Name: DISCOVERY HOUSE  
Legal Name: CONTRA COSTA COUNTY HEALTH SERVICES DEPARTMENT  
Address: 4645 PACHECO BOULEVARD  
City, State Zip: MARTINEZ, CA 94553  
Phone: (925) 646-9270  
Record ID: 070012BN  
Service Type: RES  
Resident Capacity: 40  
Total Occupancy: 40  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 10/31/2017

Program Name: CROSSROADS TREATMENT CENTER  
Legal Name: RECOVERY MANAGEMENT SERVICES, INC.  
Address: 2080 & 2118 EAST STREET, 2449 PACHECO STREET  
City, State Zip: CONCORD, CA 94520  
Phone: (925) 682-5704  
Record ID: 070018CN  
Service Type: RES  
Resident Capacity: 30  
Total Occupancy: 33  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 1/31/2017

Program Name: CROSSROADS TREATMENT CENTER  
Legal Name: RECOVERY MANAGEMENT SERVICES, INC.  
Address: 2449 PACHECO STREET  
City, State Zip: CONCORD, CA 94520  
Phone: (925) 682-5704  
Fax: (925) 685-7835  
Record ID: 070018LN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 11/30/2017

Program Name: REACH PROJECT  
Legal Name: R.E.A.C.H. PROJECT  
Address: 1915 D STREET  
City, State Zip: ANTIOCH, CA 94509  
Phone: (925) 754-3673  
Record ID: 070024AN  
Service Type: NON  
Target Population: 1.7 --- FAMILIES  
Expiration Date: 6/30/2017

Program Name: REACH PROJECT  
Legal Name: R.E.A.C.H. PROJECT  
Address: 3385 MAIN STREET, SUITE B  
City, State Zip: OAKLEY, CA 94561  
Phone: (925) 754-3673  
Record ID: 070024CN  
Service Type: NON  
Target Population: 1.5 --- YOUTH/ADOLESCENT  
Expiration Date: 5/31/2018

Program Name: COLE HOUSE  
Legal Name: J. COLE RECOVERY HOMES, INC.  
Address: 1408 A STREET  
City, State Zip: ANTIOCH, CA 94509  
Phone: (925) 978-2873  
Fax: (925) 757-0411  
Record ID: 070034AP  
Service Type: RES  
Resident Capacity: 16  
Total Occupancy: 17  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 3/31/2018
Program Name: STEP/AHEAD ADOLESCENT OUTPATIENT DRUG TREATMENT PROGRAM
Legal Name: COMMUNITY HEALTH FOR ASIAN AMERICANS
Address: 207 37TH STREET
City, State Zip: RICHMOND, CA 94805
Phone: (510) 237-5777
Fax: (510) 233-4545
Record ID: 070041AN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 12/31/2017

Program Name: RICHMOND HIGH SCHOOL-OATS PROGRAM
Legal Name: COMMUNITY HEALTH FOR ASIAN AMERICANS
Address: 1250 23RD STREET
City, State Zip: RICHMOND, CA 94804
Phone: (510) 237-8770
Record ID: 070041BN
Service Type: NON
Target Population: 1.10 --- CO-ED/YOUTH
Expiration Date: 3/31/2018

Program Name: GATEWAY ALCOHOL AND DRUG SERVICES
Legal Name: BAY AREA COMMUNITY RESOURCES, INC.
Address: 13201 SAN PABLO AVENUE, SUITE 206
City, State Zip: SAN PABLO, CA 94806
Phone: (510) 235-2887
Fax: (415) 755-2228
Record ID: 070043AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2017

Program Name: GMG BEHAVIORAL HEALTH SERVICES
Legal Name: RICHARD I. GRACER, M.D., A PROFESSIONAL CORPORATION
Address: 4 CROW CANYON COURT, SUITE 210
City, State Zip: SAN RAMON, CA 94583
Phone: (925) 277-1100
Fax: (925) 277-1358
Record ID: 070044AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2016

Program Name: DIABLO VALLEY DRUG AND ALCOHOL SERVICES
Legal Name: DIABLO VALLEY DRUG AND ALCOHOL SERVICES INC.
Address: 100 PARK PLACE, SUITE 120
City, State Zip: SAN RAMON, CA 94583
Phone: (925) 289-1430
Fax: (925) 277-1557
Record ID: 070046AP
Service Type: NON-DETOX
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2017

Program Name: NEW DIRECTIONS FOR YOUNG ADULTS CA, INC.
Legal Name: NEW DIRECTIONS FOR YOUNG ADULTS CA, INC.
Address: 100 LONGBROOK WAY #20
City, State Zip: PLEASANT HILL, CA 94523
Phone: 8666115450X231
Fax: (866) 203-0007
Record ID: 070047AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2018
Program Name: DEL NORTE HEALTH AND HUMAN SERVICES/ALCOHOL AND OTHER DRUG PROGRAMS
Legal Name: DEL NORTE COUNTY HEALTH AND HUMAN SERVICES
Address: 1279 2ND STREET, SUITE C
City, State Zip: CRESCENT CITY, CA 95531
Phone: (707) 464-4813 Fax: (707) 465-1442
Record ID: 080003AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2017
<table>
<thead>
<tr>
<th>Program Name</th>
<th>Service Type</th>
<th>Resident Capacity</th>
<th>Total Occupancy</th>
<th>Target Population</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRESS HOUSE MEN'S FACILITY</td>
<td>RES</td>
<td>28</td>
<td>28</td>
<td>1.2 --- MEN ONLY</td>
<td>5/31/2018</td>
</tr>
<tr>
<td>PROGRESS HOUSE WOMEN AND CHILDREN'S FACILITY</td>
<td>RES</td>
<td>20</td>
<td>32</td>
<td>1.4 --- WOMEN/CHILDREN</td>
<td>5/31/2018</td>
</tr>
<tr>
<td>PROGRESS HOUSE OUTPATIENT SERVICES</td>
<td>NON</td>
<td></td>
<td></td>
<td>1.1 --- CO-ED</td>
<td>5/31/2018</td>
</tr>
<tr>
<td>PROGRESS HOUSE PERINATAL FACILITY</td>
<td>RES</td>
<td>20</td>
<td>32</td>
<td>1.4 --- WOMEN/CHILDREN</td>
<td>5/31/2018</td>
</tr>
<tr>
<td>PROGRESS HOUSE INC DETOX CENTER</td>
<td>RES-DETOX</td>
<td>6</td>
<td>8</td>
<td>1.2 --- MEN ONLY</td>
<td>4/30/2018</td>
</tr>
</tbody>
</table>
Program Name: NEW MORNING YOUTH AND FAMILY SERVICES  
Legal Name: NEW MORNING YOUTH AND FAMILY SERVICES, INC.  
Address: 6765 GREEN VALLEY ROAD  
City, State Zip: PLACERVILLE, CA 95667-8984  
Phone: (530) 622-5551 Fax: (530) 622-5800  
Record ID: 090005AN  
Service Type: NON  
Target Population: 1.5 --- YOUTH/ADOLESCENT  
Expiration Date: 12/31/2016

Program Name: TAHOE YOUTH AND FAMILY SERVICES  
Legal Name: TAHOE YOUTH AND FAMILY SERVICES  
Address: 1021 FREMONT AVENUE  
City, State Zip: SOUTH LAKE TAHOE, CA 96150-8136  
Phone: (530) 541-2445  
Record ID: 090006AN  
Service Type: NON  
Target Population: 1.5 --- YOUTH/ADOLESCENT  
Expiration Date: 2/28/2017

Program Name: EDCA LIFESKILLS  
Legal Name: EDCA LIFESKILLS  
Address: 893 SPRING STREET  
City, State Zip: PLACERVILLE, CA 95667-4437  
Phone: (530) 622-8193 Fax: (530) 622-4017  
Record ID: 090009AN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 11/30/2017

Program Name: TAHOE TURNING POINT  
Legal Name: TAHOE TURNING POINT  
Address: 2494 LAKE TAHOE BOULEVARD, SUITES B1, B2, AND B5  
City, State Zip: SOUTH LAKE TAHOE, CA 96150-7142  
Phone: (530) 577-5340 Fax: (530) 577-5323  
Record ID: 090014DN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 10/31/2017

Program Name: TAHOE TURNING POINT PLACERVILLE COMMUNITY COUNSELING CENTER  
Legal Name: TAHOE TURNING POINT  
Address: 344 PLACERVILLE DRIVE  
City, State Zip: PLACERVILLE, CA 95667  
Phone: (530) 545-2321  
Record ID: 090014FN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 9/30/2016

Program Name: ELEVATE ADDICTION SERVICES - SOUTH LAKE TAHOE  
Legal Name: HALCYON HORIZONS, INCORPORATED  
Address: 586 GLORENE AVENUE  
City, State Zip: SOUTH LAKE TAHOE, CA 96150-3907  
Phone: (800) 556-9885  
Record ID: 090018CN  
Service Type: RES-DETOX  
Resident Capacity: 70  
Total Occupancy: 75  
Target Population: 1.1 --- CO-ED  
Expiration Date: 9/30/2016
Program Name: SALIM'S HOUSE
Legal Name: ANOTHER CHOICE ANOTHER CHANCE EL DORADO HILLS
Address: 2619 WILLOWDALE DRIVE
City, State Zip: EL DORADO HILLS, CA 95762
Phone: (916) 509-5919       Fax: (916) 817-1384
Record ID: 090022AN
Service Type: RES
Resident Capacity: 5
Total Occupancy: 5
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2018
PROGRAM NAME: COMPREHENSIVE ADDICTION PROGRAMS, INC.  
Legal Name: COMPREHENSIVE ADDICTION PROGRAMS, INCORPORATED  
Address: 2445 WEST WHITESBRIDGE ROAD  
City, State Zip: FRESNO, CA 93706  
Phone: (559) 264-5096  
Record ID: 100003AN  
Service Type: RES-DETOX  
Resident Capacity: 65  
Total Occupancy: 65  
Target Population: 1.1 --- CO-ED  
Expiration Date: 11/30/2017

PROGRAM NAME: NUESTRA CASA RECOVERY HOME  
Legal Name: FRESNO COUNTY HISPANIC COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES, INC.  
Address: 1414 WEST KEARNEY BOULEVARD  
City, State Zip: FRESNO, CA 93706  
Phone: (559) 485-0501 Fax: (559) 485-1313  
Record ID: 100006AN  
Service Type: RES  
Resident Capacity: 16  
Total Occupancy: 18  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 2/28/2018

PROGRAM NAME: TURTLE LODGE  
Legal Name: SIERRA TRIBAL CONSORTIUM, INC.  
Address: 610 WEST MCKINLEY AVENUE  
City, State Zip: FRESNO, CA 93728  
Phone: (559) 445-2691  
Record ID: 100007AN  
Service Type: RES-DETOX  
Resident Capacity: 22  
Total Occupancy: 37  
Target Population: 1.1 --- CO-ED  
Expiration Date: 5/31/2017

PROGRAM NAME: ELEVENTH HOUR REHABILITATION PROGRAMS  
Legal Name: ELEVENTH HOUR REHABILITATION PROGRAMS  
Address: 334 SHAW AVENUE, SUITE 100  
City, State Zip: CLOVIS, CA 93612  
Phone: (559) 322-1819 Fax: (559) 454-1928  
Record ID: 100009GP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 9/30/2016

PROGRAM NAME: WESTCARE CALIFORNIA  
Legal Name: WESTCARE CALIFORNIA, INC.  
Address: 2772 SOUTH MARTIN LUTHER KING BOULEVARD  
City, State Zip: FRESNO, CA 93706  
Phone: (559) 265-4800 Fax: (559) 265-4808  
Record ID: 100010FN  
Service Type: RES-DETOX  
Resident Capacity: 215  
Total Occupancy: 265  
Target Population: 1.1 --- CO-ED  
Expiration Date: 1/31/2018
Program Name: WESTCARE CALIFORNIA, INC.
Legal Name: WESTCARE CALIFORNIA, INC.
Address: 611 EAST BELMONT
City, State Zip: FRESNO, CA 93701
Phone: (559) 237-3420 Fax: (559) 213-1935
Record ID: 100010IN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2016

Program Name: KING OF KINGS MEN'S RECOVERY HOME
Legal Name: THE KING OF KINGS COMMUNITY CENTER
Address: 2267 SOUTH GENEVA AVENUE
City, State Zip: FRESNO, CA 93706
Phone: (559) 266-6449
Record ID: 100024AN
Service Type: RES
Resident Capacity: 10
Total Occupancy: 10
Target Population: 1.2 --- MEN ONLY
Expiration Date: 6/30/2018

Program Name: KING OF KINGS OUTPATIENT AND PERINATAL SERVICES PROGRAM
Legal Name: THE KING OF KINGS COMMUNITY CENTER
Address: 2302 MARTIN LUTHER KING BOULEVARD
City, State Zip: FRESNO, CA 93706-4135
Phone: (559) 268-9559 Fax: (559) 268-9559
Record ID: 100024BN
Service Type: NON
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 6/30/2018

Program Name: THE AVANTI PROGRAM
Legal Name: KINGS VIEW
Address: 1822 JENSEN AVENUE, SUITE 102
City, State Zip: SANGER, CA 93657
Phone: (559) 875-6300
Record ID: 100026AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2018

Program Name: QUEST HOUSE
Legal Name: TURNING POINT OF CENTRAL CALIFORNIA, INC.
Address: 2731 WEST OLIVE AVENUE
City, State Zip: FRESNO, CA 93728
Phone: (559) 233-5096 Fax: (559) 233-5099
Record ID: 100028EN
Service Type: RES
Resident Capacity: 30
Total Occupancy: 30
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2017

Program Name: FIRST STREET CENTER OUTPATIENT PROGRAM
Legal Name: TURNING POINT OF CENTRAL CALIFORNIA, INC.
Address: 3636 NORTH FIRST STREET, SUITE 135
City, State Zip: FRESNO, CA 93726-6818
Phone: (559) 225-1464
Record ID: 100028HN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2017
<table>
<thead>
<tr>
<th>Program Name</th>
<th>Legal Name</th>
<th>Address</th>
<th>City, State Zip</th>
<th>Phone</th>
<th>Fax</th>
<th>Record ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPIRIT OF WOMAN OF CALIFORNIA</td>
<td>SPIRIT OF WOMAN OF CALIFORNIA, INC.</td>
<td>327 WEST BELMONT AVENUE</td>
<td>FRESNO, CA 93728</td>
<td>(559) 233-4353</td>
<td></td>
<td>100036AN</td>
</tr>
<tr>
<td>FRESNO NEW CONNECTION, INC.</td>
<td>FRESNO NEW CONNECTION, INC.</td>
<td>4411 NORTH CEDAR AVENUE, SUITE 108</td>
<td>FRESNO, CA 93726</td>
<td>(559) 248-1548</td>
<td>(559) 248-1530</td>
<td>100039AN</td>
</tr>
<tr>
<td>FRESNO FIRST</td>
<td>MENTAL HEALTH SYSTEMS, INC.</td>
<td>2550 WEST CLINTON AVENUE</td>
<td>FRESNO, CA 93705-4201</td>
<td>(858) 573-2600</td>
<td>(559) 441-0354</td>
<td>100042CN</td>
</tr>
<tr>
<td>FAMILY &amp; YOUTH ALTERNATIVES</td>
<td>MENTAL HEALTH SYSTEMS, INC.</td>
<td>3122 NORTH MILLBROOK AVENUE, SUITE A</td>
<td>FRESNO, CA 93703</td>
<td>(559) 600-4876</td>
<td>(559) 495-3650</td>
<td>100042DN</td>
</tr>
<tr>
<td>FLOYD FARROW SUBSTANCE ABUSE UNIT</td>
<td>MENTAL HEALTH SYSTEMS, INC.</td>
<td>3333 EAST AMERICAN AVENUE, BUILDING 707 AND 709</td>
<td>FRESNO, CA 93725</td>
<td>(559) 977-1931</td>
<td>(559) 225-9174</td>
<td>100042DN</td>
</tr>
<tr>
<td>VISIONS FOR YOUTH</td>
<td>MENTAL HEALTH SYSTEMS, INC.</td>
<td>4939 E. YALE AVENUE</td>
<td>FRESNO, CA 93727</td>
<td>(559) 977-1931</td>
<td>(559) 225-9174</td>
<td>100042DN</td>
</tr>
</tbody>
</table>

Service Type:  
- RES
- NON

Target Population:  
- 1.14 --- WOMEN/CHILD/DUAL  
- 1.1 --- CO-ED  
- 1.3 --- WOMEN ONLY  
- 1.1 --- CO-ED

Expiration Date:  
- 3/31/2018  
- 11/30/2018  
- 9/30/2016  
- 4/30/2018  
- 7/31/2018  
- 1/31/2018
Program Name: PROMESA BEHAVIORAL HEALTH OUTPATIENT DRUG AND ALCOHOL PROGRAM
Legal Name: PROMESA BEHAVIORAL HEALTH
Address: 2910-2920 E OLIVE
City, State Zip: FRESNO, CA 93701
Phone: (559) 981-5534 Fax: (559) 320-5893
Record ID: 100043BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2018

Program Name: PANACEA SERVICES, INC. - COMPREHENSIVE DRUG AND ALCOHOL TREATMENT (CDAT)
Legal Name: PANACEA SERVICES, INC.
Address: 3152 NORTH MILLBROOK, SUITES D AND E
City, State Zip: FRESNO, CA 93703
Phone: (559) 241-0364 Fax: (559) 241-0342
Record ID: 100052CP
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 1/31/2017

Program Name: EMINENCE HEALTHCARE, INC.
Legal Name: EMINENCE HEALTHCARE, INC.
Address: 740 WEST NORTH AVENUE, ANNEX 1 AND 5A1
City, State Zip: REEDLEY, CA 93654
Phone: (559) 917-1635 Fax: (559) 221-8101
Record ID: 100063DP
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 3/31/2018

Program Name: UNIVERSAL HEALTH NETWORK AND SYSTEMS, INC.
Legal Name: UNIVERSAL HEALTH NETWORK AND SYSTEMS, INC.
Address: 3170 NORTH CHESTNUT AVENUE, SUITE 105
City, State Zip: FRESNO, CA 93703
Phone: (559) 252-5150 Fax: (559) 252-5156
Record ID: 100066AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2017

Program Name: UNIVERSAL HEALTH NETWORK AND SYSTEMS, INC.
Legal Name: UNIVERSAL HEALTH NETWORK AND SYSTEMS, INC.
Address: 625 AND 627 EAST KEATS AVENUE
City, State Zip: FRESNO, CA 93710-7000
Phone: (559) 252-5150 Fax: (559) 252-5156
Record ID: 100066BP
Service Type: RES-DETOX
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.9 --- CO-ED/CHILDREN
Expiration Date: 5/31/2017

Program Name: HERNDON RECOVERY CENTER
Legal Name: SATNAM S. ATWAL, MD
Address: 7055 NORTH CHESTNUT AVENUE, SUITE 101
City, State Zip: FRESNO, CA 93720
Phone: (559) 298-5111 Fax: (559) 298-3111
Record ID: 100074AP
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 2/28/2018

Program Name: HERNDON RECOVERY CENTER RESIDENTIAL
Legal Name: SATNAM S. ATWAL, MD
Address: 2631 EAST JORDAN AVENUE
City, State Zip: FRESNO, CA 93720
Phone: (559) 298-5111 Fax: (559) 298-3111
Record ID: 100074BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2018
Program Name: HERNDON RECOVERY CENTER  
Legal Name: SATNAM S. ATWAL, MD  
Address: 7361 NO. SIERRA VISTA  
City, State Zip: FRESNO, CA 93720  
Phone: (559) 298-5111  
Fax: (559) 298-3111  
Record ID: 100074CP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 5/31/2018

Program Name: TOUCHSTONE RECOVERY CENTER  
Legal Name: RICHARD V. GUZZETTA, M.D.  
Address: 724 MEDICAL CENTER DRIVE EAST, SUITE 103  
City, State Zip: CLOVIS, CA 93611  
Phone: (559) 298-6711  
Fax: (559) 298-6609  
Record ID: 100076AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 6/30/2018

Program Name: PATHWAYS TO RECOVERY  
Legal Name: FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH  
Address: 515 SOUTH CEDAR AVENUE  
City, State Zip: FRESNO, CA 93702  
Phone: (559) 600-6068  
Fax: (559) 453-8916  
Record ID: 100081AN  
Service Type: NON  
Target Population: 1.3 --- WOMEN ONLY  
Expiration Date: 8/31/2017

Program Name: DELTA CARE, INC.  
Legal Name: DELTA CARE, INC.  
Address: 4705 NORTH SONORA AVENUE, SUITE 113A  
City, State Zip: FRESNO, CA 93722  
Phone: (559) 289-6785  
Record ID: 100082AN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 5/31/2017

Program Name: CENTRAL CALIFORNIA RECOVERY, INC.  
Legal Name: CENTRAL CALIFORNIA RECOVERY, INCORPORATED  
Address: 1100 WEST SHAW AVENUE, SUITE 130  
City, State Zip: FRESNO, CA 93711-3708  
Phone: (559) 681-1947  
Fax: (559) 486-6294  
Record ID: 100087AN  
Service Type: NON  
Target Population: 1.5 --- YOUTH/ADOLESCENT  
Expiration Date: 12/31/2016

Program Name: DUNAMIS INC., GROUP HOME  
Legal Name: DUNAMIS, INC. GROUP HOME  
Address: 4991 EAST MCKINLEY AVENUE, SUITE 112 AND 113  
City, State Zip: FRESNO, CA 93727  
Phone: (281) 782-5887  
Record ID: 100091AN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 6/30/2018
Program Name: ASI COUNSELING AND PROFESSIONAL SERVICES, INC.
Legal Name: ASI COUNSELING AND PROFESSIONAL SERVICES, INC.
Address: 2005 NORTH WISHON
City, State Zip: FRESNO, CA 93704
Phone: (559) 499-1011
Record ID: 100092AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2016

Program Name: TRANSITIONS CHILDRENS SERVICES: OUTPATIENT & CONTINUING CARE SERVICES
Legal Name: TRANSITIONS CHILDREN'S SERVICES
Address: 1945 N. HELM AVENUE, SUITE 101
City, State Zip: FRESNO, CA 93727
Phone: (559) 222-5437 Fax: (559) 222-5445
Record ID: 100093AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2017

Program Name: FIRST STEPS RECOVERY
Legal Name: TRUE NORTH DETOX, LLC
Address: 22051 OAK HILL LANE
City, State Zip: CLOVIS, CA 93619
Phone: (559) 299-5100 Fax: (360) 323-7285
Record ID: 100094AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2018

Program Name: THE LIVING CENTER OF FRESNO, INC.
Legal Name: THE LIVING CENTERS OF FRESNO, INC.
Address: 4576 E. SHIELDS AVENUE
City, State Zip: FRESNO, CA 93726
Phone: (831) 345-5024
Record ID: 100095AP
Service Type: RES-DETOX
Resident Capacity: 16
Total Occupancy: 16
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2017
<table>
<thead>
<tr>
<th>Program Name:</th>
<th>GLENN COUNTY SUBSTANCE ABUSE PROGRAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>GLENN COUNTY HEALTH SERVICES</td>
</tr>
<tr>
<td>Address:</td>
<td>1187 EAST SOUTH STREET</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>ORLAND, CA 95963-1640</td>
</tr>
<tr>
<td>Phone:</td>
<td>(530) 934-6582</td>
</tr>
<tr>
<td>Fax:</td>
<td>(530) 934-6592</td>
</tr>
<tr>
<td>Record ID:</td>
<td>110001AN</td>
</tr>
<tr>
<td>Service Type:</td>
<td>NON</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>5/31/2017</td>
</tr>
</tbody>
</table>

<p>| Program Name:          | NORTHERN VALLEY INDIAN HEALTH, INC.          |
| Legal Name:           | NORTHERN VALLEY INDIAN HEALTH, INC.          |
| Address:              | 207 NORTH BUTTE STREET                       |
| City, State Zip:      | WILLOWS, CA 95988                            |
| Phone:                | (530) 934-4348 Ext: 1267                     |
| Fax:                  | (530) 934-7688                                |
| Record ID:            | 110002AN                                      |
| Service Type:         | NON                                           |
| Target Population:    | 1.1 --- CO-ED                                  |
| Expiration Date:      | 5/31/2017                                     |</p>
<table>
<thead>
<tr>
<th>Program Name</th>
<th>Legal Name</th>
<th>Address</th>
<th>City, State Zip</th>
<th>Phone</th>
<th>Record ID</th>
<th>Service Type</th>
<th>Resident Capacity</th>
<th>Total Occupancy</th>
<th>Target Population</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>HUMBOLDT RECOVERY CENTER</td>
<td>HUMBOLDT RECOVERY CENTER, INCORPORATED</td>
<td>1303 11TH STREET AND 1024 N STREET</td>
<td>EUREKA, CA 95501</td>
<td>(707) 443-4237</td>
<td>120001AN</td>
<td>RES</td>
<td>21</td>
<td>21</td>
<td>1.2 --- MEN ONLY</td>
<td>10/31/2017</td>
</tr>
<tr>
<td>HUMBOLDT RECOVERY CENTER</td>
<td>HUMBOLDT RECOVERY CENTER, INCORPORATED</td>
<td>905 L STREET, AND 1116 AND 1120 9TH STREET</td>
<td>EUREKA, CA 95502</td>
<td>(707) 443-0514</td>
<td>120001BN</td>
<td>RES</td>
<td>21</td>
<td>23</td>
<td>1.2 --- MEN ONLY</td>
<td>1/31/2017</td>
</tr>
<tr>
<td>HUMBOLDT RECOVERY CENTER</td>
<td>HUMBOLDT RECOVERY CENTER, INCORPORATED</td>
<td>944 N STREET AND 1219 10TH STREET</td>
<td>EUREKA, CA 95501</td>
<td>(707) 443-0514</td>
<td>120001DN</td>
<td>RES</td>
<td>16</td>
<td>18</td>
<td>1.3 --- WOMEN ONLY</td>
<td>2/28/2017</td>
</tr>
<tr>
<td>CROSSROADS</td>
<td>NORTH COAST SUBSTANCE ABUSE COUNCIL</td>
<td>1205 AND 1210 MYRTLE AVENUE</td>
<td>EUREKA, CA 95501</td>
<td>(707) 445-0869</td>
<td>120005AN</td>
<td>RES</td>
<td>22</td>
<td>22</td>
<td>1.1 --- CO-ED</td>
<td>1/31/2018</td>
</tr>
<tr>
<td>SINGING TREES RECOVERY CENTER</td>
<td>SINGING TREES RECOVERY CENTER</td>
<td>2061 HIGHWAY 101</td>
<td>GARBERVILLE, CA 95542</td>
<td>(707) 247-3495</td>
<td>120008AP</td>
<td>RES-DETOX</td>
<td>20</td>
<td>23</td>
<td>1.1 --- CO-ED</td>
<td>2/28/2018</td>
</tr>
</tbody>
</table>
Program Name: ALCOHOL DRUG CARE SERVICES RESIDENTIAL TREATMENT PROGRAM
Legal Name: ALCOHOL/DRUG CARE SERVICE'S, INC.
Address: 1321, 1335 C STREET AND 217 14TH STREET
City, State Zip: EUREKA, CA 95501
Phone: (707) 445-1391
Record ID: 120009AN
Service Type: RES-DETOX
Resident Capacity: 21
Total Occupancy: 25
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2017

Program Name: ADCS WOMEN'S RESIDENTIAL TREATMENT PROGRAM
Legal Name: ALCOHOL/DRUG CARE SERVICE'S, INC.
Address: 1742 J STREET
City, State Zip: EUREKA, CA 95501
Phone: (707) 444-2232
Record ID: 120009CN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.12 --- WOMEN/YOUTH
Expiration Date: 3/31/2018

Program Name: OUTPATIENT TREATMENT SERVICES
Legal Name: HUMBOLDT COUNTY ALCOHOL AND OTHER DRUG PROGRAMS
Address: 720 WOOD STREET,
ROOMS 112, 115, 116, 117, 118, 119, 121, 123, 127, 128, 130 AND 734
City, State Zip: EUREKA, CA 95501
Phone: (707) 476-4070 Fax: (707) 446-3776
Record ID: 120010AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2017

Program Name: HEALTHY MOMS PROGRAM
Legal Name: HUMBOLDT COUNTY ALCOHOL & OTHER DRUG PROGRAMS
Address: 2910 H STREET
City, State Zip: EUREKA, CA 95501
Phone: (707) 441-5220
Record ID: 120011AN
Service Type: NON
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 9/30/2017

Program Name: UNITED INDIAN HEALTH SERVICES, INC.-CHILD & FAMILY SERVICES DEPT.
Legal Name: UNITED INDIAN HEALTH SERVICES, INC.
Address: 1600 WEEOT WAY
City, State Zip: ARCATA, CA 95521
Phone: (707) 825-5060 Fax: (707) 825-6753
Record ID: 120015AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2017
State of California, Department of Health Care Services
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of 9/6/2016
Imperial County

No licensed or certified facilities at this time.

Please check with a neighboring county for services.
Program Name: ALPINE RECOVERY CENTER
Legal Name: ROBERT B. DIBBLE
Address: 375 EAST LINE STREET
City, State Zip: BISHOP, CA 93514
Phone: (760) 873-4357
Record ID: 140001AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2017

Program Name: INYO COUNTY
Legal Name: INYO COUNTY HEALTH AND HUMAN SERVICES
Address: 162 GROVE STREET
City, State Zip: BISHOP, CA 93514
Phone: (760) 873-6533 Fax: (760) 873-3277
Record ID: 140002AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2018
<table>
<thead>
<tr>
<th>Program Name:</th>
<th>ALMA DEL CAMINO NUEVO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>KERN COUNTY HISPANIC COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES, INC.</td>
</tr>
<tr>
<td>Address:</td>
<td>1400 EASTON DRIVE, SUITE 151</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>BAKERSFIELD, CA 93309</td>
</tr>
<tr>
<td>Phone:</td>
<td>(661) 634-9877</td>
</tr>
<tr>
<td>Record ID:</td>
<td>150003HN</td>
</tr>
<tr>
<td>Service Type:</td>
<td>NON</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.3 --- WOMEN ONLY</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>4/30/2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>JASON'S RETREAT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>BAKERSFIELD RECOVERY SERVICES INC.</td>
</tr>
<tr>
<td>Address:</td>
<td>600 BERNARD STREET AND 2000 BAKER STREET</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>BAKERSFIELD, CA 93305</td>
</tr>
<tr>
<td>Phone:</td>
<td>(661) 325-1817</td>
</tr>
<tr>
<td>Record ID:</td>
<td>150004AN</td>
</tr>
<tr>
<td>Service Type:</td>
<td>RES-DETOX</td>
</tr>
<tr>
<td>Resident Capacity:</td>
<td>54</td>
</tr>
<tr>
<td>Total Occupancy:</td>
<td>59</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>2/28/2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>JASON'S RETREAT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>BAKERSFIELD RECOVERY SERVICES INC.</td>
</tr>
<tr>
<td>Address:</td>
<td>504 BERNARD STREET</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>BAKERSFIELD, CA 93305</td>
</tr>
<tr>
<td>Phone:</td>
<td>(661) 637-2187</td>
</tr>
<tr>
<td>Record ID:</td>
<td>150004CN</td>
</tr>
<tr>
<td>Service Type:</td>
<td>NON</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>2/28/2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>CAPISTRANO LINCOLN STREET RETREAT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>BAKERSFIELD RECOVERY SERVICES INC.</td>
</tr>
<tr>
<td>Address:</td>
<td>708 LINCOLN STREET</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>BAKERSFIELD, CA 93305</td>
</tr>
<tr>
<td>Phone:</td>
<td>(661) 869-1795</td>
</tr>
<tr>
<td>Record ID:</td>
<td>150004GN</td>
</tr>
<tr>
<td>Service Type:</td>
<td>RES</td>
</tr>
<tr>
<td>Resident Capacity:</td>
<td>14</td>
</tr>
<tr>
<td>Total Occupancy:</td>
<td>26</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.4 --- WOMEN/CHILDREN</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>9/30/2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>BROTHERHOOD CENTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>COMMUNITY SERVICE ORGANIZATION, BEHAVIORAL HEALTH PROGRAMS</td>
</tr>
<tr>
<td>Address:</td>
<td>1124 BAKER STREET</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>BAKERSFIELD, CA 93305</td>
</tr>
<tr>
<td>Phone:</td>
<td>(661) 327-9376</td>
</tr>
<tr>
<td>Record ID:</td>
<td>150011BN</td>
</tr>
<tr>
<td>Service Type:</td>
<td>NON</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>7/31/2016</td>
</tr>
</tbody>
</table>
Program Name: DE COLORES CENTER
Legal Name: COMMUNITY SERVICE ORGANIZATION, BEHAVIORAL HEALTH PROGRAMS
Address: 10420 MAIN STREET
City, State Zip: LAMONT, CA 93241
Phone: (661) 845-3753
Record ID: 150011CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2016

Program Name: KEN KENNEMER SUBSTANCE ABUSE TREATMENT CENTER
Legal Name: TURNING POINT OF CENTRAL CALIFORNIA, INC.
Address: 1100 UNION AVENUE
City, State Zip: BAKERSFIELD, CA 93307
Phone: (661) 861-6111 Fax: (661) 861-6161
Record ID: 150013BN
Service Type: RES
Resident Capacity: 75
Total Occupancy: 75
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2017

Program Name: THE NAPD GENESIS PROGRAM (NEW ADVANCES FOR PEOPLE WITH DISABILITIES)
Legal Name: NEW ADVANCES FOR PEOPLE WITH DISABILITIES
Address: 1909 16TH STREET
City, State Zip: BAKERSFIELD, CA 93301
Phone: (661) 325-3003 Fax: (661) 325-2344
Record ID: 150025AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2018

Program Name: WESTCARE CALIFORNIA
Legal Name: WESTCARE CALIFORNIA, INC.
Address: 2901 & 2909 SOUTH H STREET
City, State Zip: BAKERSFIELD, CA 93304
Phone: (661) 398-4303 Fax: (661) 398-4306
Record ID: 150029AN
Service Type: RES
Resident Capacity: 35
Total Occupancy: 35
Target Population: 1.2 --- MEN ONLY
Expiration Date: 1/31/2018

Program Name: WESTCARE BAKERSFIELD OUTPATIENT
Legal Name: WESTCARE CALIFORNIA, INC.
Address: 2901 SOUTH H STREET
City, State Zip: BAKERSFIELD, CA 93304
Phone: (661) 398-4303 Fax: (661) 398-4306
Record ID: 150029DN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2016

Program Name: WOMEN OF WORTH RECOVERY HOUSE
Legal Name: RODNEY L. BOHANNON, JR.
Address: 2500 OLMO COURT
City, State Zip: BAKERSFIELD, CA 93309
Phone: (661) 832-8075 Fax: (661) 832-8075
Record ID: 150055AP
Service Type: RES
Resident Capacity: 12
Total Occupancy: 13
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 11/30/2016
**Program Name:** ASPIRE COUNSELING SERVICES  
**Legal Name:** ASPIRE COUNSELING SERVICES, INC.  
**Address:** 5400 ALDRIN COURT  
**City, State Zip:** BAKERSFIELD, CA 93313  
**Phone:** (661) 213-6990  
**Fax:** (661) 396-7302  
**Record ID:** 150059AP  
**Service Type:** NON-DETOX  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 10/31/2017

**Program Name:** CASA AURORA  
**Legal Name:** MENTAL HEALTH SYSTEMS, INC.  
**Address:** 1932 JESSIE STREET  
**City, State Zip:** BAKERSFIELD, CA 93305-4114  
**Phone:** (661) 321-9086  
**Record ID:** 150060CN  
**Service Type:** NON  
**Target Population:** 1.3 --- WOMEN ONLY  
**Expiration Date:** 11/30/2017

**Program Name:** ACTION FAMILY COUNSELING, INC.  
**Legal Name:** ACTION FAMILY COUNSELING, INC.  
**Address:** 3801 BUCK OWENS BOULEVARD, SUITES 105 - 107  
**City, State Zip:** BAKERSFIELD, CA 93308  
**Phone:** (661) 325-4357  
**Fax:** (661) 325-4345  
**Record ID:** 150062AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/28/2018

**Program Name:** ACTION FAMILY COUNSELING, INC.  
**Legal Name:** ACTION FAMILY COUNSELING, INC.  
**Address:** 407 HELEN WAY, 9301 OPAL STREET AND 512 STABLE AVENUE  
**City, State Zip:** BAKERSFIELD, CA 93307  
**Phone:** (800) 367-8336  
**Fax:** (661) 297-9701  
**Record ID:** 150062BP  
**Service Type:** RES  
**Resident Capacity:** 30  
**Total Occupancy:** 30  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 4/30/2018
<table>
<thead>
<tr>
<th>Program Name</th>
<th>Legal Name</th>
<th>Address</th>
<th>City, State Zip</th>
<th>Phone</th>
<th>Fax</th>
<th>Record ID</th>
<th>Service Type</th>
<th>Target Population</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALCOHOL AND DRUG EDUCATION AND COUNSELING CENTER</td>
<td>KINGS VIEW</td>
<td>1393 BAILEY DRIVE, ROOMS 106, 149, 198 AND 207</td>
<td>HANFORD, CA 93230</td>
<td>(559) 582-4481</td>
<td>(559) 582-6547</td>
<td>160004AN</td>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td>5/31/2017</td>
</tr>
<tr>
<td>CHAMPIONS RECOVERY ALTERNATIVE PROGRAMS, INC.</td>
<td>CHAMPIONS RECOVERY ALTERNATIVE PROGRAMS, INC.</td>
<td>623, 629 AND 700 NORTH IRWIN STREET</td>
<td>HANFORD, CA 93230</td>
<td>(559) 583-9300</td>
<td>(559) 583-9307</td>
<td>160005AN</td>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td>8/31/2017</td>
</tr>
<tr>
<td>HANNAH'S HOUSE</td>
<td>CHAMPIONS RECOVERY ALTERNATIVE PROGRAMS, INC.</td>
<td>222 WEST KEITH STREET</td>
<td>HANFORD, CA 93230</td>
<td>(559) 583-7800</td>
<td>(559) 583-7890</td>
<td>160005BN</td>
<td>RES</td>
<td>1.14 --- WOMEN/CHILD/DUAL</td>
<td>7/31/2018</td>
</tr>
<tr>
<td>SAMUEL'S HOUSE</td>
<td>CHAMPIONS RECOVERY ALTERNATIVE PROGRAMS, INC.</td>
<td>11517 15TH AVENUE</td>
<td>LEMOORE, CA 93245</td>
<td>(559) 583-7800</td>
<td>(559) 583-9307</td>
<td>160005CN</td>
<td>RES</td>
<td>1.2 --- MEN ONLY</td>
<td>2/28/2017</td>
</tr>
<tr>
<td>WESTCARE</td>
<td>WESTCARE CALIFORNIA, INC.</td>
<td>410 EAST 7TH STREET SUITES 5, 7 AND 9</td>
<td>HANFORD, CA 93230</td>
<td>(559) 251-4800</td>
<td></td>
<td>160006CN</td>
<td>NON</td>
<td>1.5 --- YOUTH/ADOLESCENT</td>
<td>5/31/2018</td>
</tr>
<tr>
<td>Program Name</td>
<td>Record ID</td>
<td>Service Type</td>
<td>Resident Capacity</td>
<td>Total Occupancy</td>
<td>Target Population</td>
<td>Expiration Date</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>-----------</td>
<td>--------------</td>
<td>-------------------</td>
<td>-----------------</td>
<td>-------------------</td>
<td>-----------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLEARLAKE CLINIC</td>
<td>170002BN</td>
<td>NON</td>
<td></td>
<td></td>
<td>1.1 --- CO-ED</td>
<td>11/30/2016</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LAKE COUNTY DIVISION OF ALCOHOL AND OTHER DRUG SERVICES</td>
<td>170002CN</td>
<td>NON</td>
<td></td>
<td></td>
<td>1.1 --- CO-ED</td>
<td>8/31/2017</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HILLTOP RECOVERY SERVICES</td>
<td>170011AN</td>
<td>RES</td>
<td>28</td>
<td>32</td>
<td>1.1 --- CO-ED</td>
<td>5/31/2017</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HILLTOP RECOVERY FOR WOMEN</td>
<td>170011CN</td>
<td>RES</td>
<td>6</td>
<td>8</td>
<td>1.3 --- WOMEN ONLY</td>
<td>12/31/2016</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HILLTOP RECOVERY INTENSIVE OUTPATIENT PROGRAM</td>
<td>170011DN</td>
<td>NON</td>
<td></td>
<td></td>
<td>1.1 --- CO-ED</td>
<td>5/31/2018</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
No licensed or certified facilities at this time.

Please check with a neighboring county for services.
<table>
<thead>
<tr>
<th>Program Name:</th>
<th>ANTELOPE VALLEY REHABILITATION CENTER - ACTON</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH</td>
</tr>
<tr>
<td>Address:</td>
<td>30500 ARRASTRE CANYON ROAD</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>ACTON, CA 93510</td>
</tr>
<tr>
<td>Phone:</td>
<td>(661) 269-0062</td>
</tr>
<tr>
<td>Fax:</td>
<td>(661) 269-4507</td>
</tr>
<tr>
<td>Record ID:</td>
<td>190001AN</td>
</tr>
<tr>
<td>Service Type:</td>
<td>RES</td>
</tr>
<tr>
<td>Resident Capacity:</td>
<td>166</td>
</tr>
<tr>
<td>Total Occupancy:</td>
<td>166</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>2/28/2018</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>ANTELOPE VALLEY REHABILITATION CENTERS - HIGH DESERT RECOVERY SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH</td>
</tr>
<tr>
<td>Address:</td>
<td>44900 NORTH 60TH STREET WEST</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>LANCASTER, CA 93536</td>
</tr>
<tr>
<td>Phone:</td>
<td>(661) 940-3549</td>
</tr>
<tr>
<td>Fax:</td>
<td>(661) 266-1772</td>
</tr>
<tr>
<td>Record ID:</td>
<td>190001CN</td>
</tr>
<tr>
<td>Service Type:</td>
<td>NON</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>6/30/2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>ALCOHOLISM CENTER FOR WOMEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>ALCOHOLISM CENTER FOR WOMEN</td>
</tr>
<tr>
<td>Address:</td>
<td>1147 SOUTH ALVARADO STREET</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>LOS ANGELES, CA 90006</td>
</tr>
<tr>
<td>Phone:</td>
<td>(213) 381-8500</td>
</tr>
<tr>
<td>Fax:</td>
<td>(213) 381-9410</td>
</tr>
<tr>
<td>Record ID:</td>
<td>190002AN</td>
</tr>
<tr>
<td>Service Type:</td>
<td>NON</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>2/28/2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>ALCOHOLISM CENTER FOR WOMEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>ALCOHOLISM CENTER FOR WOMEN</td>
</tr>
<tr>
<td>Address:</td>
<td>1135 SOUTH ALVARADO STREET</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>LOS ANGELES, CA 90006</td>
</tr>
<tr>
<td>Phone:</td>
<td>(213) 381-8500</td>
</tr>
<tr>
<td>Fax:</td>
<td>(213) 381-8525</td>
</tr>
<tr>
<td>Record ID:</td>
<td>190002BN</td>
</tr>
<tr>
<td>Service Type:</td>
<td>RES</td>
</tr>
<tr>
<td>Resident Capacity:</td>
<td>32</td>
</tr>
<tr>
<td>Total Occupancy:</td>
<td>32</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.3 --- WOMEN ONLY</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>2/28/2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>BEACON HOUSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>THE BEACON HOUSE ASSOCIATION OF SAN PEDRO</td>
</tr>
<tr>
<td>Address:</td>
<td>1003 SOUTH BEACON STREET</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>SAN PEDRO, CA 90731</td>
</tr>
<tr>
<td>Phone:</td>
<td>(310) 514-4940</td>
</tr>
<tr>
<td>Record ID:</td>
<td>190006AN</td>
</tr>
<tr>
<td>Service Type:</td>
<td>RES</td>
</tr>
<tr>
<td>Resident Capacity:</td>
<td>18</td>
</tr>
<tr>
<td>Total Occupancy:</td>
<td>18</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.2 --- MEN ONLY</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>3/31/2018</td>
</tr>
</tbody>
</table>
Program Name:       LIGHTHOUSE
Legal Name:       THE BEACON HOUSE ASSOCIATION OF SAN PEDRO
Address:       132 WEST 10TH STREET
City, State Zip:       SAN PEDRO, CA 90731
Phone:       (310) 514-4940
Record ID:       190006BN
Service Type:       RES
Resident Capacity:  25
Total Occupancy:    25
Target Population:  1.2 --- MEN ONLY
Expiration Date:    3/31/2018

Program Name:       MCMILLEN HOUSE
Legal Name:       THE BEACON HOUSE ASSOCIATION OF SAN PEDRO
Address:       1012 SOUTH PALOS VERDES STREET
City, State Zip:       SAN PEDRO, CA 90731
Phone:       (310) 514-4940         Fax:    (310) 331-0070
Record ID:       190006DN
Service Type:       RES
Resident Capacity:  25
Total Occupancy:    25
Target Population:  1.2 --- MEN ONLY
Expiration Date:    3/31/2018

Program Name:       CHANNEL VIEW HOUSE
Legal Name:       THE BEACON HOUSE ASSOCIATION OF SAN PEDRO
Address:       124 WEST 11TH STREET
City, State Zip:       SAN PEDRO, CA 90731
Phone:       (310) 514-4940
Record ID:       190006EN
Service Type:       RES
Resident Capacity:  27
Total Occupancy:    27
Target Population:  1.2 --- MEN ONLY
Expiration Date:    3/31/2018

Program Name:       PROPER HOUSE
Legal Name:       THE BEACON HOUSE ASSOCIATION OF SAN PEDRO
Address:       1021 S. BEACON STREET
City, State Zip:       SAN PEDRO, CA 90731
Phone:       (310) 514-4940         Fax:    (310) 831-0070
Record ID:       190006GN
Service Type:       RES
Resident Capacity:  15
Total Occupancy:    15
Target Population:  1.2 --- MEN ONLY
Expiration Date:    7/31/2017

Program Name:       HOLLYWOOD FAMILY RECOVERY CENTER
Legal Name:       BEHAVIORAL HEALTH SERVICES, INC.
Address:       6838 SUNSET BOULEVARD
City, State Zip:       HOLLYWOOD, CA 90028
Phone:       (323) 461-3817         Fax:    (323) 461-5683
Record ID:       190007AN
Service Type:       NON
Target Population:  1.1 --- CO-ED
Expiration Date:    9/30/2017

Program Name:       WILMINGTON COMMUNITY RECOVERY CENTER
Legal Name:       BEHAVIORAL HEALTH SERVICES, INC.
Address:       1318A AND 1314B NORTH AVALON BOULEVARD
City, State Zip:       WILMINGTON, CA 90744
Phone:       (310) 549-2715
Record ID:       190007CN
Service Type:       NON
Target Population:  1.1 --- CO-ED
Expiration Date:    9/30/2017
Program Name: PATTERNS  
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.  
Address: 12917 CERISE AVENUE  
City, State Zip: HAWTHORNE, CA 90250  
Phone: (310) 675-4431  
Record ID: 190007FN  
Service Type: RES  
Resident Capacity: 23  
Total Occupancy: 35  
Target Population: 1.4 --- WOMEN/CHILDREN  
Expiration Date: 9/30/2017

Program Name: PACIFICA HOUSE  
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.  
Address: 2501 WEST EL SEGUNDO BOULEVARD  
City, State Zip: HAWTHORNE, CA 90250  
Phone: (323) 754-2816  
Fax: (323) 754-2828  
Record ID: 190007GN  
Service Type: RES  
Resident Capacity: 58  
Total Occupancy: 68  
Target Population: 1.1 --- CO-ED  
Expiration Date: 9/30/2017

Program Name: SOUTH BAY RECOVERY CENTER  
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.  
Address: 15519 CRENSHAW BOULEVARD  
City, State Zip: GARDENA, CA 90249  
Phone: (310) 679-9031  
Record ID: 190007HN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 9/30/2017

Program Name: AMERICAN RECOVERY CENTER-DETOX  
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.  
Address: 2180 WEST VALLEY BOULEVARD, FLOOR 200  
City, State Zip: POMONA, CA 91768  
Phone: (909) 865-2336  
Record ID: 190007IN  
Service Type: NON-DETOX  
Target Population: 1.1 --- CO-ED  
Expiration Date: 9/30/2017

Program Name: BOYLE HEIGHTS FAMILY RECOVERY CENTER  
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.  
Address: 3421 OLYMPIC BOULEVARD  
City, State Zip: LOS ANGELES, CA 90023  
Phone: (323) 262-1786  
Fax: (323) 262-2659  
Record ID: 190007JN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 9/30/2017

Program Name: LINCOLN HEIGHTS FAMILY RECOVERY CENTER  
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.  
Address: 4099 NORTH MISSION ROAD  
City, State Zip: LOS ANGELES, CA 90032  
Phone: (323) 221-1746  
Record ID: 190007KN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 9/30/2017
Program Name: REDGATE MEMORIAL RECOVERY CENTER
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.
Address: 1775 CHESTNUT AVENUE
City, State Zip: LONG BEACH, CA 90813
Phone: (562) 599-8444           Fax: (562) 591-6134
Record ID: 190007LN
Service Type: DPH
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2016

Program Name: AMERICAN RECOVERY CENTER
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.
Address: 2180 WEST VALLEY BOULEVARD, FLOORS 100, 300 AND 400
City, State Zip: POMONA, CA 91768
Phone: (909) 865-2336
Record ID: 190007MN
Service Type: RES
Resident Capacity: 123
Total Occupancy: 123
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2017

Program Name: AMERICAN RECOVERY CENTER OUTPATIENT PROGRAM
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.
Address: 2180 WEST VALLEY BOULEVARD
City, State Zip: POMONA, CA 91766
Phone: (909) 865-2336           Fax: (909) 865-1831
Record ID: 190007ON
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2017

Program Name: JOINT EFFORTS
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.
Address: 590 WEST 8TH STREET
City, State Zip: SAN PEDRO, CA 90731
Phone: (310) 831-2356           Fax: (310) 831-2830
Record ID: 190007QN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2017

Program Name: NATIONAL COUNCIL ON ALCOHOLISM & DRUG DEPENDENCE OF THE SOUTH BAY
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.
Address: 1334 POST AVENUE
City, State Zip: TORRANCE, CA 90501
Phone: (310) 328-1460           Fax: (310) 328-1964
Record ID: 190007RN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2017

Program Name: FLOSSIE LEWIS CENTER
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.
Address: 341 & 351 EAST 6TH STREET AND 615 ELM AVENUE
City, State Zip: LONG BEACH, CA 90802
Phone: (562) 435-7350           Fax: (562) 435-4532
Record ID: 190007SN
Service Type: RES
Resident Capacity: 27
Total Occupancy: 27
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 7/31/2018
Program Name: LONG BEACH FAMILY RECOVERY CENTER
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.
Address: 514 W. PACIFIC COAST HIGHWAY
City, State Zip: LONG BEACH, CA 90806-5237
Phone: (562) 432-0713   Fax: (844) 676-6538
Record ID: 190007VN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2018

Program Name: THE BISHOP GOODEN HOME
Legal Name: THE GOODEN CENTER
Address: 191 NORTH EL MOLINO AVENUE
City, State Zip: PASADENA, CA 91101
Phone: (626) 356-0078   Fax: (626) 795-2844
Record ID: 190009AN
Service Type: RES
Resident Capacity: 19
Total Occupancy: 19
Target Population: 1.2 --- MEN ONLY
Expiration Date: 3/31/2018

Program Name: DRUG AND ALCOHOL COUNSELING SERVICES
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.
Address: 11500 PARAMOUNT BOULEVARD
City, State Zip: DOWNEY, CA 90241
Phone: (562) 923-4545   Fax: (562) 862-5906
Record ID: 190011AAN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2018

Program Name: POSITIVE STEPS
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.
Address: 8332 IOWA STREET AND 11501 DOLAN AVENUE
City, State Zip: DOWNEY, CA 90241
Phone: (562) 923-7894   Fax: (562) 869-3400
Record ID: 190011AFN
Service Type: RES-DETOX
Resident Capacity: 47
Total Occupancy: 57
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2018

Program Name: FOLEY HOUSE
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.
Address: 10501, 10505, 10511, 10517, AND 10519 MILLS AVENUE
City, State Zip: WHITTIER, CA 90604
Phone: (562) 944-7953   Fax: (562) 946-7494
Record ID: 190011AN
Service Type: RES-DETOX
Resident Capacity: 20
Total Occupancy: 30
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 3/31/2018

Program Name: AWAKENINGS
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.
Address: 12322 CLEARGLEN, APARTMENTS 1, 2, 3 AND 4
City, State Zip: WHITTIER, CA 90604
Phone: (562) 947-3835   Fax: (562) 943-1235
Record ID: 190011KN
Service Type: RES-DETOX
Resident Capacity: 14
Total Occupancy: 20
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2018
<table>
<thead>
<tr>
<th>Program Name</th>
<th>Service Type</th>
<th>Resident Capacity</th>
<th>Total Occupancy</th>
<th>Target Population</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>LA CASITA DE LAS MAMAS OF DOWNEY</td>
<td>RES-DETOX</td>
<td>18</td>
<td>26</td>
<td>1.4 --- WOMEN/CHILDREN</td>
<td>3/31/2018</td>
</tr>
<tr>
<td>ANGEL STEP TOO</td>
<td>RES</td>
<td>30</td>
<td>54</td>
<td>1.4 --- WOMEN/CHILDREN</td>
<td>11/30/2017</td>
</tr>
<tr>
<td>CASA DE LAS AMIGAS-THE JON DUDLEY OUTPATIENT CENTER</td>
<td>NON</td>
<td>34</td>
<td>34</td>
<td>1.8 --- DUAL DIAGNOSIS</td>
<td>6/30/2018</td>
</tr>
<tr>
<td>CASA DE LAS AMIGAS</td>
<td>RES-DETOX</td>
<td>40</td>
<td>40</td>
<td>1.1 --- CO-ED</td>
<td>10/31/2017</td>
</tr>
<tr>
<td>CASTLE SUBSTANCE ABUSE PROGRAM - WEST</td>
<td>RES</td>
<td>40</td>
<td>40</td>
<td>1.1 --- CO-ED</td>
<td>10/31/2017</td>
</tr>
</tbody>
</table>
Program Name: CASTLE SUBSTANCE ABUSE PROGRAM - EAST
Legal Name: PEOPLE COORDINATED SERVICES OF SOUTHERN CALIFORNIA
Address: 4771 SOUTH MAIN STREET
City, State Zip: LOS ANGELES, CA 90037
Phone: (323) 233-3342
Record ID: 190013CN
Service Type: RES
Resident Capacity: 40
Total Occupancy: 40
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2017

Program Name: SANTA MONICA RECOVERY CENTER
Legal Name: CLARE FOUNDATION, INC.
Address: 905 AND 907 PICO BOULEVARD
City, State Zip: SANTA MONICA, CA 90405
Phone: (310) 314-6200
Record ID: 190016BN
Service Type: RES-DETOX
Resident Capacity: 49
Total Occupancy: 49
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2018

Program Name: WOMEN'S RECOVERY HOME
Legal Name: CLARE FOUNDATION, INC.
Address: 844 PICO BOULEVARD
City, State Zip: SANTA MONICA, CA 90405
Phone: (310) 314-6200
Record ID: 190016FN
Service Type: RES-DETOX
Resident Capacity: 40
Total Occupancy: 40
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 7/31/2018

Program Name: CLARE FOUNDATION INTENSIVE OUTPATIENT PROGRAM
Legal Name: CLARE FOUNDATION, INC.
Address: 1020 PICO BOULEVARD
City, State Zip: SANTA MONICA, CA 90405
Phone: (310) 314-6200 Ext: 3424 Fax: (310) 396-6974
Record ID: 190016HN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2017

Program Name: CONSCIOUS RECOVERY BY CLARE
Legal Name: CLARE FOUNDATION, INC.
Address: 1334 LINCOLN BOULEVARD
City, State Zip: SANTA MONICA, CA 90401
Phone: (310) 576-2063 Fax: (310) 396-6974
Record ID: 190016KN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2018

Program Name: PICO OUTPATIENT
Legal Name: CLARE FOUNDATION, INC.
Address: 1002 PICO BOULEVARD
City, State Zip: SANTA MONICA, CA 90405
Phone: (310) 314-6200 Fax: (310) 314-6221
Record ID: 190016LN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2017
Program Name: GRANDVIEW FOUNDATION, INC. - RESIDENTIAL
Legal Name: GRANDVIEW FOUNDATION, INC.
Address: 1230 NORTH MARENGO AVENUE AND 225 GRANDVIEW STREET
City, State Zip: PASADENA, CA 91103
Phone: (626) 797-1124 Fax: (626) 398-9674
Record ID: 190022AN
Service Type: RES
Resident Capacity: 19
Total Occupancy: 19
Target Population: 1.2 --- MEN ONLY
Expiration Date: 3/31/2017

Program Name: GRANDVIEW FOUNDATION, INC.
Legal Name: GRANDVIEW FOUNDATION, INC.
Address: 1230 NORTH MARENGO AVENUE AND 225 GRANDVIEW STREET
City, State Zip: PASADENA, CA 91103
Phone: (626) 797-1124 Fax: (626) 398-9674
Record ID: 190022EN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2017

Program Name: HOPE HARBOR CENTER
Legal Name: THE SALVATION ARMY
Address: 3107 SOUTH GRAND AVENUE
City, State Zip: LOS ANGELES, CA 90007
Phone: (213) 744-8186 Fax: (213) 626-0717
Record ID: 190023AN
Service Type: RES
Resident Capacity: 56
Total Occupancy: 58
Target Population: 1.2 --- MEN ONLY
Expiration Date: 4/30/2018

Program Name: THE SALVATION ARMY BELL SHELTER--WELLNESS CENTER
Legal Name: THE SALVATION ARMY
Address: 5600 RICKENBACKER ROAD, BUILDING 2A-B
City, State Zip: BELL, CA 90201
Phone: (323) 263-1206 Fax: (323) 263-8543
Record ID: 190023CN
Service Type: RES
Resident Capacity: 75
Total Occupancy: 75
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2017

Program Name: THE SALVATION ARMY HAVEN
Legal Name: THE SALVATION ARMY
Address: 11301 WILSHIRE BOULEVARD, BUILDING 212, 2ND FLOOR
City, State Zip: LOS ANGELES, CA 90073
Phone: 3104783711X48762
Record ID: 190023DN
Service Type: RES
Resident Capacity: 65
Total Occupancy: 65
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2017

Program Name: THE SALVATION ARMY HOPE HARBOR CENTER
Legal Name: THE SALVATION ARMY
Address: 3107 SOUTH GRAND AVENUE
City, State Zip: LOS ANGELES, CA 90007
Phone: (213) 744-1688 Fax: (213) 744-8186
Record ID: 190023HN
Service Type: NON
Target Population: 1.2 --- MEN ONLY
Expiration Date: 4/30/2017
Program Name: HOUSE OF HOPE
Legal Name: HOUSE OF HOPE FOUNDATION, INC.
Address: 221, 223, 225, 227, 229, 235 WEST 9TH STREET
AND 917 PALOS VERDES STREET, APARTMENT C AND D
City, State Zip: SAN PEDRO, CA 90731
Phone: (310) 831-9411 Fax: (310) 831-5796
Record ID: 190025AN
Service Type: RES
Resident Capacity: 24
Total Occupancy: 24
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 3/31/2018

Program Name: HOUSE OF HOPE FOUNDATION, INC.
Legal Name: HOUSE OF HOPE FOUNDATION, INC.
Address: 205 WEST 9TH STREET
City, State Zip: SAN PEDRO, CA 90731
Phone: (310) 521-9209 Fax: (310) 521-9241
Record ID: 190025GN
Service Type: NON
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 7/31/2017

Program Name: JAN CLAYTON CENTER
Legal Name: VOLUNTEERS OF AMERICA OF LOS ANGELES
Address: 4969 SUNSET BOULEVARD
City, State Zip: LOS ANGELES, CA 90027
Phone: (323) 660-8042 Fax: (323) 660-9265
Record ID: 190027AN
Service Type: RES-DETOX
Resident Capacity: 48
Total Occupancy: 48
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2018

Program Name: VOA OF CENTRAL CITY RECOVERY SERVICES
Legal Name: VOLUNTEERS OF AMERICA OF LOS ANGELES
Address: 515 EAST 6TH STREET, 9TH FLOOR
City, State Zip: LOS ANGELES, CA 90021
Phone: (323) 660-8042 Fax: (213) 622-6831
Record ID: 190027BN
Service Type: RES
Resident Capacity: 48
Total Occupancy: 48
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2018

Program Name: VS-21
Legal Name: VOLUNTEERS OF AMERICA OF LOS ANGELES
Address: 622 SOUTH WALL STREET, BUILDING C
City, State Zip: LOS ANGELES, CA 90014
Phone: (213) 623-8580
Record ID: 190027FN
Service Type: RES
Resident Capacity: 80
Total Occupancy: 80
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2017

Program Name: HOMELESS VETERANS CORRECTIONAL REHABILITATION / VS90
Legal Name: VOLUNTEERS OF AMERICA OF LOS ANGELES
Address: 1765 SOUTH LA CIENEGA BOULEVARD
City, State Zip: LOS ANGELES, CA 90035
Phone: (213) 201-0690
Record ID: 190027HN
Service Type: RES
Resident Capacity: 50
Total Occupancy: 50
Target Population: 1.2 --- MEN ONLY
Expiration Date: 12/31/2016
Program Name: LITTLE HOUSE
Legal Name: LITTLE HOUSE
Address: 9718 HARVARD STREET
City, State Zip: BELLFLOWER, CA 90706-3699
Phone: (562) 925-2777     Fax: (562) 925-7572
Record ID: 190029AN
Service Type: RES
Resident Capacity: 28
Total Occupancy: 34
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 9/30/2017

Program Name: PALM HOUSE RECOVERY HOME
Legal Name: PALM HOUSE, INCORPORATED
Address: 2515 EAST JEFFERSON STREET
City, State Zip: CARSON, CA 90810
Phone: (310) 830-7803     Fax: (310) 830-6606
Record ID: 190040AN
Service Type: RES
Resident Capacity: 16
Total Occupancy: 16
Target Population: 1.2 --- MEN ONLY
Expiration Date: 7/31/2018

Program Name: PASADENA SUBSTANCE USE PREVENTION & TREATMENT SERVICES
Legal Name: PASADENA PUBLIC HEALTH DEPARTMENT
Address: 1845 NORTH FAIR OAKS AVENUE
City, State Zip: PASADENA, CA 91103
Phone: (626) 744-6001     Fax: (626) 744-6096
Record ID: 190041AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2017

Program Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE OF THE SAN FERNANDO VALLEY
Legal Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE OF THE SAN FERNANDO VALLEY
Address: 6166 VESPER AVENUE
City, State Zip: VAN NUYS, CA 91411
Phone: (818) 997-0414     Fax: (818) 997-0851
Record ID: 190049AN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 4/30/2018

Program Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE OF THE SAN FERNANDO VALLEY
Legal Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE OF THE SAN FERNANDO VALLEY
Address: 24460 LYONS AVENUE
City, State Zip: SANTA CLARITA, CA 91321
Phone: (616) 253-9400     Fax: (818) 997-0851
Record ID: 190049BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2017

Program Name: VICTORY HOUSE/AWARE PROGRAM
Legal Name: NEW WAY FOUNDATION, INC.
Address: 207 NORTH VICTORY BOULEVARD
City, State Zip: BURBANK, CA 91502
Phone: (818) 842-9416
Record ID: 190058AN
Service Type: RES
Resident Capacity: 38
Total Occupancy: 38
Target Population: 1.2 --- MEN ONLY
Expiration Date: 7/31/2016
Program Name: RICKMAN RECOVERY CENTERS
Legal Name: NORMAN L. RICKMAN
Address: 1433 E. ROUTE 66, SUITE F
City, State Zip: GLENDORA, CA 91740
Phone: (626) 962-3203 Fax: (626) 962-0036
Record ID: 190062BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2018

Program Name: HIS SHELTERING ARMS, INC. INTEGRATED BEHAVIORAL HEALTHCARE SYSTEMS
Legal Name: HIS SHELTERING ARMS INC.
Address: 112 WEST 111TH STREET AND 11101 SOUTH MAIN STREET
City, State Zip: LOS ANGELES, CA 90061
Phone: (323) 755-6646 Fax: (323) 777-2209
Record ID: 190064BN
Service Type: RES
Resident Capacity: 49
Total Occupancy: 69
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 5/31/2017

Program Name: HIS SHELTERING ARMS, INC.-INTEGRATED BEHAVIORAL HEALTHCARE SYSTEMS
Legal Name: HIS SHELTERING ARMS INC.
Address: 11101 SOUTH MAIN STREET, SUITE 115
City, State Zip: LOS ANGELES, CA 90061-1925
Phone: (323) 755-6646 Fax: (323) 777-2209
Record ID: 190064CN
Service Type: NON
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 8/31/2017

Program Name: MUJERES RECOVERY HOME
Legal Name: CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABUSE, INC.
Address: 530 NORTH AVENUE 54
City, State Zip: LOS ANGELES, CA 90042
Phone: (323) 254-2423
Record ID: 190065AN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 6/30/2018

Program Name: LATINOS RECOVERY HOME
Legal Name: CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABUSE, INC.
Address: 2436 WABASH AVENUE
City, State Zip: LOS ANGELES, CA 90033
Phone: (323) 780-8756 Fax: (323) 780-8333
Record ID: 190065CN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 6/30/2018

Program Name: LATINAS RECOVERY HOME
Legal Name: CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABUSE, INC.
Address: 327 NORTH SAINT LOUIS STREET
City, State Zip: LOS ANGELES, CA 90063
Phone: (323) 261-7810 Fax: (323) 261-1375
Record ID: 190065EN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 6/30/2018
Program Name: SAN GABRIEL VALLEY CENTER
Legal Name: CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABUSE, INC.
Address: 11046 VALLEY MALL
City, State Zip: EL MONTE, CA 91731
Phone: (626) 444-6000 Fax: (626) 444-9044
Record ID: 190065HN
Service Type: NON
Target Population: 1.7 --- FAMILIES
Expiration Date: 1/31/2018

Program Name: LATINO FAMILY ALCOHOL AND DRUG SERVICES
Legal Name: CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABUSE, INC.
Address: 3316-3320 WEST BEVERLY BOULEVARD
City, State Zip: MONTEBELLO, CA 90640
Phone: (323) 722-4529 Fax: (323) 722-4450
Record ID: 190065IN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2017

Program Name: MENTAL HEALTH AND ADDICTION SERVICES FOR ADOLESCENTS
Legal Name: CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABUSE, INC.
Address: 2309 DALY STREET
City, State Zip: LOS ANGELES, CA 90031
Phone: (323) 222-4591 Fax: (323) 222-4614
Record ID: 190065JN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2018

Program Name: SAFE REFUGE
Legal Name: SAFE REFUGE
Address: 3111, 3113, 3115, 3119, 3125, AND 3131 EAST SEVENTH ST. APTS 1, 3, 4, 5, 6; 719 APTS 1-10, 727 & 729 OBISPO AVE; AND 718, 728, 728A, 728 1/2 FREEMAN AV
City, State Zip: LONG BEACH, CA 90804
Phone: (562) 987-5722 Fax: (562) 987-4586
Record ID: 190077AHN
Service Type: RES
Resident Capacity: 90
Total Occupancy: 90
Target Population: 1.9 --- CO-ED/CHILDREN
Expiration Date: 10/31/2016

Program Name: SAFE REFUGE
Legal Name: SAFE REFUGE
Address: 3125, 3137 AND 3139 EAST SEVENTH STREET
City, State Zip: LONG BEACH, CA 90804
Phone: (562) 987-5722
Record ID: 190077CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2017

Program Name: SAFE REFUGE
Legal Name: SAFE REFUGE
Address: 1046 REDONDO AVENUE
City, State Zip: LONG BEACH, CA 90804
Phone: (562) 987-5722 Fax: (562) 987-4586
Record ID: 190077RN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2016
Program Name: LIVE AGAIN RECOVERY HOME - CAMP CISQUITO
Legal Name: LIVE AGAIN MINISTRIES
Address: 38215 NORTH SAN FRANCISQUITO CANYON ROAD
City, State Zip: SAUGUS, CA 91350
Phone: (661) 270-0025
Record ID: 190079BN
Service Type: RES
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.2 --- MEN ONLY
Expiration Date: 9/30/2017

Program Name: THE RIVER COMMUNITY
Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC.
Address: 23701 EAST FORK STREET
City, State Zip: AZUSA, CA 91702
Phone: (626) 250-3290 Fax: (626) 910-1380
Record ID: 190081AN
Service Type: RES
Resident Capacity: 38
Total Occupancy: 38
Target Population: 1.8 --- DUAL DIAGNOSIS
Expiration Date: 3/31/2018

Program Name: RIVER COMMUNITY DAY TREATMENT
Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC.
Address: 510 SOUTH SECOND AVENUE, SUITE 6 AND 7
City, State Zip: COVINA, CA 91723-3017
Phone: (626) 974-8123
Record ID: 190081BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2017

Program Name: SOCIAL MODEL RECOVERY SYSTEMS (PCADD)
Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC.
Address: 1245 EAST WALNUT STREET, SUITE 101, 103, 107, 109, 115, 117 AND 118
City, State Zip: PASADENA, CA 91106
Phone: (626) 795-9127 Fax: (626) 795-0979
Record ID: 190081EN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2016

Program Name: OMNI CENTER
Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC.
Address: 3426 AND 3430 COGSWELL ROAD
City, State Zip: EL MONTE, CA 91732
Phone: (626) 453-3400
Record ID: 190081FN
Service Type: RES
Resident Capacity: 18
Total Occupancy: 18
Target Population: 1.2 --- MEN ONLY
Expiration Date: 2/28/2018

Program Name: MARIPOSA RECOVERY HOME
Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC.
Address: 453 SOUTH INDIANA STREET
City, State Zip: LOS ANGELES, CA 90063
Phone: (323) 266-7726
Record ID: 190081GN
Service Type: RES
Resident Capacity: 13
Total Occupancy: 15
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 10/31/2016
Program Name: MID VALLEY OUTPATIENT SERVICES
Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC.
Address: 3131 SANTA ANITA AVENUE, SUITE 112B
City, State Zip: EL MONTE, CA 91733
Phone: (626) 453-3432 Fax: (626) 456-8331
Record ID: 190081HN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2017

Program Name: STEPPING STONES HOME I & II
Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC.
Address: 17719 AND 17727 EAST CYPRESS STREET
City, State Zip: COVINA, CA 91722
Phone: (626) 967-2677 Fax: (626) 858-4923
Record ID: 190081IN
Service Type: RES
Resident Capacity: 18
Total Occupancy: 23
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 1/31/2018

Program Name: ROYAL PALMS RECOVERY HOME
Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC.
Address: 360 SOUTH WESTLAKE AVENUE
City, State Zip: LOS ANGELES, CA 90057
Phone: (213) 483-9201 Fax: (626) 332-3145
Record ID: 190081JN
Service Type: RES
Resident Capacity: 115
Total Occupancy: 115
Target Population: 1.2 --- MEN ONLY
Expiration Date: 12/31/2017

Program Name: RENA B. RECOVERY HOME
Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC.
Address: 4439, 4445 AND 4455 BURNS AVENUE
City, State Zip: LOS ANGELES, CA 90029
Phone: (323) 664-8940 Fax: (626) 332-3145
Record ID: 190081KN
Service Type: RES
Resident Capacity: 76
Total Occupancy: 76
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2017

Program Name: BIMINI RECOVERY CENTER
Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC.
Address: 155 SOUTH BIMINI PLACE
City, State Zip: LOS ANGELES, CA 90004
Phone: (213) 388-5423 Fax: (213) 388-1317
Record ID: 190081LN
Service Type: RES
Resident Capacity: 84
Total Occupancy: 84
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2017

Program Name: RENA B. RECOVERY CENTER
Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC.
Address: 4445 BURNS AVENUE
City, State Zip: LOS ANGELES, CA 90029
Phone: (323) 664-8940 Fax: (626) 974-4164
Record ID: 190081MN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2017
<table>
<thead>
<tr>
<th>Program Name</th>
<th>Legal Name</th>
<th>Address</th>
<th>City, State Zip</th>
<th>Phone</th>
<th>Fax</th>
<th>Record ID</th>
<th>Service Type</th>
<th>Resident Capacity</th>
<th>Total Occupancy</th>
<th>Target Population</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>GLENDALE ADVENTIST ALCOHOL AND DRUG SERVICES</td>
<td>GLENDALE ADVENTIST MEDICAL CENTER</td>
<td>335 MISSION ROAD</td>
<td>GLENDALE, CA 91205</td>
<td>(818) 242-3116</td>
<td>(818) 242-5759</td>
<td>190082BN</td>
<td>RES</td>
<td>24</td>
<td>24</td>
<td>1.1 --- CO-ED</td>
<td>6/30/2016</td>
</tr>
<tr>
<td>TARZANA TREATMENT CENTER</td>
<td>TARZANA TREATMENT CENTERS, INC.</td>
<td>18646 OXNARD STREET, SOUTH AND WEST WINGS</td>
<td>TARZANA, CA 91356</td>
<td>(818) 996-1051</td>
<td>(818) 654-3906</td>
<td>190085AN</td>
<td>RES-DETOX</td>
<td>152</td>
<td>152</td>
<td>1.1 --- CO-ED</td>
<td>11/30/2017</td>
</tr>
<tr>
<td>TARZANA TREATMENT CENTER - LONG BEACH</td>
<td>TARZANA TREATMENT CENTERS, INC.</td>
<td>2101 MAGNOLIA AVENUE</td>
<td>LONG BEACH, CA 90806</td>
<td>(562) 218-1868</td>
<td>(562) 596-0346</td>
<td>190085BN</td>
<td>RES</td>
<td>84</td>
<td>109</td>
<td>1.9 --- CO-ED/CHILDREN</td>
<td>11/30/2017</td>
</tr>
<tr>
<td>TARZANA TREATMENT CENTER - DETOX</td>
<td>TARZANA TREATMENT CENTERS, INC.</td>
<td>18646 OXNARD STREET, DETOXIFICATION UNIT</td>
<td>TARZANA, CA 91356</td>
<td>(818) 996-1051</td>
<td>(818) 654-3906</td>
<td>190085DN</td>
<td>NON</td>
<td></td>
<td></td>
<td>1.1 --- CO-ED</td>
<td>11/30/2017</td>
</tr>
<tr>
<td>TARZANA TREATMENT CENTER OUTPATIENT SERVICES</td>
<td>TARZANA TREATMENT CENTERS, INC.</td>
<td>18646 OXNARD STREET</td>
<td>TARZANA, CA 91356</td>
<td>(818) 996-1051</td>
<td>(818) 654-3906</td>
<td>190085FN</td>
<td>NON-DETOX</td>
<td></td>
<td></td>
<td>1.1 --- CO-ED</td>
<td>11/30/2017</td>
</tr>
<tr>
<td>OUTPATIENT ANTELOPE VALLEY DAY TREATMENT SERVICES</td>
<td>TARZANA TREATMENT CENTERS, INC.</td>
<td>44447 NORTH 10TH STREET WEST BUILDING A</td>
<td>LANCASTER, CA 93534</td>
<td>(661) 726-2630</td>
<td>(818) 975-5013</td>
<td>190085GN</td>
<td>NON-DETOX</td>
<td></td>
<td></td>
<td>1.3 --- WOMEN ONLY</td>
<td>6/30/2017</td>
</tr>
</tbody>
</table>
Program Name: TARZANA TREATMENT CENTER - NORTHRIDGE
Legal Name: TARZANA TREATMENT CENTERS, INC.
Address: 18700 OXNARD STREET
City, State Zip: TARZANA, CA 91356
Phone: (818) 996-1051
Record ID: 190085HN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2017

Program Name: TARZANA TREATMENT CENTER YOUTH SERVICES - LANCASTER
Legal Name: TARZANA TREATMENT CENTERS, INC.
Address: 44443 NORTH TENTH STREET WEST
City, State Zip: LANCASTER, CA 93535
Phone: (661) 726-2630         Fax: (661) 726-2635
Record ID: 190085JN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2017

Program Name: TARZANA TREATMENT CENTER
Legal Name: TARZANA TREATMENT CENTERS, INC.
Address: 7101 BAIRD AVENUE
City, State Zip: RESEDA, CA 91335
Phone: (818) 342-5897
Record ID: 190085KN
Service Type: NON-DETOX
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2017

Program Name: TARZANA TREATMENT CENTER - LANCASTER
Legal Name: TARZANA TREATMENT CENTERS, INC.
Address: 44447 NORTH 10TH STREET WEST
City, State Zip: LANCASTER, CA 93534
Phone: (661) 726-2630         Fax: (818) 996-3051
Record ID: 190085LN
Service Type: RES-DETOX
Resident Capacity: 40
Total Occupancy: 51
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2017

Program Name: TARZANA TREATMENT CENTERS, INC.
Legal Name: TARZANA TREATMENT CENTERS, INC.
Address: 5190 ATLANTIC AVENUE
City, State Zip: LONG BEACH, CA 90806
Phone: (818) 428-4111
Record ID: 190085NN
Service Type: NON-DETOX
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2016

Program Name: TARZANA TREATMENT CENTERS
Legal Name: TARZANA TREATMENT CENTERS, INC.
Address: 44459 10TH STREET WEST
City, State Zip: LANCASTER, CA 93534
Phone: (818) 996-1051 Ext: 4100         Fax: (818) 996-3051
Record ID: 190085ON
Service Type: NON-DETOX
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2018
Program Name: TARZANA TREATMENT CENTERS - LANCASTER
Legal Name: TARZANA TREATMENT CENTERS, INC.
Address: 44447 NORTH 10TH STREET WEST, BUILDING C
City, State Zip: LANCASTER, CA 93534
Phone: (661) 726-2630 Fax: (661) 726-2635
Record ID: 190085PN
Service Type: DSS
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2017

Program Name: CHABAD RESIDENTIAL TREATMENT CENTER
Legal Name: CHABAD OF CALIFORNIA
Address: 5675 WEST OLYMPIC BOULEVARD
City, State Zip: LOS ANGELES, CA 90036
Phone: (323) 965-1365 Fax: (323) 965-0444
Record ID: 190087CN
Service Type: RES
Resident Capacity: 44
Total Occupancy: 44
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2017

Program Name: CHABAD RECOVERY OUTPATIENT CENTER
Legal Name: CHABAD OF CALIFORNIA
Address: 1750 SOUTH LA CIENEGA BLVD
City, State Zip: LOS ANGELES, CA 90035
Phone: (323) 965-1365
Record ID: 190087DN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2018

Program Name: DIDI HIRSCH MENTAL HEALTH SERVICES
Legal Name: DIDI HIRSCH PSYCHIATRIC SERVICE
Address: 11643 GLENOAKS BOULEVARD
City, State Zip: PACOIMA, CA 91331
Phone: (310) 897-2609 Fax: (818) 890-7159
Record ID: 190092AN
Service Type: RES
Resident Capacity: 40
Total Occupancy: 60
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 7/31/2018

Program Name: DIDI HIRSCH COMMUNITY MENTAL HEALTH CENTER,
OUTPATIENT SUBSTANCE ABUSE SERVICES
Legal Name: DIDI HIRSCH PSYCHIATRIC SERVICE
Address: 11133 WASHINGTON BOULEVARD
City, State Zip: CULVER CITY, CA 90230
Phone: (310) 895-2300
Record ID: 190092BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2016

Program Name: DIDI HIRSCH MENTAL HEALTH SERVICES-
YOUTH SUBSTANCE ABUSE SERVICES PROGRAM
Legal Name: DIDI HIRSCH PSYCHIATRIC SERVICE
Address: 12420 VENICE BOULEVARD, SUITE 200
City, State Zip: LOS ANGELES, CA 90066
Phone: (310) 751-1200 Fax: (310) 398-0312
Record ID: 190092CN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 12/31/2017
Program Name: DIDI HIRSCH PSYCHIATRIC SERVICE
Legal Name: DIDI HIRSCH PSYCHIATRIC SERVICE
Address: 1540 COLORADO STREET
City, State Zip: GLENDALE, CA 91205-1514
Phone: (818) 244-7257 Fax: (818) 244-5431
Record ID: 190092DN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2016

Program Name: DIDI HIRSCH MENTAL HEALTH SERVICES
Legal Name: DIDI HIRSCH PSYCHIATRIC SERVICE
Address: 323 NORTH PRAIRIE AVENUE, SUITE 350
City, State Zip: INGLEWOOD, CA 90301
Phone: (310) 677-7808
Record ID: 190092EN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2016

Program Name: IMPACT DRUG AND ALCOHOL TREATMENT CENTER
Legal Name: PRINCIPLES, INC.
Address: 1680 NORTH FAIR OAKS AVENUE
City, State Zip: PASADENA, CA 91103
Phone: (626) 798-0884 Fax: (626) 798-6970
Record ID: 190094AN
Service Type: RES
Resident Capacity: 130
Total Occupancy: 130
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2017

Program Name: IMPACT OUTPATIENT/AFTERCARE PROGRAM
Legal Name: PRINCIPLES, INC.
Address: 1450 NORTH LAKE AVENUE, SUITE 200
City, State Zip: PASADENA, CA 91104
Phone: (626) 564-4240 Fax: (626) 577-4250
Record ID: 190094GN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2017

Program Name: PRINCIPLES, INC., D.B.A. IMPACT
Legal Name: PRINCIPLES, INC.
Address: 333 SOUTH CENTRAL AVENUE
City, State Zip: LOS ANGELES, CA 90013
Phone: (213) 625-5009 Fax: (213) 577-4250
Record ID: 190094HN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2016

Program Name: CRI-HELP, PFLEGER RESIDENTIAL
Legal Name: CRI-HELP, INC.
Address: 11027 BURBANK BOULEVARD
City, State Zip: NORTH HOLLYWOOD, CA 91601
Phone: (818) 985-8323 Fax: (818) 506-7066
Record ID: 190095AN
Service Type: RES-DETOX
Resident Capacity: 135
Total Occupancy: 135
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2017
Program Name: CRI-HELP - PFLEGER OUTPATIENT
Legal Name: CRI-HELP, INC.
Address: 8330 LANKERSHIM BOULEVARD
City, State Zip: NORTH HOLLYWOOD, CA 91605
Phone: (818) 985-8323
Record ID: 190095KN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2017

Program Name: SOCORRO
Legal Name: CRI-HELP, INC.
Address: 2010 NORTH LINCOLN PARK AVENUE
City, State Zip: LINCOLN HEIGHTS, CA 90031
Phone: (323) 222-1440
Record ID: 190095MN
Service Type: RES
Resident Capacity: 78
Total Occupancy: 78
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2017

Program Name: SOCORRO
Legal Name: CRI-HELP, INC.
Address: 2029 KEITH STREET
City, State Zip: LOS ANGELES, CA 90031
Phone: (323) 222-6509
Record ID: 190095NN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2017

Program Name: BROWN SCAPULAR PROGRAM
Legal Name: CANON HUMAN SERVICES CENTERS, INC.
Address: 9705 SOUTH HOLMES AVENUE
City, State Zip: LOS ANGELES, CA 90002
Phone: (323) 249-9097 Fax: (323) 249-9121
Record ID: 190099DN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2018

Program Name: BROWN SCAPULAR PROGRAM
Legal Name: CANON HUMAN SERVICES CENTERS, INC.
Address: 9705 SOUTH HOLMES STREET
City, State Zip: LOS ANGELES, CA 90002
Phone: (323) 249-9097 Fax: (323) 249-9121
Record ID: 190099EN
Service Type: RES
Resident Capacity: 43
Total Occupancy: 43
Target Population: 1.2 --- MEN ONLY
Expiration Date: 2/28/2018

Program Name: L.A. CADA
Legal Name: LOS ANGELES CENTERS FOR ALCOHOL AND DRUG ABUSE
Address: 11015 BLOOMFIELD AVENUE
City, State Zip: SANTA FE SPRINGS, CA 90670-4601
Phone: (562) 906-2676 Fax: (562) 906-2681
Record ID: 190100BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2018
Program Name: L.A. CADA
Legal Name: LOS ANGELES CENTERS FOR ALCOHOL AND DRUG ABUSE
Address: 470 EAST THIRD STREET, SUITES A AND B
City, State Zip: LOS ANGELES, CA 90013
Phone: (213) 626-6411 Fax: (562) 906-2676
Record ID: 190100EN
Service Type: NON
Target Population: 1.7 --- FAMILIES
Expiration Date: 1/31/2018

Program Name: ALLEN HOUSE
Legal Name: LOS ANGELES CENTERS FOR ALCOHOL AND DRUG ABUSE
Address: 10425 SOUTH PAINTER AVENUE
City, State Zip: SANTA FE SPRINGS, CA 90670
Phone: (562) 906-2685 Fax: (562) 236-9899
Record ID: 190100IN
Service Type: RES
Resident Capacity: 55
Total Occupancy: 55
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2016

Program Name: H.O.W. HOUSE
Legal Name: LOS ANGELES CENTERS FOR ALCOHOL AND DRUG ABUSE
Address: 14100 GLENGYLE STREET
City, State Zip: WHITTIER, CA 90604
Phone: (562) 777-1222 Fax: (562) 906-1222
Record ID: 190100LN
Service Type: RES
Resident Capacity: 18
Total Occupancy: 19
Target Population: 1.8 --- DUAL DIAGNOSIS
Expiration Date: 8/31/2018

Program Name: PROTOTYPES WOMEN'S CENTER
Legal Name: PROTOTYPES, CENTERS FOR INNOVATION IN HEALTH, MENTAL HEALTH AND SOCIAL SERVICES
Address: 845 EAST ARROW HIGHWAY
City, State Zip: POMONA, CA 91767
Phone: (909) 624-1233 Fax: (909) 621-5999
Record ID: 190101AN
Service Type: RES-DETOX
Resident Capacity: 164
Total Occupancy: 254
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 7/31/2018

Program Name: PROTOTYPES OUTPATIENT SERVICES
Legal Name: PROTOTYPES, CENTERS FOR INNOVATION IN HEALTH, MENTAL HEALTH AND SOCIAL SERVICES
Address: 831 EAST ARROW HIGHWAY, WEST WING
City, State Zip: POMONA, CA 91767
Phone: (909) 398-4383 Fax: (213) 225-0085
Record ID: 190101CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2018

Program Name: PROTOTYPES RESOLVE RECOVERY
Legal Name: PROTOTYPES, CENTERS FOR INNOVATION IN HEALTH, MENTAL HEALTH AND SOCIAL SERVICES
Address: 6109 AFTON PLACE
City, State Zip: LOS ANGELES, CA 90028
Phone: (213) 542-3838 Fax: (213) 225-0085
Record ID: 190101DN
Service Type: RES-DETOX
Resident Capacity: 34
Total Occupancy: 34
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 2/28/2017
Program Name: PROTOTYPES OUTPATIENT BEHAVIORAL HEALTH SERVICES CENTER
Legal Name: PROTOTYPES, CENTERS FOR INNOVATION IN HEALTH, MENTAL HEALTH AND SOCIAL SERVICES
Address: 2555 E. COLORADO BOULEVARD, SUITE 100-101
City, State Zip: PASADENA, CA 91107
Phone: (626) 577-2261 Fax: (626) 577-2305
Record ID: 190101EN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2018

Program Name: SUNRISE COMMUNITY COUNSELING CENTER
Legal Name: SUNRISE COMMUNITY COUNSELING CENTER
Address: 537 SOUTH ALVARADO STREET
City, State Zip: LOS ANGELES, CA 90057-2903
Phone: (213) 207-2770 Fax: (213) 207-2773
Record ID: 190110CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2017

Program Name: VAN NESS RECOVERY HOUSE
Legal Name: VAN NESS RECOVERY HOUSE
Address: 1919 NORTH BEACHWOOD DRIVE
City, State Zip: LOS ANGELES, CA 90068
Phone: (323) 962-6721
Record ID: 190111AN
Service Type: RES
Resident Capacity: 20
Total Occupancy: 20
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2016

Program Name: ASIAN AMERICAN DRUG ABUSE PROGRAM
Legal Name: ASIAN AMERICAN DRUG ABUSE PROGRAM, INC.
Address: 5318 SOUTH CRENSHAW BOULEVARD
City, State Zip: LOS ANGELES, CA 90043
Phone: (323) 293-6291 Fax: (323) 293-1091
Record ID: 190112AN
Service Type: RES
Resident Capacity: 29
Total Occupancy: 31
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2018

Program Name: ASIAN AMERICAN DRUG ABUSE PROGRAM
Legal Name: ASIAN AMERICAN DRUG ABUSE PROGRAM, INC.
Address: 1088 SOUTH LA BREA AVENUE
City, State Zip: LOS ANGELES, CA 90019
Phone: (323) 295-0262 Fax: (323) 295-2375
Record ID: 190112CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2017

Program Name: ASIAN-AMERICAN DRUG ABUSE PROGRAM
Legal Name: ASIAN AMERICAN DRUG ABUSE PROGRAM, INC.
Address: 520 NORTH LA BREA, SUITE 209
City, State Zip: INGLEWOOD, CA 90302
Phone: (323) 294-4932 Fax: (323) 294-2533
Record ID: 190112DN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2017
Program Name: ASIAN AMERICAN DRUG ABUSE PROGRAM, INC.
Legal Name: ASIAN AMERICAN DRUG ABUSE PROGRAM, INC.
Address: 13931 SOUTH VAN NESS AVENUE
City, State Zip: GARDENA, CA 90249
Phone: (323) 293-6284 Fax: (323) 295-4075
Record ID: 190112EN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2017

Program Name: PHOENIX HOUSE - VENICE
Legal Name: PHOENIX HOUSES OF LOS ANGELES, INC.
Address: 503 OCEAN FRONT WALK
City, State Zip: VENICE, CA 90291
Phone: (310) 392-3070 Fax: (310) 392-9068
Record ID: 190115AN
Service Type: RES-DETOX
Resident Capacity: 53
Total Occupancy: 53
Target Population: 1.2 --- MEN ONLY
Expiration Date: 12/31/2017

Program Name: PHOENIX HOUSES OF LOS ANGELES
Legal Name: PHOENIX HOUSES OF LOS ANGELES, INC.
Address: 11600 ELDRIDGE AVENUE
City, State Zip: LAKE VIEW TERRACE, CA 91342
Phone: (818) 686-3013
Record ID: 190115BN
Service Type: DSS
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2018

Program Name: PHOENIX HOUSE: OUTPATIENT SERVICES
Legal Name: PHOENIX HOUSES OF LOS ANGELES, INC.
Address: 503 OCEAN FRONT WALK
City, State Zip: VENICE, CA 90291
Phone: (310) 392-3070 Fax: (310) 392-9068
Record ID: 190115CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2017

Program Name: PHOENIX HOUSE ACADEMY OUTPATIENT CENTER
Legal Name: PHOENIX HOUSES OF LOS ANGELES, INC
Address: 11600 ELDRIDGE AVENUE
City, State Zip: LAKE VIEW TERRACE, CA 91342
Phone: (818) 686-3000
Record ID: 190115DN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2017

Program Name: FRED BROWN'S RECOVERY SERVICES, INC.
Legal Name: FRED BROWN'S RECOVERY SERVICES, INC.
Address: 270 WEST 14TH STREET
City, State Zip: SAN PEDRO, CA 90731
Phone: (310) 519-8723 Fax: (310) 519-9428
Record ID: 190135CN
Service Type: RES
Resident Capacity: 14
Total Occupancy: 14
Target Population: 1.2 --- MEN ONLY
Expiration Date: 11/30/2016
Program Name: FRED BROWN'S RECOVERY SERVICES, INC.
Legal Name: FRED BROWN'S RECOVERY SERVICES, INC.
Address: 856 WEST 19TH STREET
City, State Zip: SAN PEDRO, CA 90731
Phone: (310) 548-1196 Fax: (310) 519-9428
Record ID: 190135EN
Service Type: RES
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2017

Program Name: FRED BROWN'S RECOVERY SERVICES
Legal Name: FRED BROWN'S RECOVERY SERVICES, INC.
Address: 856 WEST 19TH STREET
City, State Zip: SAN PEDRO, CA 90731
Phone: (310) 548-1196 Fax: (310) 519-9428
Record ID: 190135IN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 2/28/2018

Program Name: FRED BROWN'S RECOVERY SERVICES
Legal Name: FRED BROWN'S RECOVERY SERVICES, INC.
Address: 856 WEST 19TH STREET
City, State Zip: SAN PEDRO, CA 90731
Phone: (310) 548-1196 Fax: (310) 519-9428
Record ID: 190135JN
Service Type: RES
Resident Capacity: 4
Total Occupancy: 4
Target Population: 1.2 --- MEN ONLY
Expiration Date: 2/28/2018

Program Name: FRED BROWN'S RECOVERY SERVICES
Legal Name: FRED BROWN'S RECOVERY SERVICES, INC.
Address: 856 WEST 19TH STREET
City, State Zip: SAN PEDRO, CA 90731
Phone: (310) 548-1196 Fax: (310) 519-9428
Record ID: 190135MN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2017

Program Name: S. H. A. W. L. HOUSE
Legal Name: SUPPORT FOR HARBOR AREA WOMEN'S LIVES
Address: 936 SOUTH CENTRE STREET
City, State Zip: SAN PEDRO, CA 90731
Phone: (310) 521-9310
Record ID: 190147AN
Service Type: RES
Resident Capacity: 13
Total Occupancy: 13
Target Population: 1.12 --- WOMEN/YOUTH
Expiration Date: 6/30/2017

Program Name: OASIS WOMEN'S RECOVERING COMMUNITY
Legal Name: OASIS WOMEN'S RECOVERING COMMUNITY
Address: 13832 POLK STREET
City, State Zip: SYLMAR, CA 91342
Phone: (818) 362-0986 Fax: (818) 833-0922
Record ID: 190155BN
Service Type: RES
Resident Capacity: 17
Total Occupancy: 17
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 8/31/2017
Program Name: WOMAN TO WOMAN RESIDENTIAL PROGRAM  
Legal Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE- LONG BEACH AREA  
Address: 431 W. 9TH STREET  
City, State Zip: LONG BEACH, CA 90813  
Phone: (562) 426-8262 Fax: (562) 426-5283  
Record ID: 190178AN  
Service Type: RES  
Resident Capacity: 10  
Total Occupancy: 13  
Target Population: 1.4 --- WOMEN/CHILDREN  
Expiration Date: 3/31/2017

Program Name: LONG BEACH REGIONAL DRUG COURT PROGRAM  
Legal Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE- LONG BEACH AREA  
Address: 4201 LONG BEACH BOULEVARD, SUITE 300 & 304  
City, State Zip: LONG BEACH, CA 90807  
Phone: (562) 624-9757  
Record ID: 190178CN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 5/31/2017

Program Name: DARE U TO CARE OUTREACH MINISTRY  
Legal Name: DARE U TO CARE OUTREACH MINISTRY  
Address: 316 WEST 120TH STREET  
City, State Zip: LOS ANGELES, CA 90061  
Phone: (323) 777-2372 Fax: (323) 777-2488  
Record ID: 190182DN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 8/31/2017

Program Name: DARE U TO CARE DRUG/ALCOHOL TREATMENT PROGRAM  
Legal Name: DARE U TO CARE OUTREACH MINISTRY  
Address: 316 WEST 120TH STREET  
City, State Zip: LOS ANGELES, CA 90061  
Phone: (323) 777-2372 Fax: (323) 777-2488  
Record ID: 190182EN  
Service Type: RES  
Resident Capacity: 20  
Total Occupancy: 21  
Target Population: 1.1 --- CO-ED  
Expiration Date: 9/30/2017

Program Name: NEW FOUND LIFE  
Legal Name: NEW FOUND LIFE, INC.  
Address: 2211, 2213, 2135 AND 2137 EAST OCEAN BOULEVARD  
City, State Zip: LONG BEACH, CA 90803-2440  
Phone: (562) 434-4060 Fax: (562) 987-3924  
Record ID: 190184AP  
Service Type: RES  
Resident Capacity: 30  
Total Occupancy: 30  
Target Population: 1.1 --- CO-ED  
Expiration Date: 12/31/2017

Program Name: WESTSIDE RESIDENCE HALL  
Legal Name: UNITED STATES VETERANS INITIATIVE  
Address: 733 SOUTH HINDRY AVE. SUITES 203, 208, 209, 210, AND 211  
City, State Zip: INGLEWOOD, CA 90301  
Phone: (310) 348-7600 Fax: (310) 641-2661  
Record ID: 190188AN  
Service Type: RES  
Resident Capacity: 50  
Total Occupancy: 50  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 4/30/2018
Program Name:       CROSSROADS
Legal Name:       CROSSROADS, INCORPORATED
Address:       1269 NORTH HARVARD AVENUE
City, State Zip:       CLAREMONT, CA 91711-0015
Phone:       (909) 626-7847         Fax:    (909) 626-7867
Record ID:       190205AN
Service Type:       RES
Resident Capacity:  6
Total Occupancy:    7
Target Population:  1.3 --- WOMEN ONLY
Expiration Date:    9/30/2017

Program Name:       SSG HOP-ICS
Legal Name:       SPECIAL SERVICE FOR GROUPS, INC.
Address:       5715 SOUTH BROADWAY
City, State Zip:       LOS ANGELES, CA 90037
Phone:       (323) 948-0444         Fax:    (323) 948-0443
Record ID:       190210BN
Service Type:        NON
Target Population:  1.5 --- YOUTH/ADOLESCENT
Expiration Date:    3/31/2017

Program Name:        PACIFIC ASIAN ALCOHOL AND DRUG PROGRAM
Legal Name:          SPECIAL SERVICE FOR GROUPS, INC.
Address:             2001 BEVERLY BOULEVARD, SUITE 201
City, State Zip:     LOS ANGELES, CA 90057
Phone:               (213) 413-1622         Fax:    (213) 413-5456
Record ID:           190210CN
Service Type:        NON
Target Population:  1.5 --- YOUTH/ADOLESCENT
Expiration Date:    12/31/2016

Program Name:       SSG WEBER COMMUNITY CENTER
Legal Name:          SPECIAL SERVICE FOR GROUPS, INC.
Address:             5849 SOUTH CROCKER STREET
City, State Zip:     LOS ANGELES, CA 90003
Phone:               (323) 234-4445         Fax:    (213) 553-1822
Record ID:           190210EN
Service Type:        NON
Target Population:  1.5 --- YOUTH/ADOLESCENT
Expiration Date:    7/31/2017

Program Name:       CREATIVE CARE - MALIBU
Legal Name:          CREATIVE CARE, INC.
Address:             5909, 5927, 5941 AND 5947 TRANCAS CANYON ROAD
City, State Zip:     MALIBU, CA 90265
Phone:               (818) 223-9334
Record ID:           190226AP
Service Type:       RES-DETOX
Resident Capacity:  24
Total Occupancy:    24
Target Population:  1.1 --- CO-ED
Expiration Date:    2/28/2017

Program Name:       POMONA ALCOHOL & DRUG RECOVERY CENTER, INC.
Legal Name:          POMONA ALCOHOL & DRUG RECOVERY CENTER, INC.
Address:             558 NORTH TOWNE AVENUE
City, State Zip:     POMONA, CA 91767
Phone:               (909) 622-2273
Record ID:           190234AN
Service Type:        NON
Target Population:  1.7 --- FAMILIES
Expiration Date:    12/31/2016
Program Name: **DAY TREATMENT AND OUTPATIENT ALCOHOL AND/OR OTHER DRUG SERVICES**

Legal Name: EL PROYECTO DEL BARRIO, INC.

Address: 9140 VAN NUYS BOULEVARD, SUITES 104-107, 201, 203, AND 208-211 PANORAMA CITY, CA 91402

Phone: (818) 895-2206  Fax: (818) 895-0824

**Record ID:** 190236BN

**Service Type:** NON

**Target Population:** 1.1 --- CO-ED

**Expiration Date:** 7/31/2017

---

Program Name: **ARK OUTPATIENT DRUG FREE SERVICES/DRUG COURT**

Legal Name: SHIELDS FOR FAMILIES

Address: 11705 DEPUTY YAMAMOTO PLACE, SUITE A

City, State Zip: LYNWOOD, CA 90262

Phone: (323) 357-6930  Fax: (323) 569-1979

**Record ID:** 190238CN

**Service Type:** NON

**Target Population:** 1.1 --- CO-ED

**Expiration Date:** 3/31/2017

---

Program Name: **GENESIS FAMILY DAY TREATMENT PROGRAM**

Legal Name: SHIELDS FOR FAMILIES

Address: 12021 SOUTH WILMINGTON AVENUE, LOT C

City, State Zip: LOS ANGELES, CA 90059

Phone: (310) 668-8260

**Record ID:** 190238DN

**Service Type:** NON

**Target Population:** 1.7 --- FAMILIES

**Expiration Date:** 3/31/2017

---

Program Name: **EXODUS FAMILY DAY TREATMENT PROGRAM**

Legal Name: SHIELDS FOR FAMILIES

Address: 1500 EAST KAY STREET, UNITS 100, 1704, 1708, 1710, 1712, 1714, 1716, 1720, 1736, 1740, 1746, AND 1762 COMPTON, CA 90221

Phone: (310) 898-2450  Fax: (310) 898-2452

**Record ID:** 190238EN

**Service Type:** NON

**Target Population:** 1.7 --- FAMILIES

**Expiration Date:** 5/31/2017

---

Program Name: **EDEN DUAL DIAGNOSIS PROGRAM**

Legal Name: SHIELDS FOR FAMILIES

Address: 2620 INDUSTRY WAY, SUITE A

City, State Zip: LYNWOOD, CA 90262

Phone: (323) 242-5000  Fax: (323) 242-5011

**Record ID:** 190238FN

**Service Type:** NON

**Target Population:** 1.7 --- FAMILIES

**Expiration Date:** 3/31/2017

---

Program Name: **SHIELDS FOR FAMILIES - MT. CARMEL TREATMENT CENTER**

Legal Name: SHIELDS FOR FAMILIES

Address: 801 WEST 70TH STREET

City, State Zip: LOS ANGELES, CA 90044

Phone: (323) 242-5000  Fax: (323) 242-5011

**Record ID:** 190238GN

**Service Type:** RES

**Resident Capacity:** 46

**Total Occupancy:** 46

**Target Population:** 1.1 --- CO-ED

**Expiration Date:** 3/31/2018
Program Name: AMERICAN INDIAN CHANGING SPIRITS  
Legal Name: AMERICAN INDIAN CHANGING SPIRITS  
Address: 2120 W. WILLIAMS STREET, BUILDING 1 AND 2  
City, State Zip: LONG BEACH, CA 90810  
Phone: (562) 388-8118 Fax: (562) 799-1807  
Record ID: 190239AN  
Service Type: RES  
Resident Capacity: 16  
Total Occupancy: 16  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 3/31/2018

Program Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE OF EAST SAN GABRIEL AND POMON  
Legal Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE OF EAST SAN GABRIEL AND POMON  
Address: 656 NORTH PARK AVENUE  
City, State Zip: POMONA, CA 91768  
Phone: (909) 629-4084 Fax: (909) 629-4086  
Record ID: 190241BN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 7/31/2018

Program Name: NATIONAL COUNCIL ON ALCOHOLISM & DRUG DEPENDENCE OF EAST SAN GABRIEL & POMONA  
Legal Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE OF EAST SAN GABRIEL AND POMON  
Address: 4626 NORTH GRAND AVENUE  
City, State Zip: COVINA, CA 91724  
Phone: (626) 331-5316 Fax: (626) 332-2219  
Record ID: 190241CN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 3/31/2018

Program Name: INTEGRATED TREATMENT PROGRAM FOR CO-OCCURRING DISORDERS  
Legal Name: HOMELESS HEALTH CARE LOS ANGELES  
Address: 2330 BEVERLY BOULEVARD  
City, State Zip: LOS ANGELES, CA 90057  
Phone: (213) 744-0724 Fax: (213) 748-2432  
Record ID: 190246AN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 9/30/2016

Program Name: SPIRITT FAMILY SERVICES  
Legal Name: SPIRITT FAMILY SERVICES  
Address: 8000 PAINTER AVENUE  
City, State Zip: WHITTIER, CA 90602  
Phone: (562) 903-7000 Fax: (502) 903-7707  
Record ID: 190247BN  
Service Type: NON  
Target Population: 1.5 --- YOUTH/ADOLESCENT  
Expiration Date: 12/31/2016

Program Name: SPIRITT FAMILY SERVICES  
Legal Name: SPIRITT FAMILY SERVICES  
Address: 2000 TYLER AVENUE  
City, State Zip: SOUTH EL MONTE, CA 91733  
Phone: (626) 442-4788  
Record ID: 190247CN  
Service Type: NON  
Target Population: 1.5 --- YOUTH/ADOLESCENT  
Expiration Date: 12/31/2016
Program Name: SPIRITT FAMILY SERVICES
Legal Name: SPIRITT FAMILY SERVICES
Address: 147 SOUTH SIXTH AVENUE
City, State Zip: LA PUENTE, CA 91746
Phone: (626) 968-0041
Record ID: 190247DN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 12/31/2016

Program Name: PASADENA RECOVERY CENTER
Legal Name: PASADENA RECOVERY CENTER, INC.
Address: 1811 NORTH RAYMOND AVENUE
City, State Zip: PASADENA, CA 91103-1840
Phone: (626) 345-9992 Fax: (626) 345-9995
Record ID: 190250AP
Service Type: RES
Resident Capacity: 88
Total Occupancy: 98
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2016

Program Name: PACIFIC CLINICS SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES
Legal Name: PACIFIC CLINICS
Address: 11721 A TELEGRAPH ROAD
City, State Zip: SANTA FE SPRINGS, CA 90670-3691
Phone: (562) 949-8455 Fax: (562) 949-4807
Record ID: 190254KN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2017

Program Name: AMITY FOUNDATION-AMISTAD DE LOS ANGELES
Legal Name: EPIDAURUS
Address: 3735, 3739 AND 3745 SOUTH GRAND AVENUE
City, State Zip: LOS ANGELES, CA 90007
Phone: (213) 743-9078 Fax: (213) 748-5102
Record ID: 190259AN
Service Type: RES
Resident Capacity: 184
Total Occupancy: 184
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2017

Program Name: AMITY FOUNDATION
Legal Name: EPIDAURUS
Address: 3750 SOUTH GRAND AVENUE
City, State Zip: LOS ANGELES, CA 90007
Phone: (213) 743-9078 Fax: (866) 763-2186
Record ID: 190259CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2017

Program Name: THE HIGH ROAD PROGRAM
Legal Name: THE HIGH ROAD PROGRAM
Address: 700 SOUTH ARROYO PARKWAY
City, State Zip: PASADENA, CA 91105
Phone: (626) 793-6159 Fax: (626) 795-9540
Record ID: 190262AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2017
<table>
<thead>
<tr>
<th>Program Name</th>
<th>Legal Name</th>
<th>Address</th>
<th>City, State Zip</th>
<th>Phone</th>
<th>Fax</th>
<th>Record ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>THE HIGH ROAD PROGRAM</td>
<td>THE HIGH ROAD PROGRAM</td>
<td>14430 SHERMAN WAY</td>
<td>VAN NUYS, CA 91405</td>
<td>(818) 785-9119</td>
<td>(818) 785-2150</td>
<td>190262BN</td>
</tr>
<tr>
<td>SOUTH BAY HUMAN SERVICES</td>
<td>SOUTH BAY HUMAN SERVICES COALITION, INC.</td>
<td>2370 WEST CARSON STREET, SUITE 136</td>
<td>TORRANCE, CA 90501</td>
<td>(310) 328-0780</td>
<td>(310) 328-0175</td>
<td>190268AN</td>
</tr>
<tr>
<td>MENLO HOUSE RESIDENTIAL</td>
<td>SADLER HEALTHCARE, INC.</td>
<td>1731 SOUTH MENLO AVENUE</td>
<td>LOS ANGELES, CA 90006</td>
<td>(323) 734-3284</td>
<td>(323) 724-0019</td>
<td>190279CP</td>
</tr>
<tr>
<td>MARIPOSA HOUSE</td>
<td>SADLER HEALTHCARE, INC.</td>
<td>220 N. NORMANDIE AVENUE AND 225 N. MARIPosa AVENUE</td>
<td>LOS ANGELES, CA 90004</td>
<td>(213) 220-4482</td>
<td></td>
<td>190279DP</td>
</tr>
<tr>
<td>PASSAGES</td>
<td>GRASSHOPPER HOUSE LLC</td>
<td>6428 MEADOWS COURT</td>
<td>MALIBU, CA 90265</td>
<td>(310) 589-2880</td>
<td>(310) 589-2869</td>
<td>190283AP</td>
</tr>
<tr>
<td>PASSAGES C</td>
<td>GRASSHOPPER HOUSE LLC</td>
<td>6439 SYCAMORE MEADOWS DRIVE</td>
<td>MALIBU, CA 90265</td>
<td>(310) 589-2880</td>
<td>(310) 589-2869</td>
<td>190283CP</td>
</tr>
</tbody>
</table>
Program Name: PASSAGES VISTA HOUSE
Legal Name: GRASSHOPPER HOUSE LLC
Address: 6380 MEADOWS COURT
City, State Zip: MALIBU, CA 90265
Phone: (310) 589-2880  Fax: (310) 464-6592
Record ID: 190283DP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2017

Program Name: PASSAGES
Legal Name: GRASSHOPPER HOUSE LLC
Address: 6447 SYCAMORE MEADOWS DRIVE
City, State Zip: MALIBU, CA 90265
Phone: (310) 589-2880  Fax: (310) 589-2869
Record ID: 190283FP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2017

Program Name: BIENVENIDOS COMMUNITY HEALTH CENTER
Legal Name: BIENVENIDOS COMMUNITY HEALTH CENTER
Address: 501-507 SOUTH ATLANTIC BOULEVARD
City, State Zip: LOS ANGELES, CA 90022
Phone: (323) 268-5442  Fax: (323) 728-3483
Record ID: 190285AN
Service Type: NON
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 5/31/2017

Program Name: THE NESS COUNSELING CENTER
Legal Name: THE NESS COUNSELING CENTER, INC.
Address: 8512 WHITWORTH DRIVE
City, State Zip: LOS ANGELES, CA 90035
Phone: (310) 360-8512  Fax: (310) 360-8510
Record ID: 190286AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2017

Program Name: MJB RECOVERY, INC.
Legal Name: MJB TRANSITIONAL RECOVERY, INC.
Address: 11152 SOUTH MAIN STREET
City, State Zip: LOS ANGELES, CA 90061
Phone: (323) 777-2491  Fax: (323) 777-0426
Record ID: 190288BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2017

Program Name: POSITIVE STEPS, INC.
Legal Name: POSITIVE STEPS, INC.
Address: 5230 NORTH CLARK AVENUE, SUITE 18
City, State Zip: LAKEWOOD, CA 90712
Phone: (562) 804-2700  Fax: (562) 496-2104
Record ID: 190289AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2017
<table>
<thead>
<tr>
<th>Program Name</th>
<th>Legal Name</th>
<th>Address</th>
<th>City, State Zip</th>
<th>Phone</th>
<th>Fax</th>
</tr>
</thead>
<tbody>
<tr>
<td>TWIN TOWN TREATMENT CENTERS - TORRANCE</td>
<td>TWIN TOWN CORPORATION</td>
<td>20300 S. VERMONT AVENUE, SUITE 245</td>
<td>TORRANCE, CA 90502</td>
<td>(310) 787-1335</td>
<td>(310) 787-1809</td>
</tr>
<tr>
<td>TWIN TOWN TREATMENT CENTERS - NORTH HOLLYWOOD</td>
<td>TWIN TOWN CORPORATION</td>
<td>6180 LAUREL CANYON BOULEVARD, SUITE 275</td>
<td>NORTH HOLLYWOOD, CA 91606</td>
<td>(818) 985-0560</td>
<td>(818) 985-7193</td>
</tr>
<tr>
<td>TWIN TOWN TREATMENT CENTERS, WEST HOLLYWOOD</td>
<td>TWIN TOWN CORPORATION</td>
<td>8739 SANTA MONICA BOULEVARD</td>
<td>WEST HOLLYWOOD, CA 90069</td>
<td>(310) 623-1477</td>
<td>(310) 854-0134</td>
</tr>
<tr>
<td>AM/PM VAN NUYS BUDGET SCHOOL - ESCUELA LATINA</td>
<td>DRIVER SAFETY SCHOOLS, INC.</td>
<td>6740 KESTER AVENUE, SUITE 206</td>
<td>VAN NUYS, CA 91405</td>
<td>(818) 787-7878</td>
<td>(310) 575-0500</td>
</tr>
<tr>
<td>ACTION FAMILY COUNSELING, INC-RANCH</td>
<td>ACTION FAMILY COUNSELING, INC.</td>
<td>30035 BOUQUET CANYON ROAD</td>
<td>SAUGUS, CA 91350</td>
<td>(661) 297-9716</td>
<td>(661) 297-9701</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Target Population</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td>2/28/2017</td>
</tr>
<tr>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td>2/28/2017</td>
</tr>
<tr>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td>5/31/2017</td>
</tr>
<tr>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td>6/30/2017</td>
</tr>
<tr>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td>8/31/2017</td>
</tr>
<tr>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td>8/31/2017</td>
</tr>
<tr>
<td>DSS</td>
<td>1.5 --- YOUTH/ADOLESCENT</td>
<td>8/31/2016</td>
</tr>
</tbody>
</table>
Program Name: ACTION FAMILY COUNSELING, INC.
Legal Name: ACTION FAMILY COUNSELING, INC.
Address: 23502 LYONS AVENUE, SUITE 301A
City, State Zip: NEWHALL, CA 91321
Phone: (661) 297-9716 Fax: (661) 297-9701
Record ID: 190315FP
Service Type: NON-DETOX
Target Population: 1.8 --- DUAL DIAGNOSIS
Expiration Date: 2/28/2018

Program Name: ACTION FAMILY COUNSELING, INC., ADULT RESIDENTIAL UNIT
Legal Name: ACTION FAMILY COUNSELING, INC.
Address: 30010 BOUQUET CANYON ROAD
City, State Zip: SANTA CLARITA, CA 91390
Phone: (800) 367-8336 Fax: (661) 297-9701
Record ID: 190315HP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2018

Program Name: LIVING PROOF RECOVERY CENTER
Legal Name: LIVING PROOF RECOVERY CENTER
Address: 324 W. FOOTHILL BOULEVARD
City, State Zip: MONROVIA, CA 91016-6420
Phone: (626) 205-2518 Fax: (626) 386-5250
Record ID: 190316BP
Service Type: NON
Target Population: 1.13 --- CO-ED/CHILD/DUAL
Expiration Date: 8/31/2017

Program Name: I-ADARP, (INTER-AGENCY DRUG ABUSE RECOVERY PROGRAM)
Legal Name: I-ADARP, INC.
Address: 8330 LANKERSHIM BOULEVARD, 1ST FLOOR
City, State Zip: NORTH HOLLYWOOD, CA 91605
Phone: (818) 994-7454 Fax: (818) 252-1410
Record ID: 190321AN
Service Type: NON
Target Population: 1.9 --- CO-ED/CHILDREN
Expiration Date: 10/31/2017

Program Name: BEIT T'SHUVAH
Legal Name: BEIT T'SHUVAH
Address: 8831 VENICE BOULEVARD
City, State Zip: LOS ANGELES, CA 90034
Phone: (310) 204-5200 Fax: (310) 204-8908
Record ID: 190326AN
Service Type: RES
Resident Capacity: 98
Total Occupancy: 120
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2017

Program Name: ALTERNATIVE OPTIONS INTENSIVE OUTPATIENT PROGRAM FOR ALCOHOL & SUBSTANCE ABUSE
Legal Name: ALTERNATIVE OPTIONS COUNSELING CENTER, INC.
Address: 17326 EDWARDS ROAD, SUITE A115
City, State Zip: CERRITOS, CA 90703
Phone: (562) 921-5701 Fax: (562) 921-5703
Record ID: 190340BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2017
Program Name: FIRST TO SERVE, INC.
Legal Name: FIRST TO SERVE
Address: 4052 BUDLONG AVENUE
City, State Zip: LOS ANGELES, CA 90037
Phone: (323) 296-0747  Fax: (323) 758-4011
Record ID: 190342CN
Service Type: RES
Resident Capacity: 28
Total Occupancy: 28
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2016

Program Name: VALLEY COMMUNITY HEALTHCARE DRUG AND ALCOHOL TREATMENT PROGRAM
Legal Name: VALLEY COMMUNITY HEALTHCARE
Address: 6801 COLDWATER CANYON AVENUE
City, State Zip: NORTH HOLLYWOOD, CA 91605-5104
Phone: (818) 763-1718  Fax: (818) 763-7231
Record ID: 190349AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2018

Program Name: STORK CLUB - OPTIONS FOR RECOVERY AT HARBOR UCLA RESEARCH AND EDUCATION INSTITUTE
Legal Name: LOS ANGELES BIOMEDICAL RESEARCH INSTITUTE AT HARBOR-UCLA MEDICAL CENTER
Address: 1124 WEST CARSON STREET, BUILDING N-33
City, State Zip: TORRANCE, CA 90502
Phone: (310) 222-5410  Fax: (310) 787-7742
Record ID: 190351AN
Service Type: NON
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 8/31/2016

Program Name: CAMBODIAN ASSOCIATION OF AMERICA, COMMUNITY PREVENTION AND RECOVERY PROGRAM
Legal Name: CAMBODIAN ASSOCIATION OF AMERICA
Address: 2501 ATLANTIC AVENUE
City, State Zip: LONG BEACH, CA 90806
Phone: (562) 424-6105  Fax: (562) 988-1475
Record ID: 190358AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2016

Program Name: ROBERT SUNDANCE FAMILY WELLNESS CENTER
Legal Name: UNITED AMERICAN INDIAN INVOLVEMENT, INC.
Address: 1125 WEST 6TH STREET, SUITES 103 AND 303
City, State Zip: LOS ANGELES, CA 90017
Phone: (213) 202-3970  Fax: (213) 202-3977
Record ID: 190364AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2016

Program Name: CLINICA MSR. OSCAR A. ROMERO
Legal Name: CLINICA MSR. OSCAR A ROMERO
Address: 2032 MARENGO STREET
City, State Zip: LOS ANGELES, CA 90033
Phone: (213) 989-7700  Fax: (323) 266-2541
Record ID: 190368AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2016

Program Name: ANTELOPE VALLEY COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCY
Legal Name: ALCOHOLISM COUNCIL OF ANTELOPE VALLEY/NCA.
Address: 311 EAST AVENUE K-4
City, State Zip: LANCASTER, CA 93535
Phone: (661) 948-5046  Fax: (661) 948-5049
Record ID: 190376AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2017
Program Name: HOUSE OF UHURU
Legal Name: WATTS HEALTHCARE CORPORATION
Address: 8005 SOUTH FIGUEROA STREET
City, State Zip: LOS ANGELES, CA 90003
Phone: (323) 568-5400   Fax: (323) 752-8031
Record ID: 190377AN
Service Type: RES
Resident Capacity: 66
Total Occupancy: 66
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2017

Program Name: HOUSE OF UHURU
Legal Name: WATTS HEALTHCARE CORPORATION
Address: 8005 SOUTH FIGUEROA STREET
City, State Zip: LOS ANGELES, CA 90003
Phone: (323) 568-5400   Fax: (323) 752-8031
Record ID: 190377BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2017

Program Name: HELPLINE YOUTH COUNSELING
Legal Name: HELPLINE YOUTH COUNSELING
Address: 14181 TELEGRAPH ROAD, WEST WING
City, State Zip: WHITTIER, CA 90604
Phone: (562) 273-0722   Fax: (562) 946-3641
Record ID: 190386AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2018

Program Name: NEW PERCEPTIONS
Legal Name: NEW PERCEPTIONS, INC.
Address: 17813 MALDEN STREET
City, State Zip: NORTHRIDGE, CA 91325
Phone: (818) 885-9596   Fax: (818) 885-9595
Record ID: 190416AP
Service Type: RES-DETOX
Resident Capacity: 10
Total Occupancy: 12
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2016

Program Name: MCINTYRE HOUSE
Legal Name: MCINTYRE HOUSE
Address: 544 NORTH KENMORE AVENUE
City, State Zip: LOS ANGELES, CA 90004
Phone: (323) 662-0855   Fax: (323) 622-0842
Record ID: 190420AN
Service Type: RES
Resident Capacity: 16
Total Occupancy: 19
Target Population: 1.2 --- MEN ONLY
Expiration Date: 6/30/2018

Program Name: CLEARVIEW TREATMENT PROGRAMS
Legal Name: CLEARVIEW CENTERS, LLC
Address: 2432 AND 2432 1/2 WALNUT AVENUE
City, State Zip: VENICE, CA 90291
Phone: (310) 862-8980   Fax: (310) 862-8822
Record ID: 190438AP
Service Type: RES-DETOX
Resident Capacity: 9
Total Occupancy: 9
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2018
Program Name: CLEARVIEW TREATMENT PROGRAMS
Legal Name: CLEARVIEW CENTERS, LLC
Address: 2435 GLYNDON AVENUE
City, State Zip: VENICE, CA 90291
Phone: (310) 305-2691       Fax: (310) 305-2693
Record ID: 190438CP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2016

Program Name: CLEARVIEW TREATMENT PROGRAMS
Legal Name: CLEARVIEW CENTERS, LLC
Address: 2427 WALNUT AVENUE
City, State Zip: VENICE, CA 90291
Phone: (310) 448-8822       Fax: (310) 448-8833
Record ID: 190438DP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2017

Program Name: THE CANYON AT PEACE PARK
Legal Name: THE CANYON AT PEACE PARK
Address: 2890 AND 2900 KANAN DUME ROAD
City, State Zip: MALIBU, CA 90265
Phone: (310) 457-3209       Fax: (310) 457-4440
Record ID: 190441AP
Service Type: RES-DETOX
Resident Capacity: 16
Total Occupancy: 16
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2018

Program Name: CENTER FOR INTEGRATED FAMILY AND HEALTH SERVICES (THE FAMILY CENTER)
Legal Name: CENTER FOR INTEGRATED FAMILY AND HEALTH SERVICES, INCORPORATED
Address: 540 SOUTH EREMLAND DRIVE, SUITES A-D
City, State Zip: COVINA, CA 91723
Phone: (626) 967-5103       Fax: (626) 967-1339
Record ID: 190442AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2018

Program Name: H.O.W. HOUSE
Legal Name: THE CENTER FOR RECOVERY FROM COMPULSIVITIES, INC.
Address: 14100, 14100 1/2, AND 14100 1/4 GLENGYLE STREET
City, State Zip: WHITTIER, CA 90604-2434
Phone: (562) 777-1222       Fax: (562) 906-1222
Record ID: 190450AN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 9/30/2016

Program Name: HARBOUR AREA HALFWAY HOUSES, INC.
Legal Name: HARBOUR AREA HALF-WAY HOUSES, INC.
Address: 940 DAWSON AVENUE
City, State Zip: LONG BEACH, CA 90804
Phone: (562) 434-0036       Fax: (562) 434-5196
Record ID: 190454AN
Service Type: RES
Resident Capacity: 15
Total Occupancy: 15
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 3/31/2017
Program Name: ALCOHOL & DRUG PROGRAM
Legal Name: CHILD & FAMILY CENTER
Address: 21545 CENTRE POINTE PARKWAY
City, State Zip: SANTA CLARITA, CA 91350
Phone: (661) 259-9439 Fax: (661) 250-8755
Record ID: 190459AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2017

Program Name: ABSOLUTE CONTROL TRANSITIONAL COUNSELING CENTER
Legal Name: ABSOLUTE CONTROL TRANSITIONAL COUNSELING CENTER INC.
Address: 3111 WINONA AVENUE, SUITE 201
City, State Zip: BURBANK, CA 91504
Phone: (626) 792-8797 Fax: (626) 792-8798
Record ID: 190462AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2017

Program Name: SUBSTANCE ABUSE PREVENTION AND TREATMENT PROGRAM, DIV. OF ADOLESCENT MED., CHILD
Legal Name: CHILDREN'S HOSPITAL LOS ANGELES
Address: 5000 SUNSET BOULEVARD, 7TH FLOOR, SUITE 701
City, State Zip: LOS ANGELES, CA 90027
Phone: (323) 361-2463 Fax: (323) 913-7951
Record ID: 190473AN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 5/31/2017

Program Name: CLIFFSIDE MALIBU
Legal Name: CLIFFSIDE MALIBU
Address: 30060 ANDROMEDA LANE
City, State Zip: MALIBU, CA 90265
Phone: (310) 589-2800 Fax: (310) 589-2802
Record ID: 190474AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2017

Program Name: INGLEWOOD AREA ALCOHOL AND DRUG PROGRAM
Legal Name: LEWIS PROFESSIONAL SERVICES, INCORPORATED
Address: 400 SOUTH LA BREA, SUITE # 101,102, 200, 202, 203, 204 AND 205
City, State Zip: INGLEWOOD, CA 90301
Phone: (310) 674-6267 Fax: (310) 673-5904
Record ID: 190480AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2018

Program Name: VALLEY WOMEN'S CENTER
Legal Name: VALLEY WOMEN'S CENTER, INC.
Address: 22110 ROSCOE BOULEVARD, SUITE 204
City, State Zip: CANOGA PARK, CA 91304
Phone: (818) 713-8700 Fax: (818) 713-8585
Record ID: 190502AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2018
Program Name: HELPING KIDS TO RECOVER, INC.
Legal Name: HELPING KIDS TO RECOVER, INC.
Address: 637 EAST ALBERTONI STREET, SUITES 200, 201 AND 203
City, State Zip: CARSON, CA 90746
Phone: (310) 217-0616         Fax: (310) 217-0545
Record ID: 190503AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2018

Program Name: NEW HOPE DRUG AND ALCOHOL TREATMENT PROGRAM
Legal Name: NEW HOPE DRUG AND ALCOHOL TREATMENT PROGRAM, INC.
Address: 1841 AND 1841 1/2 WEST IMPERIAL HIGHWAY
City, State Zip: LOS ANGELES, CA 90047
Phone: (323) 750-2850         Fax: (323) 750-0851
Record ID: 190504AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2018

Program Name: COASTAL RECOVERY CENTER
Legal Name: TRANSCULTURAL HEALTH DEVELOPMENT, INC.
Address: 117 EAST HARRY BRIDGES BOULEVARD
City, State Zip: WILMINGTON, CA 90744
Phone: (310) 549-8383         Fax: (310) 549-9304
Record ID: 190511BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2017

Program Name: PASSAGES EAST
Legal Name: FEDERAL RECOVERY SYSTEMS LLC
Address: 6439 (B) SYCAMORE MEADOWS DRIVE
City, State Zip: MALIBU, CA 90265
Phone: (310) 589-2880         Fax: (310) 464-6592
Record ID: 190516AP
Service Type: RES-DETOX
Resident Capacity: 5
Total Occupancy: 5
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2017

Program Name: PASSAGES NORTHEAST
Legal Name: FEDERAL RECOVERY SYSTEMS LLC
Address: 6428 - B MEADOWS COURT
City, State Zip: MALIBU, CA 90265
Phone: (310) 589-2880         Fax: (310) 464-6592
Record ID: 190516BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2017

Program Name: EATON CANYON TREATMENT CENTER
Legal Name: EATON CANYON RECOVERY SERVICES, INC.
Address: 3323 EAST FAIRPOINT STREET
City, State Zip: PASADENA, CA 91107
Phone: (626) 798-0150         Fax: (626) 798-8685
Record ID: 190521AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 9
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2018
Program Name: THE NEW YOU CENTER, INC.
Legal Name: THE NEW YOU CENTER, INC.
Address: 1030 WEST FLORENCE AVENUE
City, State Zip: LOS ANGELES, CA 90044
Phone: (323) 750-7580        Fax: (323) 758-6095
Record ID: 190525AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2016

Program Name: KB RECOVERY
Legal Name: KEVIN BABAYAN
Address: 15722 TUPPER STREET
City, State Zip: NORTH HILLS, CA 91343
Phone: (818) 231-8054        Fax: (818) 892-9471
Record ID: 190527AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2018

Program Name: WEINGART CENTER ASSOCIATION/EPIC
Legal Name: WEINGART CENTER ASSOCIATION
Address: 554 AND 566 SOUTH SAN PEDRO STREET, 4TH, 7TH AND 8TH FLOOR
City, State Zip: LOS ANGELES, CA 90013
Phone: (213) 689-2122        Fax: (213) 623-0408
Record ID: 190541AN
Service Type: RES
Resident Capacity: 85
Total Occupancy: 85
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2017

Program Name: WEINGART CENTER ASSOCIATION
Legal Name: WEINGART CENTER ASSOCIATION
Address: 566 SOUTH SAN PEDRO STREET, MEZANINE
City, State Zip: LOS ANGELES, CA 90013
Phone: (213) 689-2153        Fax: (213) 623-0408
Record ID: 190541BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2017

Program Name: CHARTER OAK RECOVERY CENTER
Legal Name: AURORA CHARTER OAK - LOS ANGELES, LLC
Address: 1161 EAST COVINA BOULEVARD, BUILDING C
City, State Zip: COVINA, CA 91724
Phone: (626) 966-1632
Record ID: 190551AP
Service Type: RES
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2016

Program Name: MALIBU BEACH RECOVERY CENTER
Legal Name: MALIBU BEACH RECOVERY CENTER, LLC
Address: 1752 CORRAL CANYON ROAD
City, State Zip: MALIBU, CA 90265
Phone: (310) 589-2407        Fax: (818) 301-2519
Record ID: 190562AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2017
Program Name: MALIBU BEACH RECOVERY CENTER - IOP
Legal Name: MALIBU BEACH RECOVERY CENTER, LLC
Address: 15415 W. SUNSET BOULEVARD, SUITE 200
City, State Zip: PACIFIC PALISADES, CA 90272
Phone: (310) 589-2407 Fax: (818) 301-2519
Record ID: 190562BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2016

Program Name: MALIBU BEACH RECOVERY CENTER - BRENTWOOD HOUSE
Legal Name: MALIBU BEACH RECOVERY CENTER, LLC
Address: 101 SOUTH SALTAIR AVENUE
City, State Zip: LOS ANGELES, CA 90049
Phone: (310) 589-2407 Fax: (818) 301-2519
Record ID: 190562CP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2016

Program Name: MALIBU BEACH RECOVERY CENTER
Legal Name: MALIBU BEACH RECOVERY CENTER, LLC
Address: 4322 ESCONDIDO DRIVE
City, State Zip: MALIBU, CA 90265
Phone: (424) 235-2348
Record ID: 190562EP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2017

Program Name: ALCOHOL AND SUBSTANCE ABUSE PROGRAMS, INC.
Legal Name: ALCOHOL AND SUBSTANCE ABUSE PROGRAMS, INC.
Address: 1084 & 1092 NEW YORK DRIVE
City, State Zip: ALTADENA, CA 91001
Phone: (818) 421-7890 Fax: (626) 798-2777
Record ID: 190569AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2017

Program Name: SUNSET MALIBU
Legal Name: SUNSET MALIBU
Address: 30042 ANDROMEDA LANE
City, State Zip: MALIBU, CA 90265
Phone: (310) 457-9500 Fax: (310) 457-9544
Record ID: 190575BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2018

Program Name: AUTHENTIC RECOVERY CENTER
Legal Name: AUTHENTIC RECOVERY, LLC
Address: 2203 OVERLAND AVENUE
City, State Zip: LOS ANGELES, CA 90064
Phone: (310) 497-7236 Fax: (310) 474-1906
Record ID: 190577AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2017
Program Name: AUTHENTIC RECOVERY CENTER
Legal Name: AUTHENTIC RECOVERY, LLC
Address: 2207 PELHAM AVENUE
City, State Zip: LOS ANGELES, CA 90064
Phone: (310) 401-4692 Fax: (310) 481-2264
Record ID: 190577BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2018

Program Name: PLAZA COMMUNITY SERVICES
Legal Name: PLAZA COMMUNITY CENTER, A CALIFORNIA NONPROFIT RELIGIOUS CORPORATION
Address: 5255 POMONA BOULEVARD, SUITES 2 AND 5A
City, State Zip: LOS ANGELES, CA 90022
Phone: (323) 888-2530 Fax: (323) 726-3510
Record ID: 190582AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2017

Program Name: HARBOR AREA SUBSTANCE ABUSE TREATMENT CENTER
Legal Name: HACC INC.
Address: 599 WEST 9TH STREET
City, State Zip: SAN PEDRO, CA 90731
Phone: (310) 831-0331 Fax: (310) 831-0004
Record ID: 190586AP
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 11/30/2017

Program Name: DIVINE HEALTHCARE SERVICES, INC.
Legal Name: DIVINE HEALTHCARE SERVICES, INC.
Address: 405 WEST MANCHESTER BOULEVARD, SUITE A
City, State Zip: INGLEWOOD, CA 90301
Phone: (310) 672-3820
Record ID: 190604AN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 5/31/2018

Program Name: YOUR EMPOWERING SOLUTIONS
Legal Name: YOUR EMPOWERING SOLUTIONS
Address: 4020 PALOS VERDES DRIVE NORTH, SUITE 201
City, State Zip: ROLLING HILLS ESTATE, CA 90274
Phone: (310) 541-6350 Fax: (310) 541-6497
Record ID: 190605AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2018

Program Name: CIVIGENICS, INC., LONG BEACH FACILITY
Legal Name: COMMUNITY EDUCATION CENTERS, INC., DBA CALIFORNIA AS CEC INTL., INC.
Address: 2233 EAST 69TH STREET
City, State Zip: LONG BEACH, CA 90805
Phone: (562) 663-0711 Fax: (562) 663-1343
Record ID: 190606AP
Service Type: RES
Resident Capacity: 112
Total Occupancy: 112
Target Population: 1.2 --- MEN ONLY
Expiration Date: 5/31/2018
Program Name: SUMMIT MALIBU
Legal Name: MALIBU LIGHTHOUSE TREATMENT CENTER, LLC
Address: 28011 PAQUET PLACE
City, State Zip: MALIBU, CA 90265
Phone: (310) 457-0787       Fax: (310) 457-8067
Record ID: 190612BP
Service Type: RES-DETOX
Resident Capacity: 7
Total Occupancy: 7
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2018

Program Name: SUMMIT MALIBU LOWER
Legal Name: MALIBU LIGHTHOUSE TREATMENT CENTER, LLC
Address: 27026 SEA VISTA DRIVE
City, State Zip: MALIBU, CA 90265
Phone: (310) 457-0787
Record ID: 190612CP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2016

Program Name: SOUTHWEST SUBSTANCE ABUSE TREATMENT CENTER
Legal Name: SOUTHWEST CARE, INC.
Address: 2930 WEST IMPERIAL HIGHWAY, SUITE 511
City, State Zip: INGLEWOOD, CA 90303
Phone: (323) 777-0444
Record ID: 190615AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2018

Program Name: PROMISES TREATMENT CENTERS IV
Legal Name: PROMAL4, INC.
Address: 20729 ROCKCROFT DRIVE
City, State Zip: MALIBU, CA 90265
Phone: (310) 390-2340       Fax: (310) 741-3062
Record ID: 190617AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2016

Program Name: DIXON RECOVERY INSTITUTE, INC.
Legal Name: DIXON RECOVERY INSTITUTE, INC.
Address: 1512 W. SLAUSON AVENUE, ROOMS 103, 202 & 210
City, State Zip: LOS ANGELES, CA 90047
Phone: (323) 244-5677       Fax: (866) 582-9013
Record ID: 190622AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2018

Program Name: PROMISES TREATMENT CENTERS III
Legal Name: SBAR2 INC.
Address: 3743 SOUTH BARRINGTON AVENUE
City, State Zip: LOS ANGELES, CA 90066
Phone: (310) 390-2340
Record ID: 190623AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2016
Program Name: PROMISES TREATMENT CENTERS II
Legal Name: PROMAL2 INC.
Address: 20723 ROCKCROFT DRIVE
City, State Zip: MALIBU, CA 90265
Phone: (310) 390-2340
Record ID: 190624AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2016

Program Name: PROMISES RESIDENTIAL TREATMENT CENTERS
Legal Name: WESTSIDE SOBER LIVING CENTERS, INC.
Address: 20725 ROCKCROFT DRIVE
City, State Zip: MALIBU, CA 90265
Phone: (310) 390-2340
Record ID: 190625AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2016

Program Name: PROMISES RESIDENTIAL TREATMENT CENTERS
Legal Name: WESTSIDE SOBER LIVING CENTERS, INC.
Address: 3743 1/2 SOUTH BARRINGTON AVENUE
City, State Zip: LOS ANGELES, CA 90066
Phone: (310) 390-2340
Record ID: 190625CP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2016

Program Name: PROMISES TREATMENT CENTERS VI
Legal Name: WESTSIDE SOBER LIVING CENTERS, INC.
Address: 20713 ROCKCROFT DRIVE
City, State Zip: MALIBU, CA 90265
Phone: (562) 741-6471 Fax: (562) 741-6488
Record ID: 190625EP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2017

Program Name: PROMISES TREATMENT CENTERS - OUTPATIENT PROGRAM
Legal Name: WESTSIDE SOBER LIVING CENTERS, INC.
Address: 2045 SOUTH BARRINGTON AVENUE SUITE B
City, State Zip: LOS ANGELES, CA 90025
Phone: (310) 268-7717 Fax: (310) 479-3520
Record ID: 190625FP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2017

Program Name: PROFESSIONALS TREATMENT AT PROMISES
Legal Name: WESTSIDE SOBER LIVING CENTERS, INC.
Address: 2515 WILSHIRE BOULEVARD
City, State Zip: SANTA MONICA, CA 90403
Phone: (424) 744-5155 Fax: (310) 943-3389
Record ID: 190625GP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2017
Program Name: RIDGEVIEW RANCH
Legal Name: RIDGEVIEW DRIVE RANCH, LLC
Address: 3085 RIDGEVIEW DRIVE
City, State Zip: ALTADENA, CA 91001
Phone: (626) 482-3478  Fax: (626) 791-1592
Record ID: 190627AP
Service Type: RES
Resident Capacity: 10
Total Occupancy: 10
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2018

Program Name: RIDGEVIEW RANCH II
Legal Name: RIDGEVIEW DRIVE RANCH, LLC
Address: 3323 MARENGO AVENUE
City, State Zip: ALTADENA, CA 91001
Phone: (626) 765-9600  Fax: (626) 765-9605
Record ID: 190627BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 10
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2018

Program Name: MEDI-CURE HEALTH SERVICES, INC.
Legal Name: MEDI-CURE HEALTH SERVICES, INC.
Address: 3756 SANTA ROSALIA DRIVE # 417
City, State Zip: LOS ANGELES, CA 90008
Phone: (323) 295-1136  Fax: (323) 295-1071
Record ID: 190636AN
Service Type: NON
Target Population: 1.5 --- YOUTH/adolescent
Expiration Date: 10/31/2016

Program Name: DAVID & MARGARET YOUTH AND FAMILY SERVICES RECOVERY PROGRAM
Legal Name: DAVID AND MARGARET HOME, INC.
Address: 1350 THIRD STREET
City, State Zip: LA VERNE, CA 91750
Phone: (909) 596-5921 Ext: 3500  Fax: (909) 596-3954
Record ID: 190641AN
Service Type: DSS
Target Population: 1.5 --- YOUTH/adolescent
Expiration Date: 5/31/2017

Program Name: MILESTONES 1, THE RANCH MALIBU VENTURE 1
Legal Name: THE RANCH MALIBU VENTURE 1
Address: 200 VERA CANYON ROAD
City, State Zip: MALIBU, CA 90265
Phone: (818) 879-9110  Fax: (818) 879-9011
Record ID: 190649AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2017

Program Name: MILESTONES 2, THE RANCH MALIBU VENTURE 1
Legal Name: THE RANCH MALIBU VENTURE 1
Address: 221 VERA CANYON ROAD
City, State Zip: MALIBU, CA 90265
Phone: (818) 879-9110  Fax: (818) 879-9011
Record ID: 190649BP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2017
Program Name: PASSAGES 8  
Legal Name: 6390/6390A MEADOWS COURT LLC  
Address: 6390 MEADOWS COURT  
City, State Zip: MALIBU, CA 90265  
Phone: (310) 589-2880  
Fax: (310) 589-2869  
Record ID: 190650AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 9/30/2016

Program Name: PASSAGES 9  
Legal Name: 6390A MEADOWS COURT LLC  
Address: 6390 MEADOWS COURT (REAR GUEST HOUSE)  
City, State Zip: MALIBU, CA 90265  
Phone: (310) 589-2880  
Fax: (310) 589-2869  
Record ID: 190652AP  
Service Type: RES-DETOX  
Resident Capacity: 5  
Total Occupancy: 5  
Target Population: 1.1 --- CO-ED  
Expiration Date: 9/30/2016

Program Name: 2ND CHANCE FOR RECOVERY  
Legal Name: 2ND CHANCE FOR RECOVERY, INC.  
Address: 600 E 7TH STREET, SUITE 104 & 105  
City, State Zip: LOS ANGELES, CA 90021  
Phone: (818) 590-0111  
Record ID: 190653AN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 7/31/2016

Program Name: SERENITY MALIBU  
Legal Name: SEASONS RECOVERY CENTERS LLC  
Address: 6021 GALAHAD ROAD  
City, State Zip: MALIBU, CA 90265  
Phone: (424) 234-2044  
Fax: (818) 337-0365  
Record ID: 190655AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 8  
Target Population: 1.1 --- CO-ED  
Expiration Date: 4/30/2017

Program Name: SEASONS AGOURA  
Legal Name: SEASONS RECOVERY CENTERS LLC  
Address: 5850 LAPWORTH DRIVE  
City, State Zip: AGOURA HILLS, CA 91301  
Phone: (747) 222-7802  
Fax: (424) 235-2017  
Record ID: 190655CP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 6/30/2017

Program Name: YOU CAN ALCOHOL AND DRUG COUNSELING AND EDUCATION PROGRAM  
Legal Name: YOU CAN HEALTH SERVICES  
Address: 600 WEST MANCHESTER AVENUE, SUITE 5  
City, State Zip: LOS ANGELES, CA 90044  
Phone: (310) 349-9778  
Record ID: 190656AN  
Service Type: NON  
Target Population: 1.5 --- YOUTH/ADOLESCENT  
Expiration Date: 9/30/2016
<table>
<thead>
<tr>
<th>Program Name</th>
<th>Legal Name</th>
<th>Address</th>
<th>City, State Zip</th>
<th>Phone</th>
<th>Fax</th>
<th>Record ID</th>
<th>Service Type</th>
<th>Resident Capacity</th>
<th>Total Occupancy</th>
<th>Target Population</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLIFFSIDE MALIBU II</td>
<td>CLIFFSIDE MALIBU II</td>
<td>5853 BUSCH DRIVE</td>
<td>MALIBU, CA 90265</td>
<td>(800) 332-9202</td>
<td>(310) 457-1272</td>
<td>190658AP</td>
<td>RES-DETOX</td>
<td>6</td>
<td>6</td>
<td>1.1 --- CO-ED</td>
<td>2/28/2017</td>
</tr>
<tr>
<td>SOBA TREATMENT CENTER</td>
<td>SOBALIVING LLC.</td>
<td>22677 PACIFIC COAST HIGHWAY</td>
<td>MALIBU, CA 90265</td>
<td>(310) 457-5250</td>
<td></td>
<td>190664AP</td>
<td>RES-DETOX</td>
<td>6</td>
<td>6</td>
<td>1.1 --- CO-ED</td>
<td>4/30/2017</td>
</tr>
<tr>
<td>SOBA RECOVERY CENTER</td>
<td>SOBALIVING LLC.</td>
<td>27437 WINDING WAY</td>
<td>MALIBU, CA 90265</td>
<td>(310) 589-2180</td>
<td>(310) 919-3667</td>
<td>190664BP</td>
<td>RES-DETOX</td>
<td>6</td>
<td>6</td>
<td>1.1 --- CO-ED</td>
<td>7/31/2018</td>
</tr>
<tr>
<td>FAMILY UNITED-N-NEW BEGINNINGS</td>
<td>FAMILY UNITED-N-NEW BEGINNINGS</td>
<td>11616 HAWTHORNE BOULEVARD, SUITE 202</td>
<td>HAWTHORNE, CA 90250</td>
<td>(310) 467-5142</td>
<td>(323) 299-0058</td>
<td>190669AN</td>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td></td>
<td></td>
<td>6/30/2016</td>
</tr>
<tr>
<td>ETTIE LEE YOUTH AND FAMILY SERVICES DRUG/ALCOHOL TREATMENT PROGRAMS</td>
<td>ETTIE LEE HOMES, INC.</td>
<td>160 EAST HOLT</td>
<td>POMONA, CA 91767</td>
<td>(909) 620-2521</td>
<td>(909) 620-9793</td>
<td>190673AN</td>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td></td>
<td></td>
<td>5/31/2017</td>
</tr>
<tr>
<td>HANNAH’S FIRST STEP TREATMENT CENTER</td>
<td>HANNAH’S HOUSE</td>
<td>5900 SOUTH EASTERN AVENUE, SUITE 186</td>
<td>COMMERCE, CA 90040</td>
<td>(323) 278-6501</td>
<td>(323) 278-6515</td>
<td>190678AN</td>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td></td>
<td></td>
<td>10/31/2016</td>
</tr>
</tbody>
</table>
Program Name: HOLY ADDICTION CARE CENTER, INC.
Legal Name: HOLY ADDICTION CARE CENTER, INC.
Address: 111 NORTH GLENDALE BOULEVARD, SUITE B
City, State Zip: LOS ANGELES, CA 90026
Phone: (213) 481-8279 Fax: (213) 481-9944
Record ID: 190685AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiry Date: 11/30/2016

Program Name: OCEANSIDE MALIBU
Legal Name: OCEANSIDE TRANSITIONAL LIVING IN MALIBU, INC.
Address: 21022 PACIFIC COAST HIGHWAY
City, State Zip: MALIBU, CA 90265
Phone: (310) 456-3355 Fax: (310) 456-3305
Record ID: 190687AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiry Date: 5/31/2017

Program Name: JOURNEY MALIBU
Legal Name: BELLA LA VITA COMPANY
Address: 22516 CARBON MESA
City, State Zip: MALIBU, CA 90265
Phone: (310) 456-6916 Fax: (310) 317-6166
Record ID: 190688AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiry Date: 10/31/2016

Program Name: JOURNEY MALIBU II
Legal Name: BELLA LA VITA COMPANY
Address: 26190 INGLESIDE WAY
City, State Zip: MALIBU, CA 90265
Phone: (310) 456-6916 Fax: (310) 317-6166
Record ID: 190688BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiry Date: 5/31/2016

Program Name: KLEAN WEST HOLLYWOOD
Legal Name: KLEAN W. HOLLYWOOD, LLC
Address: 840, 842, 844, 846, 848, 850, 852, 852 1/2, 854 HILLDALE AVENUE
City, State Zip: WEST HOLLYWOOD, CA 90069
Phone: (310) 895-7095 Fax: (310) 358-0680
Record ID: 190692AP
Service Type: RES-DETOX
Resident Capacity: 26
Total Occupancy: 26
Target Population: 1.1 --- CO-ED
Expiry Date: 12/31/2016

Program Name: KLEAN W. HOLLYWOOD OUTPATIENT
Legal Name: KLEAN W. HOLLYWOOD, LLC
Address: 9000 SUNSET BOULEVARD, SUITE 650-B
City, State Zip: WEST HOLLYWOOD, CA 90069
Phone: (310) 922-2264
Record ID: 190692HP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiry Date: 6/30/2018
Program Name: SEASONS IN MALIBU
Legal Name: SEASONS RECOVERY CENTERS LLC
Address: 32223 PACIFIC COAST HIGHWAY
City, State Zip: MALIBU, CA 90265
Phone: (424) 457-8396     Fax: (424) 235-2017
Record ID: 190695AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2018

Program Name: AVALON-CARVER COMMUNITY CENTER
Legal Name: AVALON-CARVER COMMUNITY CENTER
Address: 4920 SOUTH AVALON BOULEVARD
City, State Zip: LOS ANGELES, CA 90011
Phone: (323) 232-4391     Fax: (323) 234-1008
Record ID: 190702AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2017

Program Name: THE HILLS TREATMENT CENTER, LLC
Legal Name: THE HILLS TREATMENT CENTER, LLC
Address: 8147, 8171 AND 8207 MULHOLLAND DRIVE, AND 8507 WILLOW GLEN ROAD
City, State Zip: LOS ANGELES, CA 90046
Phone: (323) 791-5489     Fax: (877) 729-8207
Record ID: 190703AP
Service Type: RES-DETOX
Resident Capacity: 21
Total Occupancy: 21
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2016

Program Name: CHAPMAN HOUSE
Legal Name: CHAPMAN HOUSE, INC.
Address: 834 PACIFIC AVENUE
City, State Zip: LONG BEACH, CA 90813
Phone: (714) 742-2909     Fax: (714) 288-6130
Record ID: 190706AP
Service Type: RES
Resident Capacity: 37
Total Occupancy: 37
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 6/30/2018

Program Name: PACIFIC LODGE YOUTH SERVICES, INC.
Legal Name: PACIFIC LODGE YOUTH SERVICES, INC.
Address: 22030 SHERMAN WAY, SUITE 215
City, State Zip: CANOGA PARK, CA 91303
Phone: (818) 347-1577     Fax: (818) 883-5452
Record ID: 190711AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2017

Program Name: PACIFICA RECOVERY, INC.
Legal Name: PACIFICA RECOVERY, INC.
Address: 415 WEST FOOTHILL BOULEVARD, SUITES 210 AND 211
City, State Zip: CLAREMONT, CA 91711
Phone: (919) 447-5081     Fax: (919) 447-5974
Record ID: 190712AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2017
Program Name: MELA COUNSELING SERVICES CENTER, INC.
Legal Name: MELA COUNSELING SERVICES CENTER, INC.
Address: 5723 WHITTIER BOULEVARD
City, State Zip: LOS ANGELES, CA 90022-4222
Phone: (323) 721-6855 Fax: (323) 721-8631
Record ID: 190713AN
Service Type: NON
Target Population: 1.10 --- CO-ED/YOUTH
Expiration Date: 3/31/2017

Program Name: EGGLESTON SUBSTANCE ABUSE AND EDUCATION PROGRAM
Legal Name: EGGLESTON YOUTH CENTERS, INC.
Address: 13001 RAMONA BOULEVARD, SUITES E AND J
City, State Zip: IRWINDALE, CA 91706
Phone: (626) 786-5020
Record ID: 190716AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2017

Program Name: MINI HOUSE RESIDENTIAL TREATMENT
Legal Name: JWCH INSTITUTE, INC.
Address: 303 EAST 52ND STREET
City, State Zip: LOS ANGELES, CA 90011
Phone: (323) 813-0200 Fax: (323) 813-0207
Record ID: 190718AN
Service Type: RES
Resident Capacity: 31
Total Occupancy: 31
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 4/30/2017

Program Name: SOLUTION FAMILY RESOURCE CENTER
Legal Name: JWCH INSTITUTE, INC.
Address: 1218 EAST COMPTON BOULEVARD
City, State Zip: COMPTON, CA 90221
Phone: (310) 608-1505 Fax: (310) 608-1406
Record ID: 190718BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2017

Program Name: CENTER FOR COMMUNITY HEALTH
Legal Name: JWCH INSTITUTE, INC.
Address: 522 S SAN PEDRO STREET
City, State Zip: LOS ANGELES, CA 90013
Phone: (213) 486-4050 Fax: (213) 627-4015
Record ID: 190718CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2018

Program Name: ALTERNATIVES RECOVERY
Legal Name: SPENCER RECOVERY CENTERS, INC.
Address: 2530 HYPERION AVENUE
City, State Zip: LOS ANGELES, CA 90027
Phone: (949) 313-5223
Record ID: 190721AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2017

Program Name: PROMINENCE TREATMENT CENTER
Legal Name: PROMINENCE CORPORATION
Address: 2150 COLD CANYON ROAD
City, State Zip: CALABASAS, CA 91302
Phone: (818) 591-6869 Fax: (818) 914-6279
Record ID: 190722AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 12
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2017
Program Name: MALIBU CANYON REHABILITATION
Legal Name: PROMINENCE CORPORATION
Address: 4505 LAS VIRGENES ROAD, SUITE 205 & 207
City, State Zip: CALABASAS, CA 91302-1956
Phone: (818) 878-6900         Fax: (818) 878-6902
Record ID: 190722BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2017

Program Name: PROMINENCE TREATMENT CENTER
Legal Name: PROMINENCE CORPORATION
Address: 25053 MULHOLLAND HIGHWAY
City, State Zip: CALABASAS, CA 91302
Phone: (818) 225-8102         Fax: (818) 914-6840
Record ID: 190722CP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2018

Program Name: THE CONTROL CENTER, INC.
Legal Name: CONTROL CENTER, INC.
Address: 8383 WILSHIRE BOULEVARD, SUITE 228
City, State Zip: BEVERLY HILLS, CA 90211-2433
Phone: (310) 271-8700         Fax: (310) 271-8703
Record ID: 190723AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2017

Program Name: LA FUENTE HOLLYWOOD TREATMENT CENTER LLC
Legal Name: LA FUENTE HOLLYWOOD TREATMENT CENTER LLC
Address: 5718 & 5718 1/2 FOUNTAIN AVENUE
City, State Zip: LOS ANGELES, CA 90028
Phone: (323) 464-2947         Fax: (323) 464-2947
Record ID: 190725AP
Service Type: RES-DETOX
Resident Capacity: 10
Total Occupancy: 10
Target Population: 1.10 --- CO-ED/YOUTH
Expiration Date: 9/30/2017

Program Name: AXIS RESIDENTIAL TREATMENT CENTER - WEST
Legal Name: AXIS RESIDENTIAL TREATMENT CENTER - WEST
Address: 4022 HURON AVENUE
City, State Zip: CULVER CITY, CA 90232
Phone: (310) 838-3640         Fax: (310) 453-9532
Record ID: 190727AP
Service Type: RES-DETOX
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2017

Program Name: HEALTHRIGHT 360
Legal Name: HEALTHRIGHT 360
Address: 12423 DAHLIA AVENUE
City, State Zip: EL MONTE, CA 91732
Phone: (626) 258-0324         Fax: (415) 970-7518
Record ID: 190728AN
Service Type: RES
Resident Capacity: 72
Total Occupancy: 102
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2017
Program Name: HEALTHRIGHT 360
Legal Name: HEALTHRIGHT 360
Address: 2307 WEST 6TH STREET
City, State Zip: LOS ANGELES, CA 90057
Phone: (415) 970-7500
Record ID: 190728BN
Service Type: RES
Resident Capacity: 200
Total Occupancy: 200
Target Population: 1.2 --- MEN ONLY
Expiration Date: 9/30/2016

Program Name: HEALTHRIGHT 360
Legal Name: HEALTHRIGHT 360
Address: 145 WEST 22ND STREET
City, State Zip: LOS ANGELES, CA 90007
Phone: (415) 970-7500
Record ID: 190728CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2017

Program Name: INSPIRE MALIBU
Legal Name: MALIBU CALIFORNIA MODEL DRUG TREATMENT CENTER, INC.
Address: 30101 AGOURA COURT
City, State Zip: AGOURA HILLS, CA 91301
Phone: (818) 532-6243 Fax: (818) 532-6244
Record ID: 190729AP
Service Type: NON-DETOX
Target Population: 1.8 --- DUAL DIAGNOSIS
Expiration Date: 10/31/2017

Program Name: INSPIRE MALIBU
Legal Name: MALIBU CALIFORNIA MODEL DRUG TREATMENT CENTER, INC.
Address: 3875 KANAN ROAD
City, State Zip: AGOURA HILLS, CA 91301
Phone: (818) 359-3666 Fax: (818) 532-6244
Record ID: 190729BP
Service Type: RES-DETOX
Resident Capacity: 11
Total Occupancy: 11
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2018

Program Name: INSPIRE MALIBU
Legal Name: MALIBU CALIFORNIA MODEL DRUG TREATMENT CENTER, INC.
Address: 33239 MULHOLLAND HIGHWAY
City, State Zip: MALIBU, CA 90265
Phone: 8185326243X824 Fax: (818) 532-6244
Record ID: 190729DP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2017

Program Name: FFC SUBSTANCE ABUSE DISORDER TREATMENT PROGRAM
Legal Name: FAMILIES FOR CHILDREN INC.
Address: 2504 W. MANCHESTER BOULEVARD
City, State Zip: INGLEWOOD, CA 90305
Phone: (323) 750-5855 Fax: (310) 750-5885
Record ID: 190730AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2017
Program Name: PAX HOUSE
Legal Name: PAX HOUSE, INC.
Address: 324 WAPELLO STREET
City, State Zip: ALTADENA, CA 91001
Phone: (626) 398-3897
Record ID: 190732AP
Service Type: RES-DETOX
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2016

Program Name: PAX HOUSE
Legal Name: PAX HOUSE, INC.
Address: 2052 N. LAKE AVENUE, SUITE F
City, State Zip: ALTADENA, CA 91001
Phone: (323) 821-6226 Fax: (626) 243-4425
Record ID: 190732BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2018

Program Name: CYCLES OF CHANGE RECOVERY SERVICES
Legal Name: DESIGN FOR LIVING BEHAVIOR HEALTH, INC.
Address: 43858 BEECH AVENUE
City, State Zip: LANCASTER, CA 93534
Phone: (661) 729-8155 Fax: (661) 949-8131
Record ID: 190735AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2017

Program Name: CYCLES OF CHANGE II
Legal Name: DESIGN FOR LIVING BEHAVIOR HEALTH, INC.
Address: 36451 EL CAMINO DRIVE
City, State Zip: PALMDALE, CA 93551
Phone: (818) 489-3779 Fax: (661) 800-4827
Record ID: 190735BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2018

Program Name: CYCLES OF CHANGE RECOVERY SERVICES
Legal Name: DESIGN FOR LIVING BEHAVIOR HEALTH, INC.
Address: 1805 WEST AVENUE K, SUITE 202
City, State Zip: LANCASTER, CA 93534
Phone: (661) 948-8390 Fax: (661) 948-8184
Record ID: 190735CP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2018

Program Name: CYCLES OF CHANGE III
Legal Name: DESIGN FOR LIVING BEHAVIOR HEALTH, INC.
Address: 42210 61ST STREET WEST
City, State Zip: LANCASTER, CA 93536
Phone: (661) 846-2662
Record ID: 190735DP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2017
<table>
<thead>
<tr>
<th>Program Name</th>
<th>Legal Name</th>
<th>Address</th>
<th>City, State Zip</th>
<th>Phone</th>
<th>Fax</th>
<th>Record ID</th>
<th>Service Type</th>
<th>Target Population</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADVANCES IN MENTAL HEALTH AND ADDICTIONS TREATMENT, INC.</td>
<td>ADVANCES IN MENTAL HEALTH AND ADDICTIONS TREATMENT, INC.</td>
<td>5199 E. PACIFIC COAST HIGHWAY, SUITE 330N</td>
<td>LONG BEACH, CA 90804</td>
<td>(562) 365-2020</td>
<td>(562) 239-3135</td>
<td>190736AP</td>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td>12/31/2016</td>
</tr>
<tr>
<td>SCHARP - OASIS HOUSE</td>
<td>SOUTHERN CALIFORNIA HEALTH &amp; REHABILITATION PROGRAM</td>
<td>5201 S. VERMONT AVENUE</td>
<td>LOS ANGELES, CA 90037</td>
<td>(323) 751-2677</td>
<td>(323) 751-0971</td>
<td>190745AN</td>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td>6/30/2018</td>
</tr>
<tr>
<td>THE CANYON AT SANTA MONICA</td>
<td>THE CANYON AT SANTA MONICA, LLC</td>
<td>12304 SANTA MONICA BOULEVARD, SUITE #112</td>
<td>LOS ANGELES, CA 90025</td>
<td>(424) 832-7368</td>
<td></td>
<td>190746AN</td>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td>4/30/2018</td>
</tr>
<tr>
<td>BLUEPRINT DEVELOPMENT CENTER</td>
<td>BLUEPRINT DEVELOPMENT CENTER</td>
<td>2501 SYCAMORE LANE</td>
<td>PALMDALE, CA 93551</td>
<td></td>
<td></td>
<td>190749AN</td>
<td>RES</td>
<td>1.1 --- CO-ED</td>
<td>6/30/2018</td>
</tr>
<tr>
<td>H &amp; H TESTING OUTPATIENT</td>
<td>H &amp; H TESTING, INC.</td>
<td>10801 NATIONAL BOULEVARD, SUITE 251, 420 AND 579</td>
<td>LOS ANGELES, CA 90064</td>
<td>(310) 266-3957</td>
<td></td>
<td>190750AP</td>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td>1/31/2017</td>
</tr>
<tr>
<td>MOTIVATIONAL RECOVERY SERVICES, INC.</td>
<td>MOTIVATIONAL RECOVERY SERVICES, INC.</td>
<td>2116 S. CENTRAL AVENUE #2118</td>
<td>LOS ANGELES, CA 90011</td>
<td>(818) 266-6959</td>
<td></td>
<td>190751AN</td>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td>7/31/2018</td>
</tr>
</tbody>
</table>
Program Name: AVALON MALIBU
Legal Name: AVALON BY THE SEA, INC.
WHICH WILL DO BUSINESS IN CALIFORNIA AS MALIBU INTEGRATA
Address: 32430 PACIFIC COAST HIGHWAY
City, State Zip: MALIBU, CA 90265
Phone: (310) 457-9111 Fax: (310) 457-3013
Record ID: 190752AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2016

Program Name: AVALON MALIBU
Legal Name: AVALON BY THE SEA, INC.
WHICH WILL DO BUSINESS IN CALIFORNIA AS MALIBU INTEGRATA
Address: 29350 PACIFIC COAST HIGHWAY, #9 AND 11
City, State Zip: MALIBU, CA 90265
Phone: (310) 589-0777
Record ID: 190752CP
Service Type: NON-DETOX
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2016

Program Name: HOPE ALIVE COUNSELING CENTERS, LLC
Legal Name: HOPE ALIVE COUNSELING CENTERS, LLC
Address: 4242 LAVINIA AVENUE
City, State Zip: LYNWOOD, CA 90262
Phone: (310) 710-2280
Record ID: 190753AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 8/31/2016

Program Name: HOPE ALIVE COUNSELING CENTERS, LLC
Legal Name: HOPE ALIVE COUNSELING CENTERS, LLC
Address: 11157 ATLANTIC AVENUE
City, State Zip: LYNWOOD, CA 90262
Phone: (310) 710-2280
Record ID: 190753BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2016

Program Name: TURNING POINT ALCOHOL AND DRUG EDUCATION PROGRAM
Legal Name: TURNING POINT ALCOHOL AND DRUG EDUCATION PROGRAM, INC.
Address: 3756 SANTA ROSALIA DRIVE, SUITE 617
City, State Zip: LOS ANGELES, CA 90008
Phone: (323) 810-3153
Record ID: 190758AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2016

Program Name: REBOS
Legal Name: LIVING REBOS, LLC
Address: 1772 S ROBERTSON BOULEVARD
City, State Zip: LOS ANGELES, CA 90035
Phone: (310) 694-5590
Record ID: 190759AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2016
Program Name: VISIONS TREATMENT CENTERS, LLC
Legal Name: VISIONS TREATMENT CENTERS, LLC
Address: 119 BARRINGTON WALK AND 115 BARRINGTON WALK
City, State Zip: LOS ANGELES, CA 90049
Phone: (310) 476-0033
Record ID: 190760AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2016

Program Name: SOVEREIGN HEALTH OF CALIFORNIA
Legal Name: DUAL DIAGNOSIS TREATMENT CENTER, INC.
Address: 6167 BRISTOL PARKWAY, SUITE 100
City, State Zip: CULVER CITY, CA 90230
Phone: (424) 207-2220 Fax: (424) 207-2217
Record ID: 190762AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2017

Program Name: SOVEREIGN HEALTH OF LOS ANGELES I
Legal Name: DUAL DIAGNOSIS TREATMENT CENTER, INC.
Address: 12832 SHORT AVENUE
City, State Zip: LOS ANGELES, CA 90066
Phone: (949) 923-7895
Record ID: 190762BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2017

Program Name: ARTEMIS HILL RECOVERY
Legal Name: ARTEMIS HILL RECOVERY INC.
Address: 1858 LEES AVENUE
City, State Zip: LONG BEACH, CA 90815
Phone: (562) 431-8459
Record ID: 190763AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 11/30/2016

Program Name: THE DISCOVERY HOUSE RESIDENTIAL TREATMENT
Legal Name: THE DISCOVERY HOUSE, LLC
Address: 6957 ENFIELD AVENUE AND 6956 BERTRAND AVENUE AND 6953 ENFIELD AVENUE
City, State Zip: RESEDA, CA 91332
Phone: (805) 228-2826 Fax: (805) 419-4516
Record ID: 190764AP
Service Type: RES-DETOX
Resident Capacity: 34
Total Occupancy: 34
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2017

Program Name: TDH FAMILY CONSULTING OUTPATIENT HEALTHCARE SERVICES
Legal Name: THE DISCOVERY HOUSE, LLC
Address: 17635 VANOWEN STREET
City, State Zip: VAN NUYS, CA 91406
Phone: (805) 228-2826 Fax: (818) 401-9387
Record ID: 190764DP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2017
Program Name: PROGRESSIONS TLC, LLC
Legal Name: PROGRESSIONS TLC, LLC
Address: 5510 WILBUR AVENUE
City, State Zip: TARZANA, CA 91356
Phone: (818) 324-2507 Fax: (888) 310-4278
Record ID: 190768AP
Service Type: RES-DETOX
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2017

Program Name: ELIJAH’S HOUSE TREATMENT CENTER
Legal Name: ELIJAH’S HOUSE TX CORP.
Address: 1617 ASBURY DRIVE
City, State Zip: PASADENA, CA 91104
Phone: (626) 394-9565 Fax: (626) 696-3242
Record ID: 190769AP
Service Type: RES
Resident Capacity: 10
Total Occupancy: 10
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2017

Program Name: ELIJAH’S HOUSE TREATMENT CENTER
Legal Name: ELIJAH’S HOUSE TX CORP
Address: 1372 E WALNUT STREET, SUITE B
City, State Zip: PASADENA, CA 91106
Phone: (877) 557-4477 Fax: (626) 389-4110
Record ID: 190769BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2017

Program Name: HELPFUL HANDS DRUG AND ALCOHOL OUTPATIENT PROGRAM, INC.
Legal Name: HELPFUL HANDS DRUG AND ALCOHOL OUTPATIENT PROGRAM, INC.
Address: 1249 S. LA BREA AVENUE
City, State Zip: LOS ANGELES, CA 90019
Phone: (323) 931-4647 Fax: (323) 931-4748
Record ID: 190770AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2017

Program Name: THE BEACH HOUSE
Legal Name: JAMES & BENTZ, INC.
Address: 31450 BROAD BEACH ROAD
City, State Zip: MALIBU, CA 90265
Phone: (424) 644-0808 Fax: (424) 644-0990
Record ID: 190773AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2017

Program Name: EXODUS RECOVERY INTEGRATED CLINIC
Legal Name: EXODUS RECOVERY, INC.
Address: 1920 MARENGO STREET
City, State Zip: LOS ANGELES, CA 90033
Phone: (310) 945-3350 Fax: (310) 840-7023
Record ID: 190774AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2017
Program Name: HARMONY DETOX CENTER
Legal Name: HARMONY HOLLYWOOD LLC
Address: 826 NORTH MARIPOSA AVENUE
City, State Zip: LOS ANGELES, CA 90029
Phone: (323) 375-5356 Fax: (323) 454-4598
Record ID: 190775BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2018

Program Name: HOLLYWOOD DETOX CENTER
Legal Name: HARMONY HOLLYWOOD LLC
Address: 830 & 832 NORTH MARIPOSA AVENUE
City, State Zip: LOS ANGELES, CA 90029
Phone: (323) 375-5356 Fax: (323) 454-4598
Record ID: 190775CP
Service Type: RES-DETOX
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2018

Program Name: PACIFIC VIEW RECOVERY CENTER
Legal Name: PACIFIC VIEW RECOVERY CENTER
Address: 643 PACIFIC STREET, UNITS 1, 2, 3 AND 4
City, State Zip: SANTA MONICA, CA 90405
Phone: (760) 641-3972 Fax: (310) 202-7604
Record ID: 190776AP
Service Type: RES-DETOX
Resident Capacity: 20
Total Occupancy: 20
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2017

Program Name: 1736 FAMILY CRISIS CENTER
Legal Name: 1736 FAMILY CRISIS CENTER
Address: 21707 HAWTHORNE BOULEVARD, SUITE 300
City, State Zip: TORRANCE, CA 90503
Phone: (310) 543-9900
Record ID: 190777AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2018

Program Name: 1736 FAMILY CRISIS CENTER
Legal Name: 1736 FAMILY CRISIS CENTER
Address: 2116 ARLINGTON AVENUE, SUITE 200
City, State Zip: LOS ANGELES, CA 90018
Phone: (310) 543-9900
Record ID: 190777BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2018

Program Name: KOOL LIVING RECOVERY CENTER
Legal Name: KOOL LIVING, INC.
Address: 20138 ELKWOOD STREET
City, State Zip: WINNETKA, CA 91306-2312
Phone: (818) 626-8704 Fax: (707) 202-0622
Record ID: 190778AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2017
Program Name: KOOL LIVING, INC.
Legal Name: KOOL LIVING, INC.
Address: 20944 SHERMAN WAY, #206 B
City, State Zip: CANOGA PARK, CA 91303
Phone: (866) 921-3778         Fax: (747) 202-0622
Record ID: 190778BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2016

Program Name: KOOL LIVING RECOVERY CENTER
Legal Name: KOOL LIVING, INC.
Address: 18960 KESWICK STREET
City, State Zip: RESEDA, CA 91335
Phone: (818) 862-9180         Fax: (747) 202-0622
Record ID: 190778CP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2018

Program Name: KOOL LIVING RECOVERY CENTER
Legal Name: KOOL LIVING, INC.
Address: 7735 WINNETKA AVENUE
City, State Zip: WINNETKA, CA 91306
Phone: (951) 427-4807         Fax: (747) 202-0622
Record ID: 190778DP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2018

Program Name: CORNERSTONE OUTPATIENT TREATMENT PROGRAM
Legal Name: SAN FERNANDO VALLEY COMMUNITY MENTAL HEALTH CENTER, INCORPORATED
Address: 5950 CEDROS STREET
City, State Zip: VAN NUYS, CA 91411
Phone: (818) 901-4836         Fax: (818) 376-0044
Record ID: 190780AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2017

Program Name: WB COMMUNITY LEARNING CENTER, INC.
Legal Name: W.B. COMMUNITY LEARNING CENTER
Address: 3425 W. MANCHESTER BOULEVARD, #106
City, State Zip: INGLEWOOD, CA 90305
Phone: (323) 778-7254         Fax: (323) 777-1025
Record ID: 190782AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2016

Program Name: NATIONWIDE DRUG AND ALCOHOL COUNSELING, INC.
Legal Name: NATIONWIDE DRUG AND ALCOHOL COUNSELING, INC.
Address: 1040 ELM AVENUE, SUITE 310
City, State Zip: LONG BEACH, CA 90813
Phone: (562) 901-6880
Record ID: 190784AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2017
Program Name: COMPATIOR, INC.
Legal Name: Compatrior, Inc.
Address: 9637 CALIFORNIA AVENUE
City, State Zip: SOUTH GATE, CA 90280
Phone: (323) 378-2009
Record ID: 190785AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2018

Program Name: ACADIA MALIBU
Legal Name: ACADIA MALIBU, INC.
Address: 5922 PHILIP AVENUE
City, State Zip: MALIBU, CA 90265
Phone: (310) 457-4417 Fax: (310) 494-0442
Record ID: 190786AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2017

Program Name: ACADIA MALIBU OUTPATIENT
Legal Name: ACADIA MALIBU, INC.
Address: 29350 PACIFIC COAST HIGHWAY, #2B
City, State Zip: MALIBU, CA 90265
Phone: (310) 579-5192
Record ID: 190786BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2016

Program Name: ALO HOUSE RECOVERY CENTERS
Legal Name: ACADIA MALIBU, INC.
Address: 28955 PACIFIC COAST HIGHWAY #200
City, State Zip: MALIBU, CA 90265
Phone: (310) 975-5344 Fax: (310) 494-0442
Record ID: 190786CP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2018

Program Name: ACADIA MALIBU, INC.
Legal Name: ACADIA MALIBU, INC.
Address: 28901 SELFRIDGE DRIVE
City, State Zip: MALIBU, CA 90265
Phone: (310) 975-5344 Fax: (310) 494-0442
Record ID: 190786DP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 4/8/2018

Program Name: BREATHE LIFE HEALING CENTER
Legal Name: BREATHE WEHO TREATMENT SERVICES LLC
Address: 8730 WEST SUNSET BOULEVARD EAST TOWER, 5TH FLOOR
City, State Zip: WEST HOLLYWOOD, CA 90069
Phone: (800) 929-5904 Fax: (800) 763-1597
Record ID: 190788AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2017
<table>
<thead>
<tr>
<th>Program Name:</th>
<th>BREATHE WEHO TREATMENT SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>BREATHE WEHO TREATMENT SERVICES LLC</td>
</tr>
<tr>
<td>Address:</td>
<td>8020 JOVENITA CANYON DRIVE</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>LOS ANGELES, CA 90046</td>
</tr>
<tr>
<td>Phone:</td>
<td>(323) 997-4409</td>
</tr>
<tr>
<td>Fax:</td>
<td>(310) 659-9088</td>
</tr>
<tr>
<td>Record ID:</td>
<td>190788BP</td>
</tr>
<tr>
<td>Service Type:</td>
<td>RES</td>
</tr>
<tr>
<td>Resident Capacity:</td>
<td>6</td>
</tr>
<tr>
<td>Total Occupancy:</td>
<td>6</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>12/31/2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>BRIDGES RECOVERY CENTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>LLMS, LLC</td>
</tr>
<tr>
<td>Address:</td>
<td>15214 LEADWELL STREET</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>VAN NUYS, CA 91405</td>
</tr>
<tr>
<td>Phone:</td>
<td>(818) 465-3988</td>
</tr>
<tr>
<td>Record ID:</td>
<td>190792AP</td>
</tr>
<tr>
<td>Service Type:</td>
<td>RES-DETOX</td>
</tr>
<tr>
<td>Resident Capacity:</td>
<td>6</td>
</tr>
<tr>
<td>Total Occupancy:</td>
<td>6</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>2/28/2018</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>REHOBOTH DRUG AND ALCOHOL PREVENTION CENTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>REHOBOTH DRUG AND ALCOHOL PREVENTION CENTER</td>
</tr>
<tr>
<td>Address:</td>
<td>716 W. COMPTON BOULEVARD</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>COMPTON, CA 90220</td>
</tr>
<tr>
<td>Phone:</td>
<td>(310) 663-0789</td>
</tr>
<tr>
<td>Record ID:</td>
<td>190793AN</td>
</tr>
<tr>
<td>Service Type:</td>
<td>NON</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.8 --- DUAL DIAGNOSIS</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>6/30/2016</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>GROWTH EXTENDED, INC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>GROWTH EXTENDED, INC.</td>
</tr>
<tr>
<td>Address:</td>
<td>15743 COVELLO STREET</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>LAKE BALBOA, CA 91406</td>
</tr>
<tr>
<td>Phone:</td>
<td>8884471116X8</td>
</tr>
<tr>
<td>Fax:</td>
<td>(888) 751-6166</td>
</tr>
<tr>
<td>Record ID:</td>
<td>190794AP</td>
</tr>
<tr>
<td>Service Type:</td>
<td>RES</td>
</tr>
<tr>
<td>Resident Capacity:</td>
<td>6</td>
</tr>
<tr>
<td>Total Occupancy:</td>
<td>6</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>7/31/2018</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>DESIGN FOR CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>DESIGN FOR CHANGE</td>
</tr>
<tr>
<td>Address:</td>
<td>1066 EAST AVENUE J &amp; 44319 11TH STREET EAST</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>LANCASTER, CA 93535</td>
</tr>
<tr>
<td>Phone:</td>
<td>(661) 942-1026</td>
</tr>
<tr>
<td>Fax:</td>
<td>(661) 349-4737</td>
</tr>
<tr>
<td>Record ID:</td>
<td>190795AP</td>
</tr>
<tr>
<td>Service Type:</td>
<td>RES-DETOX</td>
</tr>
<tr>
<td>Resident Capacity:</td>
<td>12</td>
</tr>
<tr>
<td>Total Occupancy:</td>
<td>12</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>6/30/2018</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>RENAISSANCE SOUTH LA, INC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>RENAISSANCE SOUTH LA, INC.</td>
</tr>
<tr>
<td>Address:</td>
<td>19401 S. VERMONT AVENUE, SUITE C-100</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>TORRANCE, CA 90502</td>
</tr>
<tr>
<td>Phone:</td>
<td>(310) 919-5500</td>
</tr>
<tr>
<td>Fax:</td>
<td>(310) 756-6575</td>
</tr>
<tr>
<td>Record ID:</td>
<td>190796AN</td>
</tr>
<tr>
<td>Service Type:</td>
<td>NON</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>6/30/2018</td>
</tr>
</tbody>
</table>
### Program 1
- **Program Name:** CAREFORWARD HEALTH  
- **Legal Name:** CAREFORWARD HEALTH, LLC  
- **Address:** 9730 WILSHIRE BOULEVARD, SUITE 109 BEVERLY HILLS, CA 90212  
- **Phone:** (310) 463-5521  
- **Fax:** (424) 201-2696  
- **Record ID:** 190797AP  
- **Service Type:** NON  
- **Target Population:** 1.1 --- CO-ED  
- **Expiration Date:** 5/31/2018

### Program 2
- **Program Name:** NEW START DAY TREATMENT AND I.O.P.PROGRAM  
- **Legal Name:** A NEW START TREATMENT AND RECOVERY CENTER, LLC  
- **Address:** 10401 VENICE BOULEVARD, SUITE 250 LOS ANGELES, CA 90034  
- **Phone:** (310) 636-1819  
- **Fax:** (310) 287-1949  
- **Record ID:** 190798AP  
- **Service Type:** NON  
- **Target Population:** 1.1 --- CO-ED  
- **Expiration Date:** 10/31/2016

### Program 3
- **Program Name:** A NEW START TREATMENT AND RECOVERY CENTER, LLC  
- **Legal Name:** A NEW START TREATMENT AND RECOVERY CENTER, LLC  
- **Address:** 11241, 11243 & 11245 LUCERNE AVENUE CULVER CITY, CA 90230  
- **Phone:** (310) 636-1819  
- **Fax:** (310) 636-1820  
- **Record ID:** 190798CP  
- **Service Type:** RES-DETOX  
- **Target Population:** 1.1 --- CO-ED  
- **Expiration Date:** 12/31/2016

### Program 4
- **Program Name:** A NEW START TREATMENT AND RECOVERY CENTER, LLC  
- **Legal Name:** A NEW START TREATMENT AND RECOVERY CENTER, LLC  
- **Address:** 4111, 4113, 4115, 4117 MILTON AVENUE CULVER CITY, CA 90232  
- **Phone:** (310) 287-1919  
- **Fax:** (310) 287-1949  
- **Record ID:** 190798DP  
- **Service Type:** RES-DETOX  
- **Target Population:** 1.1 --- CO-ED  
- **Expiration Date:** 10/31/2017

### Program 5
- **Program Name:** VALLEY HOPE OUTPATIENT  
- **Legal Name:** FERNANDO RODRIGUEZ  
- **Address:** 14416 FRIAR STREET, SUITE C VAN NUYS, CA 91401  
- **Phone:** (818) 902-1100  
- **Fax:** (818) 902-1300  
- **Record ID:** 190803AP  
- **Service Type:** NON  
- **Target Population:** 1.1 --- CO-ED  
- **Expiration Date:** 6/30/2018

### Program 6
- **Program Name:** THE VILLAGE FAMILY SERVICES  
- **Legal Name:** THE VILLAGE FAMILY SERVICES  
- **Address:** 6736 LAUREL CANYON BOULEVARD, SUITE 200 NORTH HOLLYWOOD, CA 91606  
- **Phone:** (818) 755-8786  
- **Fax:** (818) 755-8789  
- **Record ID:** 190804AN  
- **Service Type:** NON  
- **Target Population:** 1.1 --- CO-ED  
- **Expiration Date:** 8/31/2016
Program Name: CENTRAL CITY COMMUNITY HEALTH CENTER, INC.
Legal Name: CENTRAL CITY COMMUNITY HEALTH CENTER, INC.
Address: 5970 S. CENTRAL AVENUE
City, State Zip: LOS ANGELES, CA 90022
Phone: (323) 724-0019 Fax: (323) 724-3539
Record ID: 190806AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2016

Program Name: THE VILLA TREATMENT CENTER
Legal Name: THE VILLA TREATMENT CENTER, LLC
Address: 5051 HOOD DRIVE
City, State Zip: WOODLAND HILLS, CA 91364
Phone: (818) 571-8946 Fax: (818) 906-2435
Record ID: 190807AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2016

Program Name: BIENESTAR DRUG TREATMENT PROGRAM
Legal Name: BIENESTAR HUMAN SERVICES, INC.
Address: 8134 VAN NUYS BOULEVARD, SUITE 200
City, State Zip: PANORAMA CITY, CA 91402
Phone: (818) 908-3820 Fax: (818) 908-3844
Record ID: 190808AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2018

Program Name: COMMUNITY RECOVERY LOS ANGELES
Legal Name: COMMUNITY RECOVERY
Address: 22231 MULHOLLAND HIGHWAY, SUITE 211
City, State Zip: CALABASAS, CA 91302
Phone: (818) 635-9380 Fax: (818) 635-9380
Record ID: 190809AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2017

Program Name: COMMUNITY RECOVERY
Legal Name: COMMUNITY RECOVERY
Address: 6721 MELROSE AVENUE
City, State Zip: LOS ANGELES, CA 90038
Phone: (818) 635-9380 Fax: (818) 337-0365
Record ID: 190809CN
Service Type: NON-DETOX
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2017

Program Name: BLVD CENTERS
Legal Name: BLVD CENTERS, INC.
Address: 1776 NORTH HIGHLAND AVENUE
City, State Zip: LOS ANGELES, CA 90028
Phone: (424) 281-6147 Fax: (213) 262-2082
Record ID: 190810AP
Service Type: NON
Target Population: 1.8 --- DUAL DIAGNOSIS
Expiration Date: 6/30/2018

Program Name: BLVD CENTERS
Legal Name: BLVD CENTERS, INC.
Address: 448 S. HILL STREET
City, State Zip: LOS ANGELES, CA 90013
Phone: (425) 285-8054
Record ID: 190810BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2018
Program Name: FREEHAB
Legal Name: THE TEEN PROJECT, INC.
Address: 8140 SUNLAND BOULEVARD
City, State Zip: SUN VALLEY, CA 91352
Phone: (949) 283-1260 Fax: (818) 582-8836
Record ID: 190811AN
Service Type: RES
Resident Capacity: 74
Total Occupancy: 74
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2018

Program Name: LOS ANGELES LGBT CENTER
Legal Name: LOS ANGELES LGBT CENTER
Address: 1625 N. SCHRADE BOULEVARD, SUITE 106, 114K, 202A, 402 & 405
City, State Zip: LOS ANGELES, CA 90028
Phone: (323) 993-7448 Fax: (323) 308-4041
Record ID: 190812AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2016

Program Name: SOBER STAGES INC. OUTPATIENT PROGRAM
Legal Name: STAGES INCORPORATED OUTPATIENT PROGRAM
Address: 19562 VENTURA BOULEVARD, SUITE 233
City, State Zip: TARZANA, CA 91356
Phone: (818) 705-6363 Fax: (818) 705-4449
Record ID: 190813AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2016

Program Name: CLIFFSIDE MALIBU IOP
Legal Name: CLIFFSIDE MALIBU IOP
Address: 28990 WEST PACIFIC COAST HIGHWAY, SUITE 203
City, State Zip: MALIBU, CA 90265
Phone: (310) 457-3999 Fax: (310) 457-6047
Record ID: 190815AP
Service Type: NON
Target Population: 1.8 --- DUAL DIAGNOSIS
Expiration Date: 9/30/2016

Program Name: HAVEN HOUSE
Legal Name: HAVEN HOUSE, INC.
Address: 2252 HILLSBORO AVENUE
City, State Zip: LOS ANGELES, CA 90034
Phone: (310) 266-3957
Record ID: 190816AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2016

Program Name: UNITED COMMUNITY SUPPORT CENTER, INC.
Legal Name: UNITED COMMUNITY SUPPORT CENTER, INC.
Address: 3939 ATLANTIC AVENUE, SUITE # 102
City, State Zip: LONG BEACH, CA 90807
Phone: (562) 473-0827
Record ID: 190817AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2016
Program Name: A STEP IN THE RIGHT DIRECTION INTENSIVE OUTPATIENT PROGRAM
Legal Name: A STEP IN THE RIGHT DIRECTION
Address: 9535 RESEDA BOULEVARD, SUITE 300
City, State Zip: NORTHRIGE, CA 91324
Phone: (818) 231-1400
Record ID: 190818AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2016

Program Name: NEW DIRECTIONS ALCOHOL & DRUG SERVICES, INC.
Legal Name: NEW DIRECTIONS ALCOHOL AND DRUG SERVICES, INC.
Address: 1331 WEST AVENUE J, SUITE 206
City, State Zip: LANCASTER, CA 93534
Phone: (661) 942-2255 Fax: (661) 949-1480
Record ID: 190819AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2016

Program Name: LAT INTENSIVE OUTPATIENT PROGRAMS, INC.
Legal Name: LAT OUTPATIENT PROGRAMS INC.
Address: 11936 WEST JEFFERSON BOULEVARD, SUITE D
City, State Zip: CULVER CITY, CA 90230
Phone: (310) 572-7700 Fax: (310) 572-7003
Record ID: 190820AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2016

Program Name: CLUB SOBA
Legal Name: SOBA CHEVIOT HILLS LLC
Address: 3384 MOTOR AVENUE
City, State Zip: LOS ANGELES, CA 90034-3712
Phone: (310) 457-5250
Record ID: 190822AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2016

Program Name: CLUB SOBA
Legal Name: SOBA CHEVIOT HILLS LLC
Address: 3142 PATRICIA AVENUE
City, State Zip: LOS ANGELES, CA 90064-4718
Phone: (424) 298-8353 Fax: (310) 919-3103
Record ID: 190822BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2017

Program Name: CLUB SOBA
Legal Name: SOBA CHEVIOT HILLS LLC
Address: 3818 DUNN DRIVE
City, State Zip: CULVER CITY, CA 90232
Phone: (310) 425-8139 Fax: (310) 919-3103
Record ID: 190822CP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2018
Program Name: CROSSROADS RECOVERY CENTERS
Legal Name: DIVINE REHABILITATION, EDUCATION, & HOUSING NETWORK
Address: 11503 GLADHILL ROAD
City, State Zip: WHITTIER, CA 90604
Phone: (844) 273-7773
Record ID: 190824AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2017

Program Name: FIT METHOD, INC.
Legal Name: FIT METHOD, INC.
Address: 12011 SAN VICENTE BOULEVARD, SUITE 510
City, State Zip: LOS ANGELES, CA 90049
Phone: (866) 244-8269
Record ID: 190825AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2017

Program Name: MALIBU BALANCE DAY TREATMENT
Legal Name: MALIBU BALANCE DAY TREATMENT INC.
Address: 4505 LAS VIRGENES ROAD, SUITE 202
City, State Zip: CALABASAS, CA 91302
Phone: (818) 398-0622
Record ID: 190826AP
Service Type: NON-DETOX
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2017

Program Name: WESTSIDE TREATMENT
Legal Name: WESTSIDE TREATMENT, LLC
Address: 11150 W. OLYMPIC BOULEVARD, #760
City, State Zip: LOS ANGELES, CA 90064
Phone: (800) 648-3906
Record ID: 190827AP
Service Type: NON-DETOX
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2017

Program Name: NOVA VITAE TREATMENT CENTER
Legal Name: ALLEN YADEGAR
Address: 5985 TOPANGA CANYON BOULEVARD
City, State Zip: WOODLAND HILLS, CA 91367
Phone: (818) 422-3442
Record ID: 190828AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2017

Program Name: ALTERNATIVES BEHAVIORAL HEALTH, LLC
Legal Name: ALTERNATIVES BEHAVIORAL HEALTH, LLC
Address: 822 S. ROBERTSON BOULEVARD, SUITE 300
City, State Zip: LOS ANGELES, CA 90035
Phone: (888) 532-9617 Fax: (888) 739-6925
Record ID: 190829AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2017
Program Name: SEA CHANGE SANTA MONICA
Legal Name: SEA CHANGE SANTA MONICA, L.P.
Address: 1831 WILSHIRE BOULEVARD, #C
City, State Zip: SANTA MONICA, CA 90403
Phone: (818) 823-3310 Fax: (310) 998-8696
Record ID: 190831AP
Service Type: NON-DETOX
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2017

Program Name: A WAKENINGS
Legal Name: AGOURA NEUROFEEDBACK, INC.
Address: 29720 ROADSIDE DRIVE, #200
City, State Zip: AGOURA HILLS, CA 91301
Phone: (310) 848-5418 Fax: (858) 348-8097
Record ID: 190833AP
Service Type: NON-DETOX
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2017

Program Name: HILLS TREATMENT CORP.
Legal Name: MALIBU HILLS TREATMENT CORP.
Address: 265 WESTLAKE BOULEVARD
City, State Zip: MALIBU, CA 90265
Phone: (818) 706-9000 Fax: (818) 706-9009
Record ID: 190834BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2017

Program Name: MALIBU HILLS TREATMENT CORP.
Legal Name: MALIBU HILLS TREATMENT CORP.
Address: 415 WESTLAKE BOULEVARD
City, State Zip: MALIBU, CA 90265
Phone: (818) 706-9000 Fax: (818) 706-9009
Record ID: 190834CP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2018

Program Name: PASSAGES MALIBU PHP LLC.
Legal Name: PASSAGES MALIBU PHP, LLC
Address: 1728 ABBOT KINNEY BOULEVARD, #103
City, State Zip: VENICE, CA 90291
Phone: (310) 589-2880 Fax: (310) 589-2869
Record ID: 190835AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2017

Program Name: REVIVE DETOX
Legal Name: REVIVE DETOX
Address: 360 N. VISTA STREET
City, State Zip: LOS ANGELES, CA 90036
Phone: (818) 462-3824 Fax: (310) 226-8486
Record ID: 190836AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2017
Program Name: LOS ANGELES ATHLETIC ALTERNATIVE PROGRAM
Legal Name: LOS ANGELES ATHLETIC ALTERNATIVE PROGRAM
Address: 8450 HIGUERA STREET
City, State Zip: CULVER CITY, CA 90232
Phone: (310) 364-0601 Fax: (310) 204-6864
Record ID: 190837AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2017

Program Name: HILLSMAN CENTER
Legal Name: LMPG FOUNDATION, LLC
Address: 1440 E. 41ST STREET
City, State Zip: LOS ANGELES, CA 90011
Phone: (323) 231-2585 Fax: (323) 231-8771
Record ID: 190838AP
Service Type: RES
Resident Capacity: 34
Total Occupancy: 40
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2017

Program Name: LONG BEACH RECOVERY
Legal Name: LONG BEACH RECOVERY, INC.
Address: 1535 & 1601 E. 1ST STREET
City, State Zip: LONG BEACH, CA 90802
Phone: 9494679213X259 Fax: (888) 588-4998
Record ID: 190839AP
Service Type: RES-DETOX
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2017

Program Name: HOPE’S LANDING
Legal Name: HOPE’S LANDING
Address: 3849 CHATWIN AVENUE
City, State Zip: LONG BEACH, CA 90808
Phone: 9494679213X259 Fax: (888) 588-4998
Record ID: 190840AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2017

Program Name: HOPE’S LANDING
Legal Name: HOPE’S LANDING
Address: 3550 FELA AVENUE
City, State Zip: LONG BEACH, CA 90808
Phone: 9494679213X259 Fax: (888) 588-4998
Record ID: 190840BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2017

Program Name: A NEW SOLUTION
Legal Name: CHANGING STEPS NETWORK INC.
Address: 942 W. 12TH STREET
City, State Zip: SAN PEDRO, CA 90731
Phone: (323) 202-8432
Record ID: 190841BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2017
Program Name: A NEW SOLUTION  
Legal Name: CHANGING STEPS NETWORK INC.  
Address: 9339 LOUISE AVENUE  
City, State Zip: NORTHRIDGE, CA 91325  
Phone: (818) 362-0986  
Record ID: 190841CP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 10/31/2017

Program Name: A NEW SOLUTION  
Legal Name: CHANGING STEPS NETWORK INC.  
Address: 14540 HAMLIN STREET  
City, State Zip: VAN NUYS, CA 91411  
Phone: (818) 477-2874  
Record ID: 190841DP  
Service Type: NON-DETOX  
Target Population: 1.1 --- CO-ED  
Expiration Date: 3/31/2018

Program Name: DESTINATIONS TO RECOVERY  
Legal Name: DESTINATIONS TO RECOVERY  
Address: 21051 WARNER CENTER LANE, SUITE 220  
City, State Zip: WOODLAND HILLS, CA 91367  
Phone: (310) 728-2125 Fax: (310) 728-2125  
Record ID: 190842AP  
Service Type: NON  
Target Population: 1.4 --- WOMEN/CHILDREN  
Expiration Date: 8/31/2017

Program Name: VALLEY RECOVERY TREATMENT  
Legal Name: CALIFORNIA RECOVERY CENTERS LLC  
Address: 23304 HAPPY VALLEY DRIVE  
City, State Zip: NEWHALL, CA 91321  
Phone: (818) 404-6505 Fax: (818) 348-4401  
Record ID: 190843AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 7/31/2017

Program Name: NOVA VITAE TREATMENT CENTER  
Legal Name: NOVA VITAE TREATMENT CENTER  
Address: 16670 MOORPARK STREET, #B  
City, State Zip: ENCINO, CA 91436  
Phone: (818) 422-3442  
Record ID: 190844AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 10/31/2017

Program Name: SOVEREIGN HEALTH OF LOS ANGELES II  
Legal Name: SATYA HEALTH OF CALIFORNIA, INC.  
Address: 5919 W. 74TH STREET  
City, State Zip: LOS ANGELES, CA 90045  
Phone: (424) 227-2783  
Record ID: 190845AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 8/31/2017
Program Name: INFINITY MALIBU  
Legal Name: INFINITY MALIBU, LLC  
Address: 27475 WINDING WAY  
City, State Zip: MALIBU, CA 90265  
Phone: (818) 465-3988  Fax: (818) 465-3998  
Record ID: 190846AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 5/31/2017

Program Name: FOREFRONT HEALTH OF BEVERLY HILLS  
Legal Name: SOUTHERN CALIFORNIA RECOVERY, LLC  
Address: 1771 SUMMITRIDGE DRIVE  
City, State Zip: BEVERLY HILLS, CA 90210  
Phone: (561) 578-8600  Fax: (561) 578-8601  
Record ID: 190848AP  
Service Type: RES-DETOX  
Resident Capacity: 12  
Total Occupancy: 12  
Target Population: 1.1 --- CO-ED  
Expiration Date: 5/31/2017

Program Name: ANGEL WINGS RECOVERY OF SOUTH BAY  
Legal Name: ANGEL WINGS RECOVERY OF SOUTHBAY  
Address: 3841 W 130TH STREET  
City, State Zip: HAWTHORNE, CA 90250-0000  
Phone: (310) 863-7446  Fax: (310) 863-7445  
Record ID: 190849BN  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 5/30/2018

Program Name: CLIFFSIDE MALIBU 3  
Legal Name: CLIFFSIDE MALIBU 3  
Address: 30010 ANDROMEDA LANE  
City, State Zip: MALIBU, CA 90265  
Phone: (310) 457-3460  Fax: (310) 257-3469  
Record ID: 190850AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 2/28/2017

Program Name: CALIFORNIA NEW LIFE DETOX AND RECOVERY HOMES, INC.  
Legal Name: CALIFORNIA NEW LIFE DETOX AND RECOVERY HOMES, INC.  
Address: 18134 CHASE STREET  
City, State Zip: NORTHRIEGE, CA 91325  
Phone: (310) 617-5912  Fax: (818) 974-9264  
Record ID: 190851AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 7/31/2017

Program Name: CALIFORNIA NEW LIFE DETOX AND RECOVERY HOMES, INC.  
Legal Name: CALIFORNIA NEW LIFE DETOX AND RECOVERY HOMES, INC.  
Address: 9529 CORBAN AVENUE  
City, State Zip: NORTHRIEGE, CA 91324  
Phone: (818) 554-5600  Fax: (818) 626-9749  
Record ID: 190851BP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 3/31/2018
Program Name: ALTA TREATMENT CENTERS, INC.
Legal Name: ALTA CENTERS, INC.
Address: 5435 NORTH BALBOA BOULEVARD, SUITE 103
City, State Zip: ENCINO, CA 91316
Phone: (844) 663-7465
Record ID: 190852AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2017

Program Name: REFUGE RECOVERY CENTERS
Legal Name: REFUGE RECOVERY HOUSE, LLC
Address: 4302 W. MELROSE AVENUE, SUITE 5C
City, State Zip: LOS ANGELES, CA 90029-3511
Phone: (363) 660-0735
Record ID: 190853AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2017

Program Name: REFUGE RECOVERY CENTERS
Legal Name: REFUGE RECOVERY HOUSE, LLC
Address: 1007 MANZANITA STREET
City, State Zip: LOS ANGELES, CA 90029-3511
Phone: (323) 787-7077     Fax: (866) 537-7317
Record ID: 190853BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2017

Program Name: LAUNCH
Legal Name: MD HOME DETOX CONSULTING, INC
Address: 150 S. BARRINGTON AVENUE, SUITE 8-10
City, State Zip: BRENTWOOD, CA 90049
Phone: (310) 779-4476
Record ID: 190855AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2017

Program Name: SERVICE INDUSTRIES OUTPATIENT SERVICES
Legal Name: SERVICE INDUSTRIES, INC.
Address: 2500 OVERLAND AVENUE, #D
City, State Zip: LOS ANGELES, CA 90064-3333
Phone: (323) 477-2130     Fax: (310) 253-9801
Record ID: 190856AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2017

Program Name: ACCESS MALIBU
Legal Name: ACCESS MALIBU, INC.
Address: 5247 HORIZON DRIVE
City, State Zip: MALIBU, CA 90265-4215
Phone: (424) 738-3780
Record ID: 190857AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2017
Program Name: RESTORE HEALTH AND WELLNESS CENTER, LLC
Legal Name: RESTORE HEALTH AND WELLNESS CENTER, LLC
Address: 16530 VENTURA BOULEVARD, SUITE 200
City, State Zip: ENCINO, CA 91436
Phone: (888) 519-1570 Fax: (818) 574-3990
Record ID: 190858AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2017

Program Name: RESTORE HEALTH AND WELLNESS CENTER, LLC
Legal Name: RESTORE HEALTH AND WELLNESS CENTER, LLC
Address: 10821 BAILE AVENUE
City, State Zip: CHATSWORTH, CA 91311-8405
Phone: (954) 376-3915 Fax: (818) 574-3990
Record ID: 190858BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 8/1/2018

Program Name: RECOVERY MALIBU, INC.
Legal Name: RECOVERY MALIBU, INC.
Address: 30044 ANDROMEDA LANE
City, State Zip: MALIBU, CA 90265-4215
Phone: (424) 235-2221
Record ID: 190859AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2017

Program Name: FIRSTPOINT BEHAVIORAL AND ADDICTION COUNSELING, INC.
Legal Name: FIRSTPOINT BEHAVIORAL AND ADDICTION COUNSELING, INC.
Address: 22330 HAWTHORNE BOULEVARD, SUITE 204
City, State Zip: TORRANCE, CA 90505
Phone: (610) 617-5912 Fax: (310) 317-7505
Record ID: 190860AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2017

Program Name: LOS ANGELES DETOX LLC
Legal Name: LOS ANGELES DETOX LLC
Address: 522 N. LARCHMONT BOULEVARD
City, State Zip: LOS ANGELES, CA 90004
Phone: (323) 450-2205
Record ID: 190861AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2017

Program Name: 1 METHOD CENTER
Legal Name: 1 METHOD, LLC
Address: 10254 BANNOCKBURN DRIVE
City, State Zip: LOS ANGELES, CA 90064
Phone: (310) 837-7330 Fax: (310) 837-7376
Record ID: 190862AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2017
Program Name: CLEAR RECOVERY CENTER
Legal Name: CLEAR INC.
Address: 201 HERONDO STREET
City, State Zip: REDONDO BEACH, CA 90277
Phone: (310) 346-2676
Record ID: 190863AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2017

Program Name: BETTY FORD CENTER - WEST LOS ANGELES
Legal Name: HAZELDEN BETTY FORD FOUNDATION
Address: 10700 SANTA MONICA BOULEVID, SUITE 310
City, State Zip: LOS ANGELES, CA 90025
Phone: (310) 307-7053 Fax: (310) 446-1818
Record ID: 190864AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2017

Program Name: ALTADENA CENTER
Legal Name: SHIRLEY BENNETT
Address: 3025 NORTH LINCOLN AVENUE
City, State Zip: ALTADENA, CA 91001
Phone: (626) 765-6905 Fax: (626) 765-6617
Record ID: 190865AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2017

Program Name: JAHI FAMILY SERVICES, INC.
Legal Name: JAHI FAMILY SERVICES, INC.
Address: 9001 S. VERMONT STREET
City, State Zip: LOS ANGELES, CA 90044
Phone: (323) 779-5244 Fax: (929) 757-5244
Record ID: 190866AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2017

Program Name: LAKE HUGHES RECOVERY
Legal Name: LAKE HUGHES RECOVERY
Address: 48745 THREE POINTS ROAD
City, State Zip: LAKE HUGHES, CA 93532
Phone: (661) 731-3171
Record ID: 190867AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.2 --- MEN ONLY
Expiration Date: 10/31/2017

Program Name: SHELBY RECOVERY SERVICES INC.
Legal Name: SHELBY RECOVERY SERVICES INC.
Address: 279 E. GREENHAVEN STREET
City, State Zip: COVINA, CA 91722
Phone: (310) 877-8557
Record ID: 190868AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2017
Program Name: MALIBU DETOX
Legal Name: MALIBU DETOX, LLC
Address: 22766 SADDLE PEAK ROAD
City, State Zip: TOPANGA, CA 90290
Phone: (818) 208-5695   Fax: (310) 919-3185
Record ID: 190869AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2017

Program Name: THE ARROYOS DAY TREATMENT PROGRAM
Legal Name: THE ARROYOS, INC.
Address: 1 WEST CALIFORNIA BOULEVARD, SUITE 122, 221 & 321
City, State Zip: PASADENA, CA 91105
Phone: (877) 884-8272   Fax: (626) 628-3177
Record ID: 190870AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2017

Program Name: THE ARROYOS RESIDENTIAL TREATMENT PROGRAM
Legal Name: THE ARROYOS, INC.
Address: 510 MICHIGAN BLVD.
City, State Zip: PASADENA, CA 91107
Phone: (877) 884-8272   Fax: (626) 628-3177
Record ID: 190870BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2018

Program Name: THRIVE TREATMENT
Legal Name: THRIVE TREATMENT, LLC
Address: 3101 OCEAN PARK BOULEVARD, SUITE 302 & 309
City, State Zip: SANTA MONICA, CA 90405
Phone: (888) 975-8474
Record ID: 190871AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2017

Program Name: VALLEY DETOX AND REHABILITATION, LLC
Legal Name: VALLEY DETOX AND REHABILITATION
Address: 14000 VALERIO STREET
City, State Zip: VAN NUYS, CA 91405
Phone: (323) 350-4064   Fax: (323) 417-4706
Record ID: 190872AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2017

Program Name: MIRACLES IN ACTION
Legal Name: MIRACLES IN ACTION, LLC
Address: 290 E VERDUGO AVENUE, #105
City, State Zip: BURBANK, CA 91502
Phone: (818) 429-9103
Record ID: 190873AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2017
Program Name: **ELEVATIONS**
Legal Name: ELEVATION BEHAVIORAL HEALTH LLC
Address: 30065 TRIUNFO DRIVE
City, State Zip: AGOURA HILLS, CA 91301
Phone: (818) 575-7201 Fax: (818) 575-7201
Record ID: **190874AP**
Service Type: RES-DETOX
Resident Capacity: 11
Total Occupancy: 11
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2017

Program Name: **DESTINY RECOVERY CENTER LLC**
Legal Name: DESTINY RECOVERY CENTER, LLC
Address: 23301 BESSEMER STREET
City, State Zip: WOODLAND HILLS, CA 91367
Phone: (310) 738-0008
Record ID: **190875AP**
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2018

Program Name: **CALABASAS RESIDENTIAL**
Legal Name: PARK MIRAMAR 24650 LLC
Address: 24650 PARK MIRAMAR
City, State Zip: CALABASAS, CA 91302
Phone: (818) 223-9009 Fax: (818) 223-8999
Record ID: **190876AP**
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2018

Program Name: **CALABASAS OUTPATIENT**
Legal Name: PARK MIRAMAR 24650 LLC
Address: 23951 CRAFTSMAN ROAD, BUILDING B
City, State Zip: CALABASAS, CA 91302
Phone: (818) 535-5601
Record ID: **190876BP**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2018

Program Name: **FIRST STEPS RECOVERY**
Legal Name: TRUE NORTH DETOX, LLC
Address: 19841 REDWING STREET
City, State Zip: WOODLAND HILLS, CA 91364
Phone: (818) 610-1527 Fax: (818) 610-1530
Record ID: **190877AP**
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2017

Program Name: **INFINITY MALIBU IOP**
Legal Name: INFINITY MALIBU IOP, LLC
Address: 28035 DOROTHY DRIVE, SUITE 110
City, State Zip: AGOURA HILLS, CA 91301
Phone: (818) 874-0046 Fax: (818) 874-0027
Record ID: **190878AP**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2017
Program Name: HARMONY PLACE
Legal Name: JMG INVESTMENTS, INC.
Address: 23041-A HATTERAS STREET
City, State Zip: WOODLAND HILLS, CA 91367-4236
Phone: (818) 796-4369         Fax: (818) 914-4440
Record ID: 190879AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2017

Program Name: HARMONY PLACE
Legal Name: JMG INVESTMENTS, INC.
Address: 23041 HATTERAS STREET
City, State Zip: WOODLAND HILLS, CA 91367
Phone: (818) 266-4100         Fax: (818) 914-4440
Record ID: 190879BP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2017

Program Name: SEMPRE FAMIGLIA LLC
Legal Name: SEMPRE FAMIGLIA LLC
Address: 10447 LARAMIE AVENUE
City, State Zip: CHATSWORTH, CA 91311
Phone: (310) 717-1853
Record ID: 190880AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2017

Program Name: FAITH RECOVERY
Legal Name: FAITH RECOVERY, INC.
Address: 2211 PALO VERDE AVENUE, SUITE C
City, State Zip: LONG BEACH, CA 90815
Phone: (562) 881-2322         Fax: (562) 430-2250
Record ID: 190881AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2018

Program Name: SOBER COLLEGE
Legal Name: SOBER COLLEGE ENVIRONMENTS, LLC
Address: 6233 VARIEL AVENUE
City, State Zip: WOODLAND HILLS, CA 91367
Phone: (877) 980-2253         Fax: (818) 301-1935
Record ID: 190883AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2018

Program Name: SOBER COLLEGE
Legal Name: SOBER COLLEGE ENVIRONMENTS, LLC
Address: 22401 OXNARD STREET
City, State Zip: WOODLAND HILLS, CA 91367
Phone: (818) 415-3456         Fax: (818) 301-1935
Record ID: 190883BP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 2/28/2018
Program Name: SOBER COLLEGE
Legal Name: SOBER COLLEGE ENVIRONMENTS, LLC
Address: 8546 KEOKUK AVENUE
City, State Zip: WINNETKA, CA 91306
Phone: (877) 980-2253 Fax: (818) 301-1935
Record ID: 190883CP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 2/28/2018

Program Name: CROSSROAD TRANSITIONAL, INC
Legal Name: CROSSROAD TRANSITIONAL, INC
Address: 19646 BALLINGER STREET
City, State Zip: NORTHRIDGE, CA 91324
Phone: (818) 482-0175
Record ID: 190884AN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 5/30/2018

Program Name: LA VENTANA TREATMENT PROGRAMS
Legal Name: RYLIST, INC.
Address: 1243 7TH STREET, SUITE B AND C
City, State Zip: SANTA MONICA, CA 90401
Phone: (424) 231-2420
Record ID: 190886AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2017

Program Name: WISDOM OUTPATIENT CENTER
Legal Name: WISDOM TREATMENT, LLC
Address: 4412 W. VICTORY BOULEVARD
City, State Zip: BURBANK, CA 91505
Phone: (832) 312-9611 Fax: (818) 861-7527
Record ID: 190887AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2018

Program Name: ABOUT FACE: DVIP
Legal Name: ABOUT FACE: DVIP, INC.
Address: 3407 W 6TH STREET #700
City, State Zip: LOS ANGELES, CA 90020
Phone: (213) 384-7084 Fax: (213) 384-7653
Record ID: 190888AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2018

Program Name: AXIS LLC
Legal Name: AXIS LLC
Address: 3215 CHEVIOT VISTA PLACE
City, State Zip: LOS ANGELES, CA 90034
Phone: (310) 202-1593 Fax: (310) 202-7604
Record ID: 190889AP
Service Type: RES
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2018
Program Name: PEGGY ALBRECHT FRIENDLY HOUSE
Legal Name: FRIENDLY HAND FOUNDATION
Address: 347 S NORMANDIE AVENUE
City, State Zip: LOS ANGELES, CA 90020-3167
Phone: (213) 389-9964 Fax: (213) 389-8812
Record ID: 190890AN
Service Type: RES
Resident Capacity: 12
Total Occupancy: 14
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 6/30/2018

Program Name: SANCTUARY TREATMENT CENTER
Legal Name: SANCTUARY TREATMENT CENTER INC.
Address: 4815 WOODLEY AVENUE
City, State Zip: ENCINO, CA 91436
Phone: (408) 836-3698
Record ID: 190891AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 1/31/2018

Program Name: VALLEY DETOX CENTER
Legal Name: ACTIVE RECOVERY SOLUTIONS, LLC
Address: 15120 VOSE STREET
City, State Zip: VAN NUYS, CA 91405
Phone: (818) 616-1939 Fax: (424) 343-0011
Record ID: 190892AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 1/30/2018

Program Name: EXIS
Legal Name: EXIS RECOVERY INC.
Address: 2001 S. BARRINGTON AVENUE, SUITE 219
City, State Zip: LOS ANGELES, CA 90025
Phone: (310) 497-6248 Fax: (213) 261-9887
Record ID: 190893AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2018

Program Name: THE VIEW
Legal Name: THE VIEW LLC
Address: 864 TEAKWOOD ROAD
City, State Zip: LOS ANGELES, CA 90049
Phone: (760) 409-1287
Record ID: 190894AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2018

Program Name: LIGHTHOUSE RECOVERY CENTERS
Legal Name: LIGHTHOUSE RECOVERY CENTERS, LLC
Address: 5242 DARRO ROAD
City, State Zip: LOS ANGELES, CA 91308
Phone: (888) 329-9133 Fax: (818) 279-0550
Record ID: 190896AP
Service Type: RES-DETOX
Resident Capacity: 9
Total Occupancy: 9
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2018
<table>
<thead>
<tr>
<th>Program Name</th>
<th>Legal Name</th>
<th>Address</th>
<th>City, State Zip</th>
<th>Phone</th>
<th>Record ID</th>
<th>Service Type</th>
<th>Target Population</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABACUS GUIDANCE CENTER, INC.</td>
<td>ABACUS GUIDANCE CENTER, INC.</td>
<td>312 NORTH ALLEN AVE.</td>
<td>PASADENA, CA 91106-1604</td>
<td>(626) 241-9280</td>
<td>190897AP</td>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td>3/31/2018</td>
</tr>
<tr>
<td>STEPS TO RECOVERY</td>
<td>STEPS TO RECOVERY, CORP.</td>
<td>14434 GILMORE STREET</td>
<td>VAN NUYS, CA 91401</td>
<td>(818) 905-1422</td>
<td>190898AP</td>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td>4/30/2018</td>
</tr>
<tr>
<td>PROFOUND TREATMENT</td>
<td>PROFOUND TREATMENT, LLC</td>
<td>1990 WESTWOOD BOULEVARD SUITE 210</td>
<td>WEST LOS ANGELES, CA 90025</td>
<td>(310) 614-4660</td>
<td>190899AP</td>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td>2/28/2018</td>
</tr>
<tr>
<td>INNERACTIONS</td>
<td>INNER+ACTIONS, LLC</td>
<td>21333 OXNARD STREET, 2ND FLOOR</td>
<td>WOODLAND HILLS, CA 91367</td>
<td>(818) 963-4357</td>
<td>190900AP</td>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td>3/31/2018</td>
</tr>
<tr>
<td>HARMONY PLACE WOODLAND HILLS</td>
<td>VALLEY RESTORATION CENTER, LLC</td>
<td>22900 VENTURA BOULEVARD, # 300 &amp; #340</td>
<td>WOODLAND HILLS, CA 91364</td>
<td>(818) 519-0670</td>
<td>190901AP</td>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td>4/30/2018</td>
</tr>
<tr>
<td>HAVEN OUTPATIENT CENTER</td>
<td>RECOVERY GRADS, LLC</td>
<td>817 WEST 34TH STREET, 4TH FLOOR</td>
<td>LOS ANGELES, CA 90089</td>
<td>(310) 822-1234</td>
<td>190902AP</td>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td>2/28/2018</td>
</tr>
</tbody>
</table>
Program Name: VENTURA RECOVERY CENTER-NORTHRIDGE
Legal Name: SIESTA HOUSE, LLC
Address: 17433 NORDHOFF STREET
City, State Zip: NORTHRIDGE, CA 91325
Phone: (213) 494-4341
Record ID: 190903AP
Service Type: RES-DETOX
Resident Capacity: 9
Total Occupancy: 9
Target Population: 1.1 --- CO-ED
Expiration Date: 5/30/2018

Program Name: VENTURA RECOVERY CENTER-LOS ANGELES
Legal Name: SIESTA HOUSE, LLC
Address: 2310 ELLENDALE PLACE
City, State Zip: LOS ANGELES, CA 90007
Phone: (213) 494-4341
Record ID: 190903BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2018

Program Name: REMEDY DETOX CENTERS
Legal Name: REMEDY DETOX CENTERS, LLC
Address: 4340 MAURY AVENUE
City, State Zip: LONG BEACH, CA 90807
Phone: (888) 889-8883 Fax: (562) 446-4345
Record ID: 190904AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 4/30/2018

Program Name: 310 RECOVERY
Legal Name: 310 RECOVERY, INC.
Address: 10533 WASHINGTON BLVD.
City, State Zip: CULVER CITY, CA 90232
Phone: (310) 210-6931
Record ID: 190905AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/30/2018

Program Name: LIFE UNCOMMON
Legal Name: LIFE UNCOMMON, LLC
Address: 8616 LA TIJERA BOULEVARD, #404
City, State Zip: LOS ANGELES, CA 90045
Phone: (310) 463-5521 Fax: (310) 982-2564
Record ID: 190906AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2018

Program Name: THE VILLA OUTPATIENT SERVICES, LLC
Legal Name: THE VILLA OUTPATIENT SERVICES, LLC
Address: 4463 VAN NUYS BOULEVARD
City, State Zip: SHERMAN OAKS, CA 91403
Phone: (818) 205-9069 Fax: (818) 205-9525
Record ID: 190909AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2018
Program Name: AWAKENINGS PM  
Legal Name: CW PSYCHOLOGICAL CORPORATION  
Address: 28720 ROADSIDE DRIVE, SUITE 229  
City, State Zip: AGOURA HILLS, CA 91301-6317  
Phone: (805) 574-0936  
Record ID: 190910AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 5/31/2018

Program Name: COMMON BOND REHAB CENTER  
Legal Name: COMMON BOND REHAB CENTER, LLC  
Address: 24456 LYONS AVENUE  
City, State Zip: NEWHALL, CA 91321  
Phone: (661) 733-1520  
Record ID: 190912AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 6/30/2018

Program Name: DEDICATO TREATMENT CENTER  
Legal Name: DEDICATO TREATMENT CENTER INC.  
Address: 22 W. CARTER AVENUE  
City, State Zip: SIERRA MADRE, CA 91024  
Phone: (626) 644-8857  
Fax: (626) 921-0214  
Record ID: 190913AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 6/30/2018

Program Name: LUMINANCE HEALTH GROUP, INC.  
Legal Name: LUMINANCE HEALTH GROUP, INC.  
Address: 3556 SERRA ROAD  
City, State Zip: MALIBU, CA 90265  
Phone: (310) 303-8325  
Fax: (949) 612-2001  
Record ID: 190914AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 6/30/2018

Program Name: THE VALLEY PREVENTION & TREATMENT CENTER  
Legal Name: VIDA FAMILY CENTER, INC.  
Address: 4419 VAN NUYS BOULEVARD, #307  
City, State Zip: SHERMAN OAKS, CA 91403  
Phone: (818) 365-7776  
Record ID: 190915AP  
Service Type: NON  
Target Population: 1.8 --- DUAL DIAGNOSIS  
Expiration Date: 7/31/2018

Program Name: INTEGRITY TREATMENT PROGRAM  
Legal Name: INTEGRITY TREATMENT PROGRAM, LLC  
Address: 12301 WILSHIRE BOULEVARD, 206  
City, State Zip: LOS ANGELES, CA 90025  
Phone: (310) 621-1536  
Record ID: 190917AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 7/31/2018
Program Name: BARBARA CARE HEALTH SOLUTIONS, INC.
Legal Name: BARBARA CARE HEALTH SOLUTIONS, INC.
Address: 323 N. PRAIRIE AVENUE,
401-A
City, State Zip: INGLEWOOD, CA 90301
Phone: (323) 829-0234
Record ID: 190918AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2018

Program Name: PASSAGES BEVERLYWOOD
Legal Name: PASSAGES BEVERLYWOOD, LLC
Address: 2370 SOUTH ROBERTSON BOULEVARD
City, State Zip: LOS ANGELES, CA 90034-2029
Phone: (323) 694-9680 Fax: (424) 298-8034
Record ID: 190919AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2018

Program Name: LIFESYNC RECOVERY AND DETOXIFICATION CENTER
Legal Name: LIFESYNC RECOVERY AND DETOXIFICATION, LLC
Address: 6025 MURPHY WAY
City, State Zip: MALIBU, CA 90265
Phone: (818) 991-5433 Fax: (818) 991-5423
Record ID: 190920AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2018

Program Name: FOUNDATIONS LOS ANGELES
Legal Name: CANYON WEST LOS ANGELES, LLC.
Address: 17167 W. VENTURA BOULEVARD
City, State Zip: ENCINO, CA 91316
Phone: (818) 464-1700
Record ID: 190924AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2018

Program Name: PSYCHOLOGICAL CARE AND HEALING CENTER
Legal Name: PCH TREATMENT, INC.
Address: 11965 VENICE BOULEVARD, #200, #201, #202, #203, #204, #205, #207,
#209, #210, #307, #308, #310,#311
City, State Zip: LOS ANGELES, CA 90066
Phone: (310) 566-7625 Fax: (310) 566-7629
Record ID: 190931AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2018

Program Name: RECOVERY GUILD
Legal Name: AMERICAN INSTITUTE OF ADDICTION MEDICINE, LLC.
Address: 12400 W. MAGNOLIA BOULEVARD
City, State Zip: VALLEY VILLAGE, CA 91607
Phone: (818) 495-4300 Fax: (818) 452-3700
Record ID: 190942AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2018
<table>
<thead>
<tr>
<th>Program Name:</th>
<th>VALLEY TEEN RANCH RESIDENTIAL TREATMENT GROUP HOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>VALLEY TEEN RANCH</td>
</tr>
<tr>
<td>Address:</td>
<td>10535 ROAD 35</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>MADERA, CA 93638</td>
</tr>
<tr>
<td>Phone:</td>
<td>(559) 635-1110</td>
</tr>
<tr>
<td>Fax:</td>
<td>(559) 538-5004</td>
</tr>
<tr>
<td>Record ID:</td>
<td>200001AN</td>
</tr>
<tr>
<td>Service Type:</td>
<td>NON</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.11 --- MEN/YOUTH</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>10/31/2017</td>
</tr>
<tr>
<td>Program Name:</td>
<td>CENTER POINT - THE MANOR</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>Legal Name:</td>
<td>CENTER POINT, INC.</td>
</tr>
<tr>
<td>Address:</td>
<td>603 D STREET</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>SAN RAFAEL, CA 94901</td>
</tr>
<tr>
<td>Phone:</td>
<td>(415) 454-9444</td>
</tr>
<tr>
<td>Fax:</td>
<td>(415) 492-8844</td>
</tr>
<tr>
<td>Record ID:</td>
<td>210002BN</td>
</tr>
<tr>
<td>Service Type:</td>
<td>RES</td>
</tr>
<tr>
<td>Resident Capacity:</td>
<td>40</td>
</tr>
<tr>
<td>Total Occupancy:</td>
<td>40</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>8/31/2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>THE VILLAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>CENTER POINT, INC.</td>
</tr>
<tr>
<td>Address:</td>
<td>1477-1483 LINCOLN AVENUE</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>SAN RAFAEL, CA 94901</td>
</tr>
<tr>
<td>Phone:</td>
<td>(415) 454-9444</td>
</tr>
<tr>
<td>Record ID:</td>
<td>210002FN</td>
</tr>
<tr>
<td>Service Type:</td>
<td>RES</td>
</tr>
<tr>
<td>Resident Capacity:</td>
<td>44</td>
</tr>
<tr>
<td>Total Occupancy:</td>
<td>44</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.4 --- WOMEN/CHILDREN</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>8/31/2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>CENTER POINT OUTPATIENT SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>CENTER POINT, INC.</td>
</tr>
<tr>
<td>Address:</td>
<td>1601 SECOND STREET, SUITE 104</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>SAN RAFAEL, CA 94901</td>
</tr>
<tr>
<td>Phone:</td>
<td>(415) 456-6655</td>
</tr>
<tr>
<td>Fax:</td>
<td>(415) 492-8844</td>
</tr>
<tr>
<td>Record ID:</td>
<td>210002GN</td>
</tr>
<tr>
<td>Service Type:</td>
<td>NON</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>8/31/2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>CENTER POINT ALLIANCE IN RECOVERY-AIR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>CENTER POINT, INC.</td>
</tr>
<tr>
<td>Address:</td>
<td>3270 KERNER BOULEVARD, 2ND FLOOR, SUITE B</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>SAN RAFAEL, CA 94901</td>
</tr>
<tr>
<td>Phone:</td>
<td>(415) 492-4444</td>
</tr>
<tr>
<td>Fax:</td>
<td>(415) 492-8844</td>
</tr>
<tr>
<td>Record ID:</td>
<td>210002ON</td>
</tr>
<tr>
<td>Service Type:</td>
<td>NON</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>6/30/2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>BAY AREA COMMUNITY RESOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>BAY AREA COMMUNITY RESOURCES, INC.</td>
</tr>
<tr>
<td>Address:</td>
<td>171 CARLOS DRIVE</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>SAN RAFAEL, CA 94903</td>
</tr>
<tr>
<td>Phone:</td>
<td>(415) 444-5580</td>
</tr>
<tr>
<td>Fax:</td>
<td>(415) 444-5598</td>
</tr>
<tr>
<td>Record ID:</td>
<td>210005BN</td>
</tr>
<tr>
<td>Service Type:</td>
<td>NON</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>10/31/2016</td>
</tr>
</tbody>
</table>
Program Name: BAY AREA COMMUNITY RESOURCES--IN CUSTODY PROGRAM
Legal Name: BAY AREA COMMUNITY RESOURCES, INC.
Address: 13 PETER BEHR DRIVE
City, State Zip: SAN RAFAEL, CA 94903
Phone: (415) 755-2328    Fax: (415) 755-2228
Record ID: 210005CN
Service Type: NON
Target Population: 1.2 --- MEN ONLY
Expiration Date: 5/31/2017

Program Name: POSITIVE CHANGES
Legal Name: BAY AREA COMMUNITY RESOURCES, INC.
Address: 103 SHORELINE PARKWAY SUITES 101 & 201
City, State Zip: SAN RAFAEL, CA 94901
Phone: (415) 485-3304    Fax: (415) 755-2270
Record ID: 210005DN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2016

Program Name: SERENITY KNOLLS
Legal Name: SERENITY KNOLLS
Address: 145 TAMAL ROAD
City, State Zip: FOREST KNOLLS, CA 94933
Phone: (415) 488-0400    Fax: (415) 488-1955
Record ID: 210011AP
Service Type: RES-DETOX
Resident Capacity: 30
Total Occupancy: 32
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2018

Program Name: THE HELEN VINE RECOVERY CENTER
Legal Name: BUCKELEW PROGRAMS
Address: 301 SMITH RANCH ROAD
City, State Zip: SAN RAFAEL, CA 94903
Phone: (415) 492-0818
Record ID: 210017DN
Service Type: RES-DETOX
Resident Capacity: 26
Total Occupancy: 26
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2017

Program Name: BAYSIDE MARIN II
Legal Name: BAYSIDE MARIN, INC.
Address: 189 BAYVIEW DRIVE
City, State Zip: SAN RAFAEL, CA 94901
Phone: (415) 721-2000
Record ID: 210030AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2017

Program Name: BAYSIDE MARIN I
Legal Name: BAYSIDE MARIN, INC.
Address: 191 BAYVIEW DRIVE
City, State Zip: SAN RAFAEL, CA 94901
Phone: (415) 721-2000
Record ID: 210030BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2017
Program Name: BAYSIDE MARIN OUTPATIENT PROGRAM
Legal Name: BAYSIDE MARIN, INC.
Address: 718 4TH STREET
City, State Zip: SAN RAFAEL, CA 94901
Phone: (415) 721-2000
Record ID: 210030CP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2017

Program Name: BAYSIDE MARIN III
Legal Name: BAYSIDE MARIN, INC.
Address: 47 TWEED TERRACE
City, State Zip: SAN RAFAEL, CA 94901
Phone: (415) 721-2000 Fax: (415) 454-3535
Record ID: 210030DP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2017

Program Name: BAYSIDE MARIN IV
Legal Name: BAYSIDE MARIN, INC
Address: 180 BAYVIEW DRIVE
City, State Zip: SAN RAFAEL, CA 94901
Phone: (415) 721-2000 Fax: (415) 454-3535
Record ID: 210030FP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2017

Program Name: MARIN OUTPATIENT AND RECOVERY SERVICES
Legal Name: MARIN SERVICES FOR MEN
Address: 710 C STREET, SUITE 7A & 8
City, State Zip: SAN RAFAEL, CA 94901
Phone: (415) 485-6736 Fax: (415) 236-1830
Record ID: 210033AN
Service Type: NON
Target Population: 1.2 --- MEN ONLY
Expiration Date: 1/31/2018

Program Name: NORTH BAY RECOVERY CENTER
Legal Name: NORTH BAY RECOVERY CENTER, LLC.
Address: 55 SHAVER STREET, SUITE 200
City, State Zip: SAN RAFAEL, CA 94901
Phone: (415) 454-4357 Fax: (415) 454-4329
Record ID: 210037AP
Service Type: NON
Target Population: 1.2 --- MEN ONLY
Expiration Date: 10/31/2017

Program Name: REFLECTIONS
Legal Name: LIVING AT REFLECTIONS, LLC
Address: 1191 SIMMONS LANE
City, State Zip: NOVATO, CA 94945
Phone: (415) 895-6146
Record ID: 210038AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2018
Program Name: REFLECTIONS
Legal Name: LIVING AT REFLECTIONS, LLC
Address: 10 LOCKTON LANE
City, State Zip: NOVATO, CA 94945
Phone: (415) 891-8000
Record ID: 210038BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2018

Program Name: HUCKLEBERRY YOUTH PROGRAMS
Legal Name: HUCKLEBERRY YOUTH PROGRAMS, INC.
Address: 361 THIRD STREET, SUITE G
City, State Zip: SAN RAFAEL, CA 94901
Phone: (415) 258-4944
Record ID: 210039AN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 10/31/2016

Program Name: ALTA MIRA RECOVERY PROGRAMS
Legal Name: ALTA MIRA RECOVERY CENTERS, LLC
Address: 125 BULKLEY AVENUE
City, State Zip: SAUSALITO, CA 94965
Phone: (415) 332-1350  Fax: (415) 275-7201
Record ID: 210040AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2017

Program Name: ALTA MIRA RECOVERY PROGRAMS
Legal Name: ALTA MIRA RECOVERY CENTERS, LLC
Address: 135 BULKLEY AVENUE
City, State Zip: SAUSALITO, CA 94965
Phone: (415) 332-1350  Fax: (415) 275-7201
Record ID: 210040BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2017

Program Name: ALTA MIRA RECOVERY PROGRAMS
Legal Name: ALTA MIRA RECOVERY CENTERS, LLC
Address: 25 SANTA ROSA
City, State Zip: SAUSALITO, CA 94965
Phone: (415) 332-1350  Fax: (415) 339-6084
Record ID: 210040CP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2017

Program Name: ALTA MIRA RECOVERY PROGRAMS
Legal Name: ALTA MIRA RECOVERY CENTERS, LLC
Address: 110 HARRISON AVENUE
City, State Zip: SAUSALITO, CA 94965
Phone: (415) 332-1350  Fax: (415) 275-7201
Record ID: 210040DP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2017
<table>
<thead>
<tr>
<th>Program Name</th>
<th>Record ID</th>
<th>Service Type</th>
<th>Target Population</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALTA MIRA RECOVERY PROGRAMS</td>
<td>210040EP</td>
<td>RES-DETOX</td>
<td>1.1 --- CO-ED</td>
<td>2/28/2017</td>
</tr>
<tr>
<td>ALTA MIRA OUTPATIENT SERVICES</td>
<td>210040FP</td>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td>6/30/2017</td>
</tr>
<tr>
<td>MARIN TREATMENT CENTER</td>
<td>210042AN</td>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td>6/30/2018</td>
</tr>
<tr>
<td>MUIR WOOD ADOLESCENT &amp; FAMILY SERVICES</td>
<td>210044AP</td>
<td>NON</td>
<td>1.5 --- YOUTH/ADOLESCENT</td>
<td>10/31/2017</td>
</tr>
<tr>
<td>SAFE PASSAGE RECOVERY</td>
<td>210046AP</td>
<td>NON-DETOX</td>
<td>1.1 --- CO-ED</td>
<td>6/30/2018</td>
</tr>
<tr>
<td>Program Name:</td>
<td>MARIPOSA COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVICES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------</td>
<td>--------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal Name:</td>
<td>MARIPOSA COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVICES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td>5362 AND 5362-A LEMEE LANE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>MARIPOSA, CA 95338</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>(209) 966-2000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fax:</td>
<td>(209) 966-8251</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Record ID:</td>
<td>220002AN</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Type:</td>
<td>NON</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>7/31/2017</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Name:</td>
<td>UKIAH RECOVERY CENTER</td>
<td>Legal Name:</td>
<td>FORD STREET PROJECT</td>
<td></td>
</tr>
<tr>
<td>--------------</td>
<td>-------------------------</td>
<td>-------------</td>
<td>---------------------</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td>201 BRUSH STREET, BUILDINGS 201A, 201B, AND 201C</td>
<td>City, State Zip:</td>
<td>UKIAH, CA 95482</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>(707) 462-1934</td>
<td>Record ID:</td>
<td>230004AN</td>
<td></td>
</tr>
<tr>
<td>Service Type:</td>
<td>RES-DETOX</td>
<td>Total Occupancy:</td>
<td>40</td>
<td></td>
</tr>
<tr>
<td>Resident Capacity:</td>
<td>40</td>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
<td></td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>6/30/2017</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>FORD STREET PROJECT</th>
<th>Legal Name:</th>
<th>FORD STREET PROJECT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>139 FORD STREET</td>
<td>City, State Zip:</td>
<td>UKIAH, CA 95482</td>
</tr>
<tr>
<td>Phone:</td>
<td>(707) 462-1934</td>
<td>Fax:</td>
<td>(707) 468-9860</td>
</tr>
<tr>
<td>Record ID:</td>
<td>230004BN</td>
<td>Service Type:</td>
<td>NON</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>1/31/2017</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>MENDOCINO COUNTY HEALTH AND HUMAN SERVICES AGENCY, ALCOHOL AND OTHER DRUG PROGRAM</th>
<th>Legal Name:</th>
<th>MENDOCINO COUNTY HEALTH AND HUMAN SERVICES AGENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>790 SOUTH FRANKLIN STREET, SUITE B</td>
<td>City, State Zip:</td>
<td>FORT BRAGG, CA 95437</td>
</tr>
<tr>
<td>Phone:</td>
<td>(707) 472-2605</td>
<td>Fax:</td>
<td>(707) 472-2605</td>
</tr>
<tr>
<td>Record ID:</td>
<td>230006GN</td>
<td>Service Type:</td>
<td>NON</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>5/31/2017</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>MENDOCINO COUNTY HEALTH AND HUMAN SERVICES AGENCY BEHAVIORIAL HEALTH &amp; RECOVERY</th>
<th>Legal Name:</th>
<th>MENDOCINO COUNTY HEALTH AND HUMAN SERVICES AGENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>1120 SOUTH DORA STREET</td>
<td>City, State Zip:</td>
<td>UKIAH, CA 95482</td>
</tr>
<tr>
<td>Phone:</td>
<td>(707) 472-2637</td>
<td>Fax:</td>
<td>(707) 472-2768</td>
</tr>
<tr>
<td>Record ID:</td>
<td>230006HN</td>
<td>Service Type:</td>
<td>NON</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>10/31/2017</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>MENDOCINO COUNTY HHSA - CHILDREN'S AND FAMILY SERVICES</th>
<th>Legal Name:</th>
<th>MENDOCINO COUNTY HEALTH AND HUMAN SERVICES AGENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>727 S. STATE STREET</td>
<td>City, State Zip:</td>
<td>UKIAH, CA 95482</td>
</tr>
<tr>
<td>Phone:</td>
<td>(707) 472-2605</td>
<td>Fax:</td>
<td>(707) 472-2657</td>
</tr>
<tr>
<td>Record ID:</td>
<td>230006KN</td>
<td>Service Type:</td>
<td>NON</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>7/31/2018</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>WILLITS INTEGRATED SERVICES CENTER (WISC)</th>
<th>Legal Name:</th>
<th>MENDOCINO COUNTY HEALTH AND HUMAN SERVICES AGENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>474 E. VALLEY STREET</td>
<td>City, State Zip:</td>
<td>WILLITS, CA 95490</td>
</tr>
<tr>
<td>Phone:</td>
<td>(707) 472-2605</td>
<td>Fax:</td>
<td>(707) 472-2657</td>
</tr>
<tr>
<td>Record ID:</td>
<td>230006LN</td>
<td>Service Type:</td>
<td>NON</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>7/31/2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Name:</td>
<td>DAVE RIORDAN'S 'HOBIE HOUSE'</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------</td>
<td>-------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal Name:</td>
<td>COMMUNITY/SOCIAL MODEL ADVOCATES, INC.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td>1299 AND 1301 YOSEMITE PARKWAY, 1931 AND 1941 HIGHLAND AVENUE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>MERCED, CA 95340</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>(209) 722-6335</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Record ID:</td>
<td>240001BN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Type:</td>
<td>RES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resident Capacity:</td>
<td>25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Occupancy:</td>
<td>26</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.2 --- MEN ONLY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>8/31/2018</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>THE ROSE JULIA RIORDAN TRANQUILLY VILLAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>COMMUNITY/SOCIAL MODEL ADVOCATES, INC.</td>
</tr>
<tr>
<td>Address:</td>
<td>509, 527, 559, 569, 579 AND 589 MENDOCINO COURT</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>ATWATER, CA 95301</td>
</tr>
<tr>
<td>Phone:</td>
<td>(209) 357-5261 Fax: (209) 357-5279</td>
</tr>
<tr>
<td>Record ID:</td>
<td>240001EN</td>
</tr>
<tr>
<td>Service Type:</td>
<td>RES</td>
</tr>
<tr>
<td>Resident Capacity:</td>
<td>42</td>
</tr>
<tr>
<td>Total Occupancy:</td>
<td>62</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.3 --- WOMEN ONLY</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>11/30/2016</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>RECOVERY ASSISTANCE FOR TEENS (R.A.F.T.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>MERCED COUNTY DEPARTMENT OF MENTAL HEALTH - ALCOHOL AND DRUG SERVICES</td>
</tr>
<tr>
<td>Address:</td>
<td>3313 NORTH G STREET, SUITE B</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>MERCED, CA 95340</td>
</tr>
<tr>
<td>Phone:</td>
<td>(209) 381-6808 Fax: (209) 725-3810</td>
</tr>
<tr>
<td>Record ID:</td>
<td>240003AN</td>
</tr>
<tr>
<td>Service Type:</td>
<td>NON</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.5 --- YOUTH/ADOLESCENT</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>7/31/2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>THE CENTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>MERCED COUNTY DEPARTMENT OF MENTAL HEALTH - ALCOHOL AND DRUG SERVICES</td>
</tr>
<tr>
<td>Address:</td>
<td>3305 G STREET</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>MERCED, CA 95340</td>
</tr>
<tr>
<td>Phone:</td>
<td>(209) 381-6880 Fax: (209) 723-6220</td>
</tr>
<tr>
<td>Record ID:</td>
<td>240003BN</td>
</tr>
<tr>
<td>Service Type:</td>
<td>NON</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>2/28/2018</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>MERCED COUNTY SACPA DRUG TREATMENT PROGRAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>MERCED COUNTY DEPARTMENT OF MENTAL HEALTH-ALCOHOL AND DRUG SERVICES</td>
</tr>
<tr>
<td>Address:</td>
<td>3090 M STREET</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>MERCED, CA 95340</td>
</tr>
<tr>
<td>Phone:</td>
<td>(209) 381-6852 Fax: (209) 385-3174</td>
</tr>
<tr>
<td>Record ID:</td>
<td>240003CN</td>
</tr>
<tr>
<td>Service Type:</td>
<td>NON</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>4/30/2018</td>
</tr>
</tbody>
</table>
State of California, Department of Health Care Services
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of 9/6/2016
Modoc County

No licensed or certified facilities at this time.

Please check with a neighboring county for services.
No licensed or certified facilities at this time.

Please check with a neighboring county for services.
<table>
<thead>
<tr>
<th>Program Name</th>
<th>BEACON HOUSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>BEACON HOUSE</td>
</tr>
<tr>
<td>Address:</td>
<td>468 PINE AVENUE</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>PACIFIC GROVE, CA 93950</td>
</tr>
<tr>
<td>Phone:</td>
<td>(831) 372-2334</td>
</tr>
<tr>
<td>Record ID:</td>
<td>270001AN</td>
</tr>
<tr>
<td>Service Type:</td>
<td>RES-DETOX</td>
</tr>
<tr>
<td>Resident Capacity:</td>
<td>22</td>
</tr>
<tr>
<td>Total Occupancy:</td>
<td>22</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>3/31/2018</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name</th>
<th>DOOR TO HOPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>DOOR TO HOPE</td>
</tr>
<tr>
<td>Address:</td>
<td>165 CLAY STREET</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>SALINAS, CA 93901</td>
</tr>
<tr>
<td>Phone:</td>
<td>(831) 422-6226</td>
</tr>
<tr>
<td>Fax:</td>
<td>(831) 758-5127</td>
</tr>
<tr>
<td>Record ID:</td>
<td>270002AN</td>
</tr>
<tr>
<td>Service Type:</td>
<td>RES</td>
</tr>
<tr>
<td>Resident Capacity:</td>
<td>14</td>
</tr>
<tr>
<td>Total Occupancy:</td>
<td>14</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.3 --- WOMEN ONLY</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>3/31/2018</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name</th>
<th>NUEVA ESPERANZA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>DOOR TO HOPE</td>
</tr>
<tr>
<td>Address:</td>
<td>325 CALIFORNIA STREET</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>SALINAS, CA 93901</td>
</tr>
<tr>
<td>Phone:</td>
<td>(831) 422-2636</td>
</tr>
<tr>
<td>Fax:</td>
<td>(831) 758-5127</td>
</tr>
<tr>
<td>Record ID:</td>
<td>270002BN</td>
</tr>
<tr>
<td>Service Type:</td>
<td>RES</td>
</tr>
<tr>
<td>Resident Capacity:</td>
<td>6</td>
</tr>
<tr>
<td>Total Occupancy:</td>
<td>16</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.3 --- WOMEN ONLY</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>3/31/2018</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name</th>
<th>DOOR TO HOPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>DOOR TO HOPE</td>
</tr>
<tr>
<td>Address:</td>
<td>130 WEST GABILAN STREET</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>SALINAS, CA 93901</td>
</tr>
<tr>
<td>Phone:</td>
<td>(831) 758-0181</td>
</tr>
<tr>
<td>Fax:</td>
<td>(831) 758-5127</td>
</tr>
<tr>
<td>Record ID:</td>
<td>270002CN</td>
</tr>
<tr>
<td>Service Type:</td>
<td>NON</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>7/31/2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name</th>
<th>SUN STREET CENTERS, MEN'S RESIDENTIAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>SUN STREET CENTERS</td>
</tr>
<tr>
<td>Address:</td>
<td>8 SUN STREET</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>SALINAS, CA 93901</td>
</tr>
<tr>
<td>Phone:</td>
<td>(831) 753-5145</td>
</tr>
<tr>
<td>Record ID:</td>
<td>270003AN</td>
</tr>
<tr>
<td>Service Type:</td>
<td>RES</td>
</tr>
<tr>
<td>Resident Capacity:</td>
<td>54</td>
</tr>
<tr>
<td>Total Occupancy:</td>
<td>54</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.2 --- MEN ONLY</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>11/30/2017</td>
</tr>
<tr>
<td>Program Name</td>
<td>Legal Name</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>------------------------------------------------------</td>
</tr>
<tr>
<td>SUN STREET CENTERS OUTPATIENT PROGRAM</td>
<td>SUN STREET CENTERS</td>
</tr>
<tr>
<td>GENESIS RESIDENTIAL CENTER</td>
<td>COMMUNITY HUMAN SERVICES</td>
</tr>
<tr>
<td>VALLEY HEALTH ASSOCIATES</td>
<td>VALLEY HEALTH ASSOCIATES</td>
</tr>
<tr>
<td>VALLEY HEALTH ASSOCIATES</td>
<td>VALLEY HEALTH ASSOCIATES</td>
</tr>
<tr>
<td>MONTEREY INSTITUTE OF MENTAL HEALTH</td>
<td>MONTEREY INSTITUTE LICENSED CLINICAL SOCIAL WORKER, INC.</td>
</tr>
<tr>
<td>THE CAMP RECOVERY CENTER INTENSIVE OUTPATIENT MONTEREY</td>
<td>THE CAMP RECOVERY CENTER, LLC</td>
</tr>
</tbody>
</table>
State of California, Department of Health Care Services
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of 9/6/2016  Napa County

Program Name: NAPA COUNTY ALCOHOL AND DRUG PROGRAMS
Legal Name: NAPA COUNTY HEALTH AND HUMAN SERVICES
Address: 2344 OLD SONOMA ROAD, BUILDINGS A, B, C, F, AND J
City, State Zip: NAPA, CA 94559-3708
Phone: (707) 253-4721
Record ID: 280003BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2018

Program Name: WOODLAND HOUSE
Legal Name: ST. HELENA HOSPITAL
Address: 5 WOODLAND ROAD
City, State Zip: ST. HELENA, CA 94574
Phone: (707) 963-6311 Ext: 6203  Fax: (707) 967-5627
Record ID: 280009AN
Service Type: RES
Resident Capacity: 13
Total Occupancy: 13
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2018

Program Name: ST. HELENA RECOVERY CENTER
Legal Name: ST. HELENA HOSPITAL
Address: 10 WOODLAND ROAD
City, State Zip: ST. HELENA, CA 94574-9554
Phone: (707) 963-6486  Fax: (707) 967-5627
Record ID: 280009BN
Service Type: RES-DETOX
Resident Capacity: 30
Total Occupancy: 30
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2016

Program Name: ALTERNATIVES FOR BETTER LIVING
Legal Name: ALTERNATIVES FOR BETTER LIVING
Address: 701 SCHOOL STREET
City, State Zip: NAPA, CA 94559-2829
Phone: (707) 226-1248  Fax: (707) 226-8011
Record ID: 280010AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2017

Program Name: ALDEA BEHAVIORAL HEALTH SERVICES
Legal Name: ALDEA, INC.
Address: 2310 1ST STREET
City, State Zip: NAPA, CA 94559
Phone: (707) 255-1855  Fax: (707) 255-5621
Record ID: 280013BN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 4/30/2017
Program Name: COLD SPRINGS
Legal Name: PACIFICA PAIN MANAGEMENT SERVICES, INC.
Address: 415 COLD SPRINGS ROAD
City, State Zip: ANGWIN, CA 94508-9657
Phone: (707) 963-1493 Fax: (707) 963-1463
Record ID: 280015AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2018

Program Name: MCALISTER INSTITUTE RESIDENTIAL PROGRAM
Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.
Address: 2100 NAPA VALLEJO HIGHWAY, BLDG. 253 (M-1)
City, State Zip: NAPA, CA 94558-6293
Phone: (707) 257-1460 Fax: (619) 442-1101
Record ID: 280017AN
Service Type: RES-DETOX
Resident Capacity: 55
Total Occupancy: 61
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2017

Program Name: DUFFY'S MYRTLEDALE
Legal Name: DUFFY'S NAPA VALLEY REHAB, LLC
Address: 3058, 3076 & 3088 MYRTLEDALE ROAD
City, State Zip: CALISTOGA, CA 94515
Phone: (888) 717-9724 Fax: (707) 942-4819
Record ID: 280019AP
Service Type: RES-DETOX
Resident Capacity: 61
Total Occupancy: 61
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2017

Program Name: DUFFY'S NAPA VALLEY
Legal Name: DUFFY'S NAPA VALLEY REHAB, LLC
Address: 2436 FOOTHILL BOULEVARD, SUITE E
City, State Zip: CALISTOGA, CA 94515
Phone: (707) 942-6888 Fax: (707) 942-4819
Record ID: 280019BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2017
<table>
<thead>
<tr>
<th>Program Name:</th>
<th>GRASS VALLEY SERVICE CENTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>COMMUNITY RECOVERY RESOURCES</td>
</tr>
<tr>
<td>Address:</td>
<td>180 SIERRA COLLEGE DRIVE</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>GRASS VALLEY, CA 95945-5768</td>
</tr>
<tr>
<td>Phone:</td>
<td>(530) 273-9541         Fax: (530) 273-7740</td>
</tr>
<tr>
<td>Record ID:</td>
<td>290002AN</td>
</tr>
<tr>
<td>Service Type:</td>
<td>NON</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>6/30/2018</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>HOPE HOUSE/SERENITY HOUSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>COMMUNITY RECOVERY RESOURCES</td>
</tr>
<tr>
<td>Address:</td>
<td>159 BRENTWOOD DRIVE</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>GRASS VALLEY, CA 95945-5768</td>
</tr>
<tr>
<td>Phone:</td>
<td>(530) 273-9541         Fax: (530) 271-7036</td>
</tr>
<tr>
<td>Record ID:</td>
<td>290002BN</td>
</tr>
<tr>
<td>Service Type:</td>
<td>RES-DETOX</td>
</tr>
<tr>
<td>Resident Capacity:</td>
<td>40</td>
</tr>
<tr>
<td>Total Occupancy:</td>
<td>52</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.9 --- CO-ED/CHILDREN</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>1/31/2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>TRUCKEE SERVICE CENTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>COMMUNITY RECOVERY RESOURCES</td>
</tr>
<tr>
<td>Address:</td>
<td>10015 PALISADES DRIVE, SUITE 1</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>TRUCKEE, CA 96161-1941</td>
</tr>
<tr>
<td>Phone:</td>
<td>(530) 587-8194         Fax: (530) 587-5617</td>
</tr>
<tr>
<td>Record ID:</td>
<td>290002DN</td>
</tr>
<tr>
<td>Service Type:</td>
<td>NON</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.10 --- CO-ED/YOUTH</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>6/30/2018</td>
</tr>
</tbody>
</table>
Program Name: MARIPOSA WOMEN AND FAMILY CENTER
Legal Name: MARIPOSA WOMEN AND FAMILY CENTER
Address: 812 W. TOWN AND COUNTRY ROAD
City, State Zip: ORANGE, CA 92868
Phone: (714) 547-6494
Record ID: 300005AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2017

Program Name: MARIPOSA WOMEN AND FAMILY CENTER
Legal Name: MARIPOSA WOMEN AND FAMILY CENTER
Address: 29222 RANCHO VIEJO ROAD, #122
City, State Zip: SAN JUAN CAPISTRANO, CA 92675
Phone: (949) 547-6494 Fax: (949) 429-6868
Record ID: 300005BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2017

Program Name: ADULT AND OLDER ADULT BEHAVIORAL HEALTH- SANTA ANA SUBSTANCE USE DISORDERS
Legal Name: COUNTY OF ORANGE HEALTH CARE AGENCY
Address: 1200 NORTH MAIN STREET, SUITES 100B AND 301
City, State Zip: SANTA ANA, CA 92701
Phone: (714) 834-2860 Fax: (714) 568-4933
Record ID: 300006BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2018

Program Name: ADULT AND OLDER ADULT BEHAVIORAL HEALTH- WESTMINSTER SUBSTANCE USE DISORDERS
Legal Name: COUNTY OF ORANGE HEALTH CARE AGENCY
Address: 14140 BEACH BOULEVARD, ROOM 120 AND 200
City, State Zip: WESTMINSTER, CA 92683
Phone: (714) 834-2160
Record ID: 300006DN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2018

Program Name: ADULT AND OLDER ADULT BEHAVIORAL HEALTH - ALISO VIEJO SUBSTANCE USE DISORDERS
Legal Name: COUNTY OF ORANGE HEALTH CARE AGENCY
Address: 5 MAREBLU, SUITES 100 AND 200
City, State Zip: ALISO VIEJO, CA 92656
Phone: (714) 834-2160
Record ID: 300006GN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2018

Program Name: ADULT AND OLDER ADULT BEHAVIORAL HEALTH - COSTA MESA SUBSTANCE USE DISORDERS
Legal Name: COUNTY OF ORANGE HEALTH CARE AGENCY
Address: 3115 REDHILL AVENUE
City, State Zip: COSTA MESA, CA 92626
Phone: (714) 834-2160
Record ID: 300006IN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2018
Program Name: ALCOHOL AND DRUG ABUSE SERVICES - ANAHEIM  
Legal Name: COUNTY OF ORANGE HEALTH CARE AGENCY  
Address: 2035 BALL ROAD, SUITES 100A AND 100P  
City, State Zip: ANAHEIM, CA 92805  
Phone: (714) 517-6175  
Fax: (714) 667-3968  
Record ID: 300006LN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 12/31/2016

Program Name: NEW DIRECTIONS FOR WOMEN/PROGRAM FOR WOMEN WITH CHILDREN  
Legal Name: NEW DIRECTIONS FOR WOMEN, INC.  
Address: 334 UNIVERSITY AVENUE  
City, State Zip: COSTA MESA, CA 92627  
Phone: (949) 313-1192  
Record ID: 300007FN  
Service Type: RES  
Resident Capacity: 6  
Total Occupancy: 12  
Target Population: 1.4 --- WOMEN/CHILDREN  
Expiration Date: 10/31/2017

Program Name: NEW DIRECTIONS FOR WOMEN, INC.  
Legal Name: NEW DIRECTIONS FOR WOMEN, INC.  
Address: 2601 AND 2607 WILLO LANE  
City, State Zip: COSTA MESA, CA 92627  
Phone: (949) 313-1192  
Record ID: 300007GN  
Service Type: RES  
Resident Capacity: 24  
Total Occupancy: 24  
Target Population: 1.3 --- WOMEN ONLY  
Expiration Date: 11/30/2017

Program Name: NEW DIRECTIONS FOR WOMEN OUTPATIENT PROGRAM  
Legal Name: NEW DIRECTIONS FOR WOMEN, INC.  
Address: 3001 REDHILL AVENUE, BUILDING 4, SUITES 108 AND 109  
City, State Zip: COSTA MESA, CA 92626  
Phone: (949) 313-1192  
Record ID: 300007JN  
Service Type: NON  
Target Population: 1.3 --- WOMEN ONLY  
Expiration Date: 2/28/2018

Program Name: NEW DIRECTIONS FOR WOMEN  
Legal Name: NEW DIRECTIONS FOR WOMEN, INC.  
Address: 2614 WILLO LANE  
City, State Zip: COSTA MESA, CA 92627  
Phone: (949) 313-1192  
Fax: (949) 269-9233  
Record ID: 300007KN  
Service Type: RES  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.3 --- WOMEN ONLY  
Expiration Date: 7/31/2018

Program Name: NEW DIRECTIONS FOR WOMEN  
Legal Name: NEW DIRECTIONS FOR WOMEN, INC.  
Address: 2603 WILLO LANE  
City, State Zip: COSTA MESA, CA 92627  
Phone: (949) 313-1192  
Record ID: 300007LN  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.3 --- WOMEN ONLY  
Expiration Date: 3/31/2017
Program Name: CASA ELENA RECOVERY HOME  
Legal Name: CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABUSE, INC.  
Address: 832 SOUTH ANAHEIM BOULEVARD  
City, State Zip: ANAHEIM, CA 92801  
Phone: (714) 772-5580  
Record ID: 300010BN  
Service Type: RES  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.3 --- WOMEN ONLY  
Expiration Date: 7/31/2018

Program Name: LA FAMILIA ALCOHOL AND DRUG SERVICES  
Legal Name: CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABUSE, INC.  
Address: 1905 NORTH COLLEGE AVENUE  
City, State Zip: SANTA ANA, CA 92701  
Phone: (714) 479-0120   Fax: (714) 479-0153  
Record ID: 300010DN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 7/31/2018

Program Name: SOUTH COAST COUNSELING, INC.  
Legal Name: SOUTH COAST COUNSELING, INC.  
Address: 693 PLUMER STREET  
City, State Zip: COSTA MESA, CA 92627-2720  
Phone: (949) 642-0180  
Record ID: 300012BN  
Service Type: RES  
Resident Capacity: 15  
Total Occupancy: 15  
Target Population: 1.1 --- CO-ED  
Expiration Date: 4/30/2018

Program Name: ROQUE CENTER  
Legal Name: ROQUE CENTER, INC.  
Address: 10936 DALE AVENUE  
City, State Zip: STANTON, CA 90680  
Phone: (714) 952-4032  
Record ID: 300015AN  
Service Type: RES-DETOX  
Resident Capacity: 24  
Total Occupancy: 24  
Target Population: 1.1 --- CO-ED  
Expiration Date: 7/31/2018

Program Name: THE VILLA  
Legal Name: THE VILLA CENTER, INC.  
Address: 910 NORTH FRENCH STREET  
City, State Zip: SANTA ANA, CA 92701  
Phone: (714) 547-3301   Fax: (714) 547-1249  
Record ID: 300016AN  
Service Type: RES  
Resident Capacity: 15  
Total Occupancy: 16  
Target Population: 1.3 --- WOMEN ONLY  
Expiration Date: 1/31/2018

Program Name: THE VILLA ANNEX  
Legal Name: THE VILLA CENTER, INC.  
Address: 311 EAST WASHINGTON STREET  
City, State Zip: SANTA ANA, CA 92701  
Phone: (714) 547-2732   Fax: (714) 547-1249  
Record ID: 300016CN  
Service Type: RES  
Resident Capacity: 6  
Total Occupancy: 8  
Target Population: 1.3 --- WOMEN ONLY  
Expiration Date: 1/31/2018
Program Name:       THE VILLA ANNEX II
Legal Name:         THE VILLA CENTER, INC.
Address:            519 EAST WASHINGTON AVENUE
City, State Zip:    SANTA ANA, CA 92701
Phone:              (714) 547-3301         Fax:    (714) 547-1249
Record ID:          300016DN
Service Type:       RES
Resident Capacity:  6
Total Occupancy:    6
Target Population:  1.3 --- WOMEN ONLY
Expiration Date:    5/31/2018

Program Name:       CORNERSTONE 1
Legal Name:         RECOVERY HOMES OF AMERICA, INC.
Address:            13682 YORBA STREET
City, State Zip:    TUSTIN, CA 92780-1831
Phone:              (714) 730-5399
Record ID:          300017AP
Service Type:       RES-DETOX
Resident Capacity:  6
Total Occupancy:    8
Target Population:  1.1 --- CO-ED
Expiration Date:    5/31/2018

Program Name:       CORNERSTONE OF SOUTHERN CALIFORNIA 3
Legal Name:         RECOVERY HOMES OF AMERICA, INC.
Address:            427 SOUTH YORBA STREET
City, State Zip:    ORANGE, CA 92869
Phone:              (714) 730-5399
Record ID:          300017BP
Service Type:       RES
Resident Capacity:  6
Total Occupancy:    7
Target Population:  1.1 --- CO-ED
Expiration Date:    5/31/2018

Program Name:       CORNERSTONE OF SOUTHERN CALIFORNIA 7
Legal Name:         RECOVERY HOMES OF AMERICA, INC.
Address:            13681 ROSALIND STREET
City, State Zip:    TUSTIN, CA 92780
Phone:              (714) 730-5399         Fax:    (714) 710-7100
Record ID:          300017CP
Service Type:       RES-DETOX
Resident Capacity:  6
Total Occupancy:    7
Target Population:  1.3 --- WOMEN ONLY
Expiration Date:    5/31/2018

Program Name:       CORNERSTONE OF SOUTHERN CALIFORNIA 4
Legal Name:         RECOVERY HOMES OF AMERICA, INC.
Address:            13671 ROSALIND STREET
City, State Zip:    TUSTIN, CA 92780-1831
Phone:              (714) 730-5399         Fax:    (714) 710-7100
Record ID:          300017DP
Service Type:       RES-DETOX
Resident Capacity:  6
Total Occupancy:    8
Target Population:  1.1 --- CO-ED
Expiration Date:    5/31/2018

Program Name:       CORNERSTONE OF SOUTHERN CALIFORNIA OUTPATIENT SERVICES
Legal Name:         RECOVERY HOMES OF AMERICA, INC.
Address:            1950 EAST 17TH STREET, SUITE 150
City, State Zip:    SANTA ANA, CA 92705
Phone:              (714) 547-4300
Record ID:          300017FP
Service Type:       NON
Target Population:  1.1 --- CO-ED
Expiration Date:    5/31/2018
<table>
<thead>
<tr>
<th>Program Name</th>
<th>Legal Name</th>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
<th>Record ID</th>
<th>Service Type</th>
<th>Resident Capacity</th>
<th>Total Occupancy</th>
<th>Target Population</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>CORNERSTONE #2</td>
<td>RECOVERY HOMES OF AMERICA, INC.</td>
<td>13022 YORBA STREET</td>
<td>(714) 730-5399</td>
<td>(714) 730-3505</td>
<td>300017GP</td>
<td>RES</td>
<td>6</td>
<td>7</td>
<td>1.1 --- CO-ED</td>
<td>7/31/2017</td>
</tr>
<tr>
<td>CORNERSTONE RECOVERY HOME #5</td>
<td>RECOVERY HOMES OF AMERICA, INC.</td>
<td>2641 OLD GRAND</td>
<td>(714) 730-5399</td>
<td>(714) 730-3505</td>
<td>300017HP</td>
<td>RES</td>
<td>6</td>
<td>8</td>
<td>1.1 --- CO-ED</td>
<td>7/31/2017</td>
</tr>
<tr>
<td>CORNERSTONE RECOVERY HOME #6</td>
<td>RECOVERY HOMES OF AMERICA, INC.</td>
<td>13861 ESPLANADE AVENUE</td>
<td>(714) 547-4300</td>
<td></td>
<td>300017IP</td>
<td>RES</td>
<td>6</td>
<td>7</td>
<td>1.1 --- CO-ED</td>
<td>7/31/2017</td>
</tr>
<tr>
<td>CORNERSTONE #9</td>
<td>RECOVERY HOMES OF AMERICA, INC.</td>
<td>2217 NORTH WRIGHT STREET</td>
<td>(714) 730-5399</td>
<td>(714) 730-3505</td>
<td>300017JP</td>
<td>RES</td>
<td>6</td>
<td>8</td>
<td>1.1 --- CO-ED</td>
<td>7/31/2017</td>
</tr>
<tr>
<td>CORNERSTONE RECOVERY HOME Y-11</td>
<td>RECOVERY HOMES OF AMERICA, INC.</td>
<td>880 S. YORBA STREET</td>
<td>(714) 730-5399</td>
<td>(714) 730-3505</td>
<td>300017KP</td>
<td>RES</td>
<td>6</td>
<td>10</td>
<td>1.1 --- CO-ED</td>
<td>3/31/2018</td>
</tr>
<tr>
<td>CORNERSTONE RECOVERY HOME M-10</td>
<td>RECOVERY HOMES OF AMERICA, INC.</td>
<td>3310 E. MAPLE AVENUE</td>
<td>(714) 730-5399</td>
<td></td>
<td>300017LP</td>
<td>RES</td>
<td>6</td>
<td>9</td>
<td>1.1 --- CO-ED</td>
<td>3/31/2018</td>
</tr>
<tr>
<td>Program Name</td>
<td>Legal Name</td>
<td>Address</td>
<td>City, State Zip</td>
<td>Phone</td>
<td>Record ID</td>
<td>Service Type</td>
<td>Resident Capacity</td>
<td>Total Occupancy</td>
<td>Target Population</td>
<td>Expiration Date</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>---------------------------------</td>
<td>--------------------------------</td>
<td>-----------------</td>
<td>----------------</td>
<td>---------------</td>
<td>--------------</td>
<td>-------------------</td>
<td>------------------</td>
<td>---------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>CORNERSTONE RECOVERY HOME - HOUSE 12</td>
<td>RECOVERY HOMES OF AMERICA, INC.</td>
<td>581 SOUTH PROSPECT STREET</td>
<td>ORANGE, CA 92869</td>
<td>(714) 730-5399</td>
<td>300017NP</td>
<td>RES</td>
<td>6</td>
<td>7</td>
<td>1.2 --- MEN ONLY</td>
<td>3/31/2018</td>
</tr>
<tr>
<td>CORNERSTONE OF SOUTHERN CALIFORNIA 8</td>
<td>RECOVERY HOMES OF AMERICA, INC.</td>
<td>13672 YORBA STREET</td>
<td>TUSTIN, CA 92780</td>
<td>(714) 730-5399</td>
<td>300017OP</td>
<td>RES-DETOX</td>
<td>6</td>
<td>8</td>
<td>1.1 --- CO-ED</td>
<td>5/31/2018</td>
</tr>
<tr>
<td>CORNERSTONE RECOVERY HOME #14</td>
<td>RECOVERY HOMES OF AMERICA, INC.</td>
<td>1612 EAST FRUIT STREET</td>
<td>SANTA ANA, CA 92701</td>
<td>(714) 730-5399</td>
<td>300017PP</td>
<td>RES</td>
<td>6</td>
<td>10</td>
<td>1.1 --- CO-ED</td>
<td>6/30/2017</td>
</tr>
<tr>
<td>CORNERSTONE RECOVERY HOME 15</td>
<td>RECOVERY HOMES OF AMERICA, INC.</td>
<td>700 SOUTH YORBA STREET</td>
<td>ORANGE, CA 92869</td>
<td>(714) 730-5399</td>
<td>300017SP</td>
<td>RES</td>
<td>6</td>
<td>8</td>
<td>1.1 --- CO-ED</td>
<td>4/30/2018</td>
</tr>
<tr>
<td>CORNERSTONE RECOVERY HOME 16</td>
<td>RECOVERY HOMES OF AMERICA, INC.</td>
<td>235 SOUTH PROSPECT</td>
<td>ORANGE, CA 92869</td>
<td>(714) 730-5399</td>
<td>300017TP</td>
<td>RES</td>
<td>6</td>
<td>8</td>
<td>1.3 --- WOMEN ONLY</td>
<td>8/31/2018</td>
</tr>
<tr>
<td>CORNERSTONE RECOVERY HOME 17</td>
<td>RECOVERY HOMES OF AMERICA, INC.</td>
<td>225 SOUTH PROSPECT</td>
<td>ORANGE, CA 92869</td>
<td>(714) 730-5399</td>
<td>300017UP</td>
<td>RES</td>
<td>6</td>
<td>8</td>
<td>1.1 --- CO-ED</td>
<td>8/31/2018</td>
</tr>
<tr>
<td>Program Name:</td>
<td>CORNERSTONE RECOVERY HOME #18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>-----------------------------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal Name:</td>
<td>RECOVERY HOMES OF AMERICA, INC.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td>757 SOUTH YORBA STREET</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>ORANGE, CA 92869</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>(714) 730-5399</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Record ID:</td>
<td>300017VP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Type:</td>
<td>RES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resident Capacity:</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Occupancy:</td>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>8/31/2017</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Name:</td>
<td>CORNERSTONE RECOVERY HOME #19</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal Name:</td>
<td>RECOVERY HOMES OF AMERICA, INC.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td>3735 EAST SPRING STREET</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>ORANGE, CA 92869</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>(714) 730-5399</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Record ID:</td>
<td>300017WP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Type:</td>
<td>RES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resident Capacity:</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Occupancy:</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.3 --- WOMEN ONLY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>9/30/2018</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Name:</td>
<td>CORNERSTONE RECOVERY HOME #20</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal Name:</td>
<td>RECOVERY HOMES OF AMERICA, INC.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td>249 SOUTH PROSPECT STREET</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>ORANGE, CA 92869</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>(714) 730-5399</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Record ID:</td>
<td>300017XP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Type:</td>
<td>RES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resident Capacity:</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Occupancy:</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>12/31/2017</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Name:</td>
<td>CORNERSTONE RECOVERY HOME #21</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal Name:</td>
<td>RECOVERY HOMES OF AMERICA, INC.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td>591 SOUTH PROSPECT STREET</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>ORANGE, CA 92869</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>(714) 730-5399</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Record ID:</td>
<td>300017YP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Type:</td>
<td>RES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resident Capacity:</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Occupancy:</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>12/31/2017</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Name:</td>
<td>COOPER FELLOWSHIP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal Name:</td>
<td>COOPER FELLOWSHIP, INC.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td>401, 405, 409, 413, 417, AND 421 NORTH COOPER STREET</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>SANTA ANA, CA 92703</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>(714) 554-1152</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Record ID:</td>
<td>300029AN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Type:</td>
<td>RES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resident Capacity:</td>
<td>60</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Occupancy:</td>
<td>60</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>11/30/2017</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Name:</td>
<td>PHOENIX HOUSE ORANGE COUNTY, INC.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal Name:</td>
<td>PHOENIX HOUSE ORANGE COUNTY, INC.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td>1207 EAST FRUIT STREET, BUILDINGS A, B2, B3, C, D, E &amp; F</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>SANTA ANA, CA 92701</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>(714) 953-9373</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Record ID:</td>
<td>300033AN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Type:</td>
<td>RES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resident Capacity:</td>
<td>130</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Occupancy:</td>
<td>130</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>8/31/2018</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Program Name: PHOENIX HOUSE ORANGE COUNTY
Legal Name: PHOENIX HOUSE ORANGE COUNTY, INC.
Address: 1207 EAST FRUIT STREET, BUILDING B1
City, State Zip: SANTA ANA, CA 92701
Phone: (714) 953-9373
Record ID: 300033CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2017

Program Name: HOPE HOUSE
Legal Name: HOPE HOUSE CORPORATION
Address: 710 AND 714 N ANAHEIM BOULEVARD
City, State Zip: ANAHEIM, CA 92805
Phone: (714) 776-7490 Fax: (714) 776-8650
Record ID: 300034AN
Service Type: RES
Resident Capacity: 56
Total Occupancy: 56
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2017

Program Name: GERRY HOUSE
Legal Name: STRAIGHT TALK CLINIC, INCORPORATED
Address: 1225 AND 1227 WEST 6TH STREET
City, State Zip: SANTA ANA, CA 92703
Phone: (714) 972-1402
Record ID: 300040AN
Service Type: RES
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2017

Program Name: WOODGLEN RECOVERY JUNCTION
Legal Name: WOODGLEN RECOVERY JUNCTION INCORPORATED
Address: 771 WEST ORANGETHORPE AVENUE
City, State Zip: FULLERTON, CA 92832
Phone: (714) 879-6916
Record ID: 300042AN
Service Type: RES
Resident Capacity: 24
Total Occupancy: 24
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2017

Program Name: WOODGLEN RECOVERY JUNCTION
Legal Name: WOODGLEN RECOVERY JUNCTION INCORPORATED
Address: 751 WEST ORANGETHORPE AVENUE
City, State Zip: FULLERTON, CA 92832
Phone: (714) 879-6916 Fax: (714) 578-2960
Record ID: 300042BN
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2018

Program Name: DAYLIGHT AGAIN
Legal Name: WOODGLEN RECOVERY JUNCTION INCORPORATED
Address: 329 EAST COMMONWEALTH AVENUE
City, State Zip: FULLERTON, CA 92832
Phone: (714) 879-6916 Fax: (714) 578-2960
Record ID: 300042CN
Service Type: RES
Resident Capacity: 16
Total Occupancy: 16
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2018
Program Name: WOODGLEN WEST DETOX
Legal Name: WOODGLEN RECOVERY JUNCTION INCORPORATED
Address: 1401 WEST ORANGETHORPE AVE.
City, State Zip: FULLERTON, CA 92832
Phone: (714) 612-6956       Fax: (714) 578-2960
Record ID: 300042DN
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2018

Program Name: SOBER LIVING BY THE SEA
Legal Name: SOBER LIVING BY THE SEA, INC.
Address: 4138 PATRICE ROAD
City, State Zip: NEWPORT BEACH, CA 92663
Phone: (949) 673-6696       Fax: (949) 723-2829
Record ID: 300044ACP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2016

Program Name: THE ROSE OF NEWPORT BEACH
Legal Name: SOBER LIVING BY THE SEA, INC.
Address: 6110 WEST OCEAN FRONT
City, State Zip: NEWPORT BEACH, CA 92663
Phone: (949) 673-6696       Fax: (949) 723-2829
Record ID: 300044AFP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 9/30/2017

Program Name: THE LANDING AT NEWPORT BEACH
Legal Name: SOBER LIVING BY THE SEA, INC.
Address: 4711 SEASHORE DRIVE
City, State Zip: NEWPORT BEACH, CA 92663
Phone: (949) 673-6696       Fax: (949) 723-2829
Record ID: 300044AGP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.2 --- MEN ONLY
Expiration Date: 9/30/2017

Program Name: SOBER LIVING BY THE SEA
Legal Name: SOBER LIVING BY THE SEA, INC.
Address: 1901 NEWPORT BOULEVARD, SUITE 149
City, State Zip: COSTA MESA, CA 92627
Phone: (949) 673-6696       Fax: (949) 675-4285
Record ID: 300044AHP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2016

Program Name: THE ROSE OF NEWPORT BEACH
Legal Name: SOBER LIVING BY THE SEA, INC.
Address: 6111 SEASHORE DRIVE
City, State Zip: NEWPORT BEACH, CA 92663
Phone: (949) 673-6696       Fax: (949) 723-2829
Record ID: 300044SP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 7/31/2016
Program Name: HERITAGE HOUSE
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.
Address: 2212 A-D & 2218 A-D PLACENTIA AVENUE
City, State Zip: COSTA MESA, CA 92627
Phone: (949) 646-2271
Record ID: 300054AN
Service Type: RES-DETOX
Resident Capacity: 16
Total Occupancy: 31
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 6/30/2018

Program Name: HERITAGE HOUSE NORTH
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.
Address: 315, 319, AND 321 NORTH STATE COLLEGE BOULEVARD
City, State Zip: ANAHEIM, CA 92806-2925
Phone: (562) 923-4545 Fax: (714) 687-9927
Record ID: 300054IN
Service Type: RES
Resident Capacity: 21
Total Occupancy: 44
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 12/31/2016

Program Name: BREAKAWAY PROGRAM
Legal Name: BREAKAWAY HEALTH CORPORATION
Address: 3151 AIRWAY AVENUE, SUITE D-1
City, State Zip: COSTA MESA, CA 92626
Phone: (714) 847-7585 Fax: (714) 848-5410
Record ID: 300065AP
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 1/31/2018

Program Name: THE RECOVERY CENTER
Legal Name: NANCY CLARK AND ASSOCIATES, INC.
Address: 1110 VICTORIA STREET
City, State Zip: COSTA MESA, CA 92627
Phone: (949) 631-0550 Fax: (949) 631-4589
Record ID: 300067AP
Service Type: RES
Resident Capacity: 38
Total Occupancy: 41
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2017

Program Name: RELAPSE PREVENTION OUTPATIENT PROGRAM
Legal Name: NANCY CLARK AND ASSOCIATES, INC.
Address: 471 OLD NEWPORT ROAD, SUITE 101
City, State Zip: NEWPORT BEACH, CA 92663
Phone: (949) 631-0550 Fax: (949) 631-4589
Record ID: 300067BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2017

Program Name: TOUCHSTONES
Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC.
Address: 525 NORTH PARKER
City, State Zip: ORANGE, CA 92868
Phone: (714) 639-5546
Record ID: 300070AN
Service Type: DSS
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2018
| Program Name                      | Pacific Hills Treatment Centers                                    | Legal Name                                           | Pacific Hills Treatment Centers, Inc.                  |
|----------------------------------|-------------------------------------------------------------------|------------------------------------------------------|
| Address                          | 217 AND 219 AVENIDA MONTEREY                                       | City, State Zip                                      | SAN CLEMENTE, CA 92672                                |
| Phone                            | (949) 248-5335                                                    | Phone                                                | (949) 248-5335                                       |
| Record ID                        | 300074BP                                                         | Record ID                                            | 300074BP                                             |
| Service Type                     | RES                                                               | Service Type                                         | RES                                                  |
| Resident Capacity                | 24                                                                | Resident Capacity                                    | 24                                                   |
| Total Occupancy                  | 24                                                                | Total Occupancy                                      | 24                                                   |
| Target Population                | 1.1 --- CO-ED                                                      | Target Population                                    | 1.1 --- CO-ED                                        |
| Expiration Date                  | 8/31/2017                                                        | Expiration Date                                      | 8/31/2017                                            |

| Program Name                      | Pacific Hills Treatment Centers                                    | Legal Name                                           | Pacific Hills Treatment Centers, Inc.                  |
|----------------------------------|-------------------------------------------------------------------|------------------------------------------------------|
| Address                          | 34248 VIA SANTA ROSA, APARTMENTS A, B, AND C                      | City, State Zip                                      | CAPISTRANO BEACH, CA 92624                            |
| Phone                            | (949) 489-8121                                                    | Phone                                                | (949) 369-7261                                       |
| Record ID                        | 300074CP                                                         | Record ID                                            | 300074CP                                             |
| Service Type                     | RES                                                               | Service Type                                         | RES                                                  |
| Resident Capacity                | 12                                                                | Resident Capacity                                    | 12                                                   |
| Total Occupancy                  | 12                                                                | Total Occupancy                                      | 12                                                   |
| Target Population                | 1.3 --- WOMEN ONLY                                                | Target Population                                    | 1.3 --- WOMEN ONLY                                   |
| Expiration Date                  | 11/30/2016                                                       | Expiration Date                                      | 11/30/2016                                           |

| Program Name                      | Pacific Hills Treatment Centers                                    | Legal Name                                           | Pacific Hills Treatment Centers, Inc.                  |
|----------------------------------|-------------------------------------------------------------------|------------------------------------------------------|
| Address                          | 27442 CALLE ARROYO, SUITE B                                       | City, State Zip                                      | SAN JUAN CAPISTRANO, CA 92675                         |
| Phone                            | (949) 248-5335                                                    | Phone                                                | (949) 248-5335                                       |
| Record ID                        | 300074DP                                                         | Record ID                                            | 300074DP                                             |
| Service Type                     | NON                                                               | Service Type                                         | NON                                                  |
| Target Population                | 1.1 --- CO-ED                                                      | Target Population                                    | 1.1 --- CO-ED                                        |
| Expiration Date                  | 10/31/2017                                                       | Expiration Date                                      | 10/31/2017                                           |

| Program Name                      | Spencer Recovery Center                                           | Legal Name                                           | Spencer Recovery Centers, Inc.                        |
|----------------------------------|-------------------------------------------------------------------|------------------------------------------------------|
| Address                          | 1316 SOUTH COAST HIGHWAY                                           | City, State Zip                                      | LAGUNA BEACH, CA 92651                                |
| Phone                            | (949) 376-3705                                                    | Phone                                                | (949) 376-3705                                       |
| Record ID                        | 300088AP                                                         | Record ID                                            | 300088AP                                             |
| Service Type                     | RES                                                               | Service Type                                         | RES                                                  |
| Resident Capacity                | 28                                                                | Resident Capacity                                    | 28                                                   |
| Total Occupancy                  | 28                                                                | Total Occupancy                                      | 28                                                   |
| Target Population                | 1.1 --- CO-ED                                                      | Target Population                                    | 1.1 --- CO-ED                                        |
| Expiration Date                  | 11/30/2017                                                       | Expiration Date                                      | 11/30/2017                                           |

| Program Name                      | Spencer Recovery Centers, Inc.                                    | Legal Name                                           | Spencer Recovery Centers, Inc.                        |
|----------------------------------|-------------------------------------------------------------------|------------------------------------------------------|
| Address                          | 1337 GAVIOTA, UNIT B AND C                                       | City, State Zip                                      | LAGUNA BEACH, CA 92651                                |
| Phone                            | (949) 376-3705                                                    | Phone                                                | (949) 376-3705                                       |
| Record ID                        | 300088JP                                                         | Record ID                                            | 300088JP                                             |
| Service Type                     | RES                                                               | Service Type                                         | RES                                                  |
| Resident Capacity                | 6                                                                 | Resident Capacity                                    | 6                                                    |
| Total Occupancy                  | 6                                                                 | Total Occupancy                                      | 6                                                    |
| Target Population                | 1.1 --- CO-ED                                                      | Target Population                                    | 1.1 --- CO-ED                                        |
| Expiration Date                  | 11/30/2016                                                       | Expiration Date                                      | 11/30/2016                                           |

| Program Name                      | Spencer Recovery Centers, Inc.                                    | Legal Name                                           | Spencer Recovery Centers, Inc.                        |
|----------------------------------|-------------------------------------------------------------------|------------------------------------------------------|
| Address                          | 665 CAMINO DE LOS MARES, SUITE 104C                               | City, State Zip                                      | SAN CLEMENTE, CA 92673                                |
| Phone                            | (949) 313-5224                                                    | Phone                                                | (949) 313-5224                                       |
| Record ID                        | 300088LP                                                         | Record ID                                            | 300088LP                                             |
| Service Type                     | NON                                                               | Service Type                                         | NON                                                  |
| Resident Capacity                | 1.1 --- CO-ED                                                      | Resident Capacity                                    | 1.1 --- CO-ED                                        |
| Total Occupancy                  | 1.1 --- CO-ED                                                      | Total Occupancy                                      | 1.1 --- CO-ED                                        |
| Target Population                | 1.1 --- CO-ED                                                      | Target Population                                    | 1.1 --- CO-ED                                        |
| Expiration Date                  | 4/30/2018                                                        | Expiration Date                                      | 4/30/2018                                            |
Program Name: THE GARY CENTER
Legal Name: THE GARY CENTER
Address: 341 S. HILLCREST STREET
City, State Zip: LA HABRA, CA 90631
Phone: (562) 691-3263
Record ID: 300093AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2016

Program Name: THE GARY CENTER SUBSTANCE ABUSE COUNSELING SYSTEMS
Legal Name: THE GARY CENTER
Address: 1525 EAST 17TH STREET, SUITE B
City, State Zip: SANTA ANA, CA 92705
Phone: (562) 691-3263 Fax: (562) 690-5063
Record ID: 300093BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2017

Program Name: CHAPMAN HOUSE
Legal Name: CHAPMAN HOUSE, INC.
Address: 1412 EAST CHAPMAN AVENUE
City, State Zip: ORANGE, CA 92866
Phone: (714) 288-9779 Fax: (714) 538-9779
Record ID: 300105BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2017

Program Name: CHAPMAN HOUSE, INC.
Legal Name: CHAPMAN HOUSE, INC.
Address: 14511 - 14512 CARFAX DRIVE
City, State Zip: TUSTIN, CA 92780
Phone: (714) 288-9779 Fax: (714) 288-6130
Record ID: 3001051P
Service Type: RES-DETOX
Resident Capacity: 44
Total Occupancy: 44
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2017

Program Name: COLLEGE COMMUNITY SERVICES/CALWORKS (CCS/CW)
Legal Name: COLLEGE COMMUNITY SERVICES
Address: 501 NORTH BROOKHURST STREET, SUITES 300B AND 320
City, State Zip: ANAHEIM, CA 92801
Phone: (714) 490-7711 Fax: (714) 490-7717
Record ID: 300106BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2017

Program Name: COLLEGE COMMUNITY SERVICES/CALWORKS/CAMINO NUEVO
Legal Name: COLLEGE COMMUNITY SERVICES
Address: 1200 NORTH MAIN STREET, SUITE 630
City, State Zip: SANTA ANA, CA 92701
Phone: (714) 824-8150 Fax: (714) 824-8151
Record ID: 300106CP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2017

Program Name: COLLEGE COMMUNITY SERVICES/CALWORKS-WEST
Legal Name: COLLEGE COMMUNITY SERVICES
Address: 13950 MILTON AVENUE, #306
City, State Zip: WESTMINSTER, CA 92683
Phone: (714) 793-1290 Fax: (714) 490-7717
Record ID: 300106DP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2017
Program Name: KC SERVICES
Legal Name: KOREAN COMMUNITY SERVICES, INC.
Address: 14795 JEFFREY ROAD, SUITE 207
City, State Zip: IRVINE, CA 92618
Phone: (949) 654-9163
Record ID: 300107CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2018

Program Name: K.C. SERVICES
Legal Name: KOREAN COMMUNITY SERVICES, INC.
Address: 1050 AND 1060 BROOKHURST
City, State Zip: FULLERTON, CA 92833
Phone: (714) 449-1339  Fax: (714) 449-1289
Record ID: 300107DN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2017

Program Name: KC SERVICES
Legal Name: KOREAN COMMUNITY SERVICES, INC.
Address: 7281 GARDEN GROVE BOULEVARD, SUITE H
City, State Zip: GARDEN GROVE, CA 92844
Phone: (714) 539-4544
Record ID: 300107EN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2018

Program Name: ABLE TO CHANGE RECOVERY, INC.
Legal Name: ABLE TO CHANGE RECOVERY, INC.
Address: 28522 AVENIDA PLACIDA
City, State Zip: SAN JUAN CAPISTRANO, CA 92675
Phone: (949) 388-1780  Fax: (949) 388-1620
Record ID: 300118AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2017

Program Name: ABLE TO CHANGE RECOVERY, INC.
Legal Name: ABLE TO CHANGE RECOVERY, INC.
Address: 31501 RANCHO VIEJO ROAD, #101 AND 103
City, State Zip: SAN JUAN CAPISTRANO, CA 92675
Phone: (949) 493-6800  Fax: (949) 493-6832
Record ID: 300118BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2018

Program Name: ABLE TO CHANGE RECOVERY, INC.
Legal Name: ABLE TO CHANGE RECOVERY, INC.
Address: 23492 WHITE DOVE AVENUE
City, State Zip: LAKE FOREST, CA 92630
Phone: (949) 493-6800  Fax: (949) 493-6832
Record ID: 300118CP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2018
Program Name: CENTER FOR THE TREATMENT OF ADDICTION, INC.
Legal Name: THE CENTER FOR THE TREATMENT OF ADDICTION, INC.
Address: 2701 EAST CHAPMAN AVENUE, SUITE 111
City, State Zip: FULLERTON, CA 92831
Phone: (760) 722-0672         Fax: (760) 722-3418
Record ID: 300119HP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2018

Program Name: NEW BEGINNING FELLOWSHIP CENTER
Legal Name: THE NEW BEGINNING FELLOWSHIP CENTER
Address: 16581 BROOKHURST
City, State Zip: FOUNTAIN VALLEY, CA 92706
Phone: (714) 839-2515         Fax: (714) 839-5501
Record ID: 300120BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2017

Program Name: YELLOWSTONE, WROC
Legal Name: YELLOWSTONE WOMEN'S FIRST STEP HOUSE, INC.
Address: 3132 BOSTON WAY
City, State Zip: COSTA MESA, CA 92626
Phone: (888) 941-9048         Fax: (714) 646-5296
Record ID: 300121AN
Service Type: RES
Resident Capacity: 15
Total Occupancy: 15
Target Population: 1.2 --- MEN ONLY
Expiration Date: 3/31/2017

Program Name: YELLOWSTONE (WOMEN'S RECOVERY OF CALIFORNIA)
Legal Name: YELLOWSTONE WOMEN'S FIRST STEP HOUSE, INC.
Address: 154 & 160 EAST BAY STREET
City, State Zip: COSTA MESA, CA 92627-2147
Phone: (949) 646-5296         Fax: (888) 941-9048
Record ID: 300121BN
Service Type: RES-DETOX
Resident Capacity: 12
Total Occupancy: 14
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2017

Program Name: THE YELLOWSTONE BRIDGE
Legal Name: YELLOWSTONE WOMEN'S FIRST STEP HOUSE, INC.
Address: 2028 FULLERTON AVENUE,
UNITS A, B, AND C
City, State Zip: COSTA MESA, CA 92627
Phone: (949) 574-3008         Fax: (949) 646-5296
Record ID: 300121FN
Service Type: RES-DETOX
Resident Capacity: 16
Total Occupancy: 20
Target Population: 1.2 --- MEN ONLY
Expiration Date: 8/31/2017

Program Name: YELLOWSTONE WOMEN'S FIRST STEP HOUSE, INC.
Legal Name: YELLOWSTONE WOMEN'S FIRST STEP HOUSE, INC.
Address: 2001 HARBOR BOULEVARD, SUITE 200
City, State Zip: COSTA MESA, CA 92626
Phone: (888) 941-9048         Fax: (949) 646-5296
Record ID: 300121IN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2017
<table>
<thead>
<tr>
<th>Program Name</th>
<th>Legal Name</th>
<th>Address</th>
<th>City, State Zip</th>
<th>Phone</th>
<th>Fax</th>
<th>Record ID</th>
<th>Service Type</th>
<th>Target Population</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>TWIN TOWN TREATMENT CENTERS - LOS ALAMITOS</td>
<td>TWIN TOWN CORPORATION</td>
<td>4388 EAST KATELLA AVENUE</td>
<td>LOS ALAMITOS, CA 90720</td>
<td>(562) 594-8844</td>
<td>(562) 493-1280</td>
<td>300128AP</td>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td>2/28/2017</td>
</tr>
<tr>
<td>TWIN TOWN TREATMENT CENTERS, ORANGE</td>
<td>TWIN TOWN CORPORATION</td>
<td>705 WEST LA VETA AVENUE, SUITE 208</td>
<td>ORANGE, CA 92868</td>
<td>(714) 532-9295</td>
<td></td>
<td>300128CP</td>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td>6/30/2017</td>
</tr>
<tr>
<td>TWIN TOWN TREATMENT CENTERS, MISSION VIEJO</td>
<td>TWIN TOWN CORPORATION</td>
<td>27281 LAS RAMBLAS STREET, SUITE 140</td>
<td>MISSION VIEJO, CA 92691</td>
<td>(949) 540-0170</td>
<td>(949) 540-0173</td>
<td>300128DP</td>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td>6/30/2017</td>
</tr>
<tr>
<td>BODY MIND SPIRIT IOP</td>
<td>WILLIAM W. MARTIN, PH.D, LICENSED CLINICAL PSYCHOLOGIST, A PROFESSIONAL CORPORATION</td>
<td>665 CAMINO DE LOS MARES, SUITE 104</td>
<td>SAN CLEMENTE, CA 92673</td>
<td>(949) 248-7377</td>
<td>(866) 805-2796</td>
<td>300135AP</td>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td>5/31/2018</td>
</tr>
<tr>
<td>PAT MOORE FOUNDATION</td>
<td>THE PAT MOORE FOUNDATION</td>
<td>2560 NEWPORT BOULEVARD, UNITS 1-22 AND 2568 NEWPORT BOULEVARD</td>
<td>COSTA MESA, CA 92627</td>
<td>(714) 546-2200</td>
<td>(949) 764-9288</td>
<td>300136JN</td>
<td>RES-DETOX</td>
<td>1.1 --- CO-ED</td>
<td>7/31/2016</td>
</tr>
<tr>
<td>PAT MOORE FOUNDATION</td>
<td>THE PAT MOORE FOUNDATION</td>
<td>1918 WEST HALL AVENUE</td>
<td>SANTA ANA, CA 92704</td>
<td>(714) 546-2200</td>
<td>(949) 764-9288</td>
<td>300136MN</td>
<td>RES</td>
<td>1.2 --- MEN ONLY</td>
<td>10/31/2017</td>
</tr>
</tbody>
</table>
Program Name: PAT MOORE FOUNDATION
Legal Name: THE PAT MOORE FOUNDATION
Address: 2614 WEST COLOMBINE STREET, UNIT A
City, State Zip: SANTA ANA, CA 92704
Phone: (714) 546-2200 Fax: (949) 764-9288
Record ID: 300136NN
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2016

Program Name: PAT MOORE FOUNDATION
Legal Name: THE PAT MOORE FOUNDATION
Address: 2614 WEST COLOMBINE STREET, UNIT B
City, State Zip: SANTA ANA, CA 92704
Phone: (714) 546-2200 Fax: (949) 764-9288
Record ID: 300136ON
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2016

Program Name: PAT MOORE FOUNDATION
Legal Name: THE PAT MOORE FOUNDATION
Address: 2105 W. ADAMS STREET
City, State Zip: SANTA ANA, CA 92704
Phone: (714) 546-2200 Fax: (949) 764-9288
Record ID: 300136RN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2016

Program Name: SOLUTIONS FOR RECOVERY
Legal Name: SOLUTIONS FOR RECOVERY, INC.
Address: 31931 PASEO TERRAZA
City, State Zip: SAN JUAN CAPISTRANO, CA 92675
Phone: (949) 874-1332 Fax: (949) 661-1264
Record ID: 300143BP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2018

Program Name: SOLUTIONS BY THE SEA
Legal Name: OCEAN RECOVERY L.L.C.
Address: 1601 WEST BALBOA BOULEVARD
City, State Zip: NEWPORT BEACH, CA 92663
Phone: (949) 723-2388
Record ID: 300144AP
Service Type: RES
Resident Capacity: 16
Total Occupancy: 16
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 12/31/2016

Program Name: OCEAN RECOVERY 1115
Legal Name: OCEAN RECOVERY, L.L.C.
Address: 1115 WEST BALBOA BOULEVARD
City, State Zip: NEWPORT BEACH, CA 92661
Phone: (949) 675-3764 Fax: (949) 723-1288
Record ID: 300144BP
Service Type: RES
Resident Capacity: 22
Total Occupancy: 22
Target Population: 1.2 --- MEN ONLY
Expiration Date: 12/31/2016
Program Name: HOPE BY THE SEA, INC.
Legal Name: HOPE BY THE SEA, INC.
Address: 28371 VIA ANZAR
City, State Zip: SAN JUAN CAPISTRANO, CA 92675
Phone: (949) 218-2690         Fax: (949) 218-1957
Record ID: 300149AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2017

Program Name: HOPE BY THE SEA, INC.
Legal Name: HOPE BY THE SEA, INC.
Address: 33171 PASEO CERVEZA
City, State Zip: SAN JUAN CAPISTRANO, CA 92675
Phone: (949) 218-2690         Fax: (949) 218-1597
Record ID: 300149BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2017

Program Name: HOPE BY THE SEA
Legal Name: HOPE BY THE SEA, INC.
Address: 31907 (B) DEL OBISPO
City, State Zip: SAN JUAN CAPISTRANO, CA 92675
Phone: (949) 276-2691
Record ID: 300149CP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2018

Program Name: HOPE BY THE SEA
Legal Name: HOPE BY THE SEA, INC.
Address: 31907 (A) DEL OBISPO
City, State Zip: SAN JUAN CAPISTRANO, CA 92675
Phone: (949) 276-7518
Record ID: 300149DP
Service Type: RES-DETOX
Resident Capacity: 5
Total Occupancy: 5
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2018

Program Name: SEACLIFF RECOVERY CENTER
Legal Name: RIGHT NOW RECOVERY, LLC
Address: 18682 BEACH BOULEVARD, SUITE 255
City, State Zip: HUNTINGTON BEACH, CA 92648
Phone: (714) 960-0078
Record ID: 300152BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2017

Program Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC.
Legal Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC.
Address: 240 KNOX STREET
City, State Zip: COSTA MESA, CA 92627
Phone: (949) 645-1026         Fax: (949) 645-1026
Record ID: 300154AP
Service Type: RES
Resident Capacity: 8
Total Occupancy: 8
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2017
Program Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC.
Legal Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC.
Address: 236 KNOX STREET
City, State Zip: COSTA MESA, CA 92627
Phone: (949) 645-1026 Fax: (949) 645-1026
Record ID: 300154BP
Service Type: RES
Resident Capacity: 8
Total Occupancy: 8
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 2/28/2018

Program Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC., 3
Legal Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC.
Address: 930 MAGELLAN STREET
City, State Zip: COSTA MESA, CA 92626
Phone: (949) 645-1026 Fax: (714) 242-6775
Record ID: 300154CP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 10/31/2016

Program Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC.
Legal Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC.
Address: 934 MAGELLAN STREET
City, State Zip: COSTA MESA, CA 92626
Phone: (949) 645-1026 Fax: (714) 242-6775
Record ID: 300154DP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 8/31/2017

Program Name: SAFE HARBOR'S CHERISH DETOX, INC.
Legal Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC.
Address: 22372 HARWICH LANE
City, State Zip: HUNTINGTON BEACH, CA 92646
Phone: (714) 785-2079
Record ID: 300154FP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 10/31/2016

Program Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, RECOVERY 1
Legal Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC.
Address: 671, 675, 679 & 687 GOVERNOR STREET
City, State Zip: COSTA MESA, CA 92627
Phone: (714) 785-2079 Fax: (714) 242-6775
Record ID: 300154GP
Service Type: RES
Resident Capacity: 7
Total Occupancy: 7
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 7/31/2017

Program Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, RECOVERY
Legal Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC.
Address: 670 CAPITAL STREET
City, State Zip: COSTA MESA, CA 92627
Phone: (714) 785-2079 Fax: (714) 242-6775
Record ID: 300154KP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 7/31/2017
<table>
<thead>
<tr>
<th>Program Name</th>
<th>Legal Name</th>
<th>Address</th>
<th>City, State Zip</th>
<th>Phone</th>
<th>Fax</th>
<th>Record ID</th>
<th>Service Type</th>
<th>Resident Capacity</th>
<th>Total Occupancy</th>
<th>Target Population</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAFE HARBOR TREATMENT CENTER FOR WOMEN, RECOVERY</td>
<td>SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC.</td>
<td>2220 POMONA AVENUE</td>
<td>COSTA MESA, CA 92627</td>
<td>(714) 785-2079</td>
<td>(714) 242-6775</td>
<td>300154LP</td>
<td>RES</td>
<td>6</td>
<td>6</td>
<td>1.3 --- WOMEN ONLY</td>
<td>7/31/2017</td>
</tr>
<tr>
<td>SOUTH COAST COUNSELING AND PSYCHOLOGICAL SERVICES</td>
<td>WEL-MOR PSYCHOLOGY GROUP, INC.</td>
<td>2900 BRISTOL STREET, SUITE E 103</td>
<td>COSTA MESA, CA 92626</td>
<td>(714) 540-9070</td>
<td>(714) 549-4525</td>
<td>300162AP</td>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td>1.1 --- CO-ED</td>
<td>1.1 --- CO-ED</td>
<td>10/31/2016</td>
</tr>
<tr>
<td>SOUTH COAST COUNSELING AND PSYCHOLOGICAL SERVICES</td>
<td>WEL-MOR PSYCHOLOGY GROUP, INC.</td>
<td>5130 EAST LA PALMA, SUITE 212</td>
<td>ANAHEIM, CA 92807</td>
<td>(714) 540-9070</td>
<td>(714) 549-4525</td>
<td>300162BP</td>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td>1.1 --- CO-ED</td>
<td>1.1 --- CO-ED</td>
<td>10/31/2016</td>
</tr>
<tr>
<td>SOUTH COAST COUNSELING AND PSYCHOLOGICAL SERVICES</td>
<td>WEL-MOR PSYCHOLOGY GROUP, INC.</td>
<td>25401 CABOT ROAD, SUITE 114</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>(714) 540-9070</td>
<td>(714) 549-4525</td>
<td>300162CP</td>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td>1.1 --- CO-ED</td>
<td>1.1 --- CO-ED</td>
<td>10/31/2016</td>
</tr>
<tr>
<td>WEL-MOR PSYCHOLOGY GROUP, INC.</td>
<td>WEL-MOR PSYCHOLOGY GROUP, INC.</td>
<td>1440 NORTH HARBOR BOULEVARD, SUITE 725</td>
<td>FULLERTON, CA 92835</td>
<td>(714) 540-9070</td>
<td>(714) 549-4525</td>
<td>300162DP</td>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td>1.1 --- CO-ED</td>
<td>1.1 --- CO-ED</td>
<td>4/30/2018</td>
</tr>
<tr>
<td>ORANGE COUNTY BAR FOUNDATION STOP SHORT OF ADDICTION</td>
<td>ORANGE COUNTY BAR FOUNDATION, INC.</td>
<td>313 NORTH BIRCH, 2ND FLOOR</td>
<td>SANTA ANA, CA 92701</td>
<td>(714) 480-1925</td>
<td>(714) 480-1933</td>
<td>300164AN</td>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td>1.1 --- CO-ED</td>
<td>1.1 --- CO-ED</td>
<td>2/28/2017</td>
</tr>
</tbody>
</table>
Program Name: BALBOA HORIZONS RECOVERY SERVICES
Legal Name: BALBOA HORIZONS RECOVERY SERVICES
Address: 1132 WEST BALBOA BOULEVARD
City, State Zip: NEWPORT BEACH, CA 92661
Phone: (949) 675-3406 Fax: (949) 722-8125
Record ID: 300165AP
Service Type: RES
Resident Capacity: 11
Total Occupancy: 11
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 5/31/2017

Program Name: BALBOA HORIZONS RECOVERY SERVICES
Legal Name: BALBOA HORIZONS RECOVERY SERVICES
Address: 2384 NEWPORT BOULEVARD
City, State Zip: COSTA MESA, CA 92627
Phone: (949) 675-3406 Fax: (949) 675-3916
Record ID: 300165BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2018

Program Name: BALBOA HORIZONS RECOVERY SERVICES
Legal Name: BALBOA HORIZONS RECOVERY SERVICES
Address: 129 CABRILLO STREET
City, State Zip: COSTA MESA, CA 92627-3053
Phone: (949) 515-4140 Fax: (949) 515-4150
Record ID: 300165EP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2017

Program Name: BALBOA HORIZONS RECOVERY SERVICES
Legal Name: BALBOA HORIZONS RECOVERY SERVICES
Address: 198 TULIP LANE, UNITS C & D
City, State Zip: COSTA MESA, CA 92627
Phone: (949) 791-2423
Record ID: 300165GP
Service Type: RES
Resident Capacity: 4
Total Occupancy: 4
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2018

Program Name: BALBOA HORIZONS RECOVERY SERVICES
Legal Name: BALBOA HORIZONS RECOVERY SERVICES
Address: 192 TULIP LANE, UNIT C
City, State Zip: COSTA MESA, CA 92627
Phone: (949) 764-9145
Record ID: 300165HP
Service Type: RES
Resident Capacity: 4
Total Occupancy: 4
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2018

Program Name: BALBOA HORIZONS RECOVERY SERVICES
Legal Name: BALBOA HORIZONS RECOVERY SERVICES
Address: 192 TULIP LANE, UNIT D
City, State Zip: COSTA MESA, CA 92627
Phone: (949) 764-9153
Record ID: 300165IP
Service Type: RES
Resident Capacity: 4
Total Occupancy: 4
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2018
Program Name: BALBOA HORIZONS RECOVERY SERVICES
Legal Name: BALBOA HORIZONS RECOVERY SERVICES
Address: 2868 ROYAL PALM DRIVE,
          UNITS A & B
City, State Zip: COSTA MESA, CA 92626
Phone: (714) 258-7865
Record ID: 300165JP
Service Type: RES-DETOX
Resident Capacity: 4
Total Occupancy: 4
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2017

Program Name: BALBOA HORIZONS RECOVERY SERVICES
Legal Name: BALBOA HORIZONS RECOVERY SERVICES
Address: 2868 ROYAL PALM DRIVE,
          UNIT C
City, State Zip: COSTA MESA, CA 92626
Phone: (714) 556-1529
Record ID: 300165KP
Service Type: RES-DETOX
Resident Capacity: 4
Total Occupancy: 4
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2017

Program Name: BALBOA HORIZONS RECOVERY SERVICES
Legal Name: BALBOA HORIZONS RECOVERY SERVICES
Address: 192 TULIP LANE,
          UNIT B
City, State Zip: COSTA MESA, CA 92627
Phone: (949) 764-9152
Record ID: 300165LP
Service Type: RES
Resident Capacity: 4
Total Occupancy: 4
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2018

Program Name: BALBOA HORIZONS RECOVERY SERVICES
Legal Name: BALBOA HORIZONS RECOVERY SERVICES
Address: 192 TULIP LANE
          UNIT A
City, State Zip: COSTA MESA , CA 92627
Phone: (949) 764-9140
Record ID: 300165MP
Service Type: RES
Resident Capacity: 4
Total Occupancy: 4
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2018

Program Name: BALBOA HORIZONS RECOVERY SERVICES
Legal Name: BALBOA HORIZONS RECOVERY SERVICES
Address: 198 TULIP LANE
          A-B
City, State Zip: COSTA MESA, CA 92627
Phone: (949) 764-9163
Record ID: 300165NP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2018
Program Name: BALBOA HORIZONS RECOVERY SERVICES
Legal Name: BALBOA HORIZONS RECOVERY SERVICES
Address: 2864 ROYAL PALM DRIVE, UNIT C
City, State Zip: COSTA MESA, CA 92626
Phone: (714) 556-1502
Record ID: 300165OP
Service Type: RES-DETOX
Resident Capacity: 4
Total Occupancy: 4
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2017

Program Name: BALBOA HORIZONS RECOVERY SERVICES
Legal Name: BALBOA HORIZONS RECOVERY SERVICES
Address: 2864 ROYAL PALM DRIVE, UNIT B
City, State Zip: COSTA MESA, CA 92626
Phone: (714) 546-4796
Record ID: 300165PP
Service Type: RES-DETOX
Resident Capacity: 4
Total Occupancy: 4
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2017

Program Name: BALBOA HORIZONS RECOVERY SERVICES
Legal Name: BALBOA HORIZONS RECOVERY SERVICES
Address: 2864 ROYAL PALM DRIVE, UNIT A
City, State Zip: COSTA MESA, CA 92626
Phone: (949) 437-1737
Record ID: 300165QP
Service Type: RES-DETOX
Resident Capacity: 4
Total Occupancy: 4
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2017

Program Name: BALBOA HORIZONS RECOVERY SERVICES
Legal Name: BALBOA HORIZONS RECOVERY SERVICES
Address: 2868 ROYAL PALM DRIVE, UNIT D
City, State Zip: COSTA MESA, CA 92626
Phone: (714) 556-1530
Record ID: 300165RP
Service Type: RES-DETOX
Resident Capacity: 4
Total Occupancy: 4
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2017

Program Name: BALBOA HORIZONS RECOVERY SERVICES
Legal Name: BALBOA HORIZONS RECOVERY SERVICES
Address: 2864 ROYAL PALM DRIVE, UNIT D
City, State Zip: COSTA MESA, CA 92626
Phone: (714) 556-1519
Record ID: 300165SP
Service Type: RES-DETOX
Resident Capacity: 4
Total Occupancy: 4
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2017
Program Name: BALBOA HORIZONS RECOVERY SERVICES
Legal Name: BALBOA HORIZONS RECOVERY SERVICES
Address: 2379 ORANGE AVENUE, UNITS B & C
City, State Zip: COSTA MESA, CA 92627
Phone: (949) 791-8436
Record ID: 300165TP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2016

Program Name: BALBOA HORIZONS RECOVERY SERVICES
Legal Name: BALBOA HORIZONS RECOVERY SERVICES
Address: 2379 ORANGE AVENUE, UNIT A
City, State Zip: COSTA MESA, CA 92627
Phone: (949) 764-9139
Record ID: 300165UP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2016

Program Name: BALBOA HORIZONS RECOVERY SERVICES
Legal Name: BALBOA HORIZONS RECOVERY SERVICES
Address: 18943 SAN FELIPE STREET
City, State Zip: FOUNTAIN VALLEY, CA 92708
Phone: (714) 458-8334
Record ID: 300165VP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2018

Program Name: MORNINGSIDE RECOVERY
Legal Name: MORNINGSIDE RECOVERY, LLC
Address: 1400 REYNOLDS AVENUE, SUITES 100, 125, 150, 175, & 185
City, State Zip: IRVINE, CA 92614
Phone: (949) 675-0006 Fax: (949) 675-0007
Record ID: 300168IP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2018

Program Name: ORANGE COUNTY REHAB
Legal Name: ORANGE COUNTY DETOX, INC.
Address: 546 HAMILTON STREET
City, State Zip: COSTA MESA, CA 92627
Phone: (949) 548-0801 Fax: (949) 548-0804
Record ID: 300169BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2016
Program Name: CAPO BY THE SEA
Legal Name: CAPO BY THE SEA, INC.
Address: 26682 AVENIDA LAS PALMAS
City, State Zip: CAPISTRANO BEACH, CA 92624
Phone: (949) 874-1332 Fax: (949) 276-0045
Record ID: 300173AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2017

Program Name: CAPO BY THE SEA
Legal Name: CAPO BY THE SEA, INC.
Address: 27130 B-PASEO ESPADA, SUITE 521 & 522
City, State Zip: SAN JUAN CAPISTRANO, CA 92675
Phone: (949) 874-1332
Record ID: 300173CP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2017

Program Name: MIRAMAR RECOVERY
Legal Name: MIRAMAR HEALTH, INC.
Address: 339 JASMINE STREET
City, State Zip: LAGUNA BEACH, CA 92651
Phone: (949) 370-0771 Fax: (949) 554-1285
Record ID: 300182AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2018

Program Name: DAHLIA HOUSE
Legal Name: MIRAMAR HEALTH, INC.
Address: 435 DAHLIA AVENUE
City, State Zip: NEWPORT BEACH, CA 92625
Phone: (949) 497-9189 Fax: (949) 554-1285
Record ID: 300182BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2018

Program Name: CARNATION HOUSE
Legal Name: MIRAMAR HEALTH, INC.
Address: 435-1/2 DAHLIA AVENUE
City, State Zip: NEWPORT BEACH, CA 92625
Phone: (949) 370-0771 Fax: (949) 554-1285
Record ID: 300182CP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2018

Program Name: ALTERNATIVE OPTIONS
Legal Name: ALTERNATIVE OPTIONS COUNSELING CENTER, INC.
Address: 101 SOUTH KRAEMER BOULEVARD, SUITE 110
City, State Zip: PLACENTIA, CA 92870
Phone: (877) 538-4133 Fax: (562) 921-5703
Record ID: 300186AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2018
<table>
<thead>
<tr>
<th>Program Name</th>
<th>Legal Name</th>
<th>Address</th>
<th>City, State Zip</th>
<th>Phone</th>
<th>Fax</th>
<th>Record ID</th>
<th>Service Type</th>
<th>Resident Capacity</th>
<th>Total Occupancy</th>
<th>Target Population</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEALTHCARE SERVICES, INC.,</td>
<td>HEALTHCARE SERVICES, INC.</td>
<td>1300 AND 1320 WEST PEARL STREET UNITS A, B, C &amp; D</td>
<td>ANAHEIM, CA 92801</td>
<td>(714) 384-3970</td>
<td>(714) 384-3876</td>
<td>300188AP</td>
<td>RES</td>
<td>33</td>
<td>33</td>
<td>1.1 --- CO-ED</td>
<td>5/31/2018</td>
</tr>
<tr>
<td>THE LIGHTHOUSE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HEALTHCARE SERVICES</td>
<td>HEALTHCARE SERVICES, INC.</td>
<td>1340 PEARL STREET</td>
<td>ANAHEIM, CA 92801</td>
<td>(714) 871-9841</td>
<td>(714) 384-3876</td>
<td>300188CP</td>
<td>RES-DETOX</td>
<td>21</td>
<td>21</td>
<td>1.1 --- CO-ED</td>
<td>5/31/2018</td>
</tr>
<tr>
<td>NEW LIFE SPIRIT RECOVERY, INC.</td>
<td>NEW LIFE SPIRIT RECOVERY, INC.</td>
<td>18652 FLORIDA STREET, SUITE 200</td>
<td>HUNTINGTON BEACH, CA 92648</td>
<td>(714) 841-1906</td>
<td></td>
<td>300190AP</td>
<td>NON</td>
<td></td>
<td></td>
<td>1.1 --- CO-ED</td>
<td>9/30/2016</td>
</tr>
<tr>
<td>DOMUS RETREAT</td>
<td>DOMUS RETREAT LLC</td>
<td>270 SOUTH ORANGE ACRES DRIVE</td>
<td>ANAHEIM HILLS, CA 92807</td>
<td>(310) 208-0808</td>
<td>(310) 205-0808</td>
<td>300203AP</td>
<td>RES-DETOX</td>
<td>6</td>
<td>6</td>
<td>1.1 --- CO-ED</td>
<td>2/28/2018</td>
</tr>
<tr>
<td>ADELANTE RECOVERY CENTER, INC.</td>
<td>ADELANTE RECOVERY CENTER, INC.</td>
<td>49 MONTECITO DRIVE</td>
<td>CORONA DEL MAR, CA 92625</td>
<td>(949) 887-4448</td>
<td>(949) 706-9769</td>
<td>300206AP</td>
<td>RES-DETOX</td>
<td>6</td>
<td>6</td>
<td>1.1 --- CO-ED</td>
<td>2/28/2018</td>
</tr>
<tr>
<td>NORTHBOUND TREATMENT SERVICES</td>
<td>NATIONAL THERAPEUTIC SERVICES, INC.</td>
<td>209 AND 211 EAST 18TH STREET</td>
<td>COSTA MESA, CA 92627</td>
<td>(714) 432-0727</td>
<td>(949) 650-5171</td>
<td>300207AP</td>
<td>RES-DETOX</td>
<td>12</td>
<td>12</td>
<td>1.1 --- CO-ED</td>
<td>10/31/2016</td>
</tr>
</tbody>
</table>
Program Name: THE RAP CENTER
Legal Name: NATIONAL THERAPEUTIC SERVICES, INC.
Address: 1040 WEST 17TH STREET
City, State Zip: COSTA MESA, CA 92627
Phone: (714) 432-0727 Fax: (949) 650-5171
Record ID: 300207BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2016

Program Name: NORTHBOUND TREATMENT SERVICES
Legal Name: NATIONAL THERAPEUTIC SERVICES, INC.
Address: 354 BROADWAY
City, State Zip: COSTA MESA, CA 92627
Phone: (949) 650-4334 Fax: (949) 650-5171
Record ID: 300207CP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2017

Program Name: NORTHBOUND TREATMENT SERVICES
Legal Name: NATIONAL THERAPEUTIC SERVICES, INC.
Address: 2417 ORANGE AVENUE, UNITS 101A, 101B, 101C, 102A, 201B & 201C
City, State Zip: COSTA MESA, CA 92627
Phone: (949) 650-4334 Fax: (949) 269-9239
Record ID: 300207FP
Service Type: RES
Resident Capacity: 21
Total Occupancy: 22
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2018

Program Name: NORTHBOUND TREATMENT SERVICES
Legal Name: NATIONAL THERAPEUTIC SERVICES, INC.
Address: 235 EAST 18TH STREET, UNITS A, B, C AND 241 EAST 18TH STREET, UNITS A, B, C
City, State Zip: COSTA MESA, CA 92627
Phone: (949) 650-4334 Fax: (949) 650-5171
Record ID: 300207GP
Service Type: RES
Resident Capacity: 23
Total Occupancy: 24
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2016

Program Name: NORTHBOUND TREATMENT SERVICES
Legal Name: NATIONAL THERAPEUTIC SERVICES, INC.
Address: 175 VIRGINIA PLACE
City, State Zip: COSTA MESA, CA 92627
Phone: (949) 650-4334 Fax: (949) 650-5171
Record ID: 300207HP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2018

Program Name: NORTHBOUND TREATMENT SERVICES
Legal Name: NATIONAL THERAPEUTIC SERVICES, INC.
Address: 171 ROCHESTER, UNITS A & B
City, State Zip: COSTA MESA, CA 92627
Phone: (949) 650-4334 Fax: (949) 650-5171
Record ID: 300207IP
Service Type: RES
Resident Capacity: 20
Total Occupancy: 20
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2018
Program Name: NORTHBOUND TREATMENT SERVICES  
Legal Name: NATIONAL THERAPEUTIC SERVICES, INC.  
Address: 125 & 131 E. WILSON STREET, UNITS 1, 2, 3  
City, State Zip: COSTA MESA, CA 92627  
Phone: (949) 650-4334  
Record ID: 300207KP  
Service Type: RES  
Resident Capacity: 26  
Total Occupancy: 26  
Target Population: 1.1 --- CO-ED  
Expiration Date: 3/31/2017

Program Name: OCEAN HILLS RECOVERY, INC.  
Legal Name: OCEAN HILLS RECOVERY, INC.  
Address: 33242 CHRISTINA DRIVE  
City, State Zip: DANA POINT, CA 92629  
Phone: (949) 388-0112 Fax: (949) 388-4625  
Record ID: 300208AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 3/31/2017

Program Name: OCEAN HILLS RECOVERY, INC.  
Legal Name: OCEAN HILLS RECOVERY, INC.  
Address: 33402 PALO ALTO STREET  
City, State Zip: DANA POINT, CA 92629  
Phone: (949) 429-5106  
Record ID: 300208BP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 8/31/2017

Program Name: OCEAN HILLS RECOVERY, INC.  
Legal Name: OCEAN HILLS RECOVERY, INC.  
Address: 34062 AMBER LANTERN  
City, State Zip: DANA POINT, CA 92629  
Phone: (949) 524-8840 Fax: (949) 218-6157  
Record ID: 300208CP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 7/31/2018

Program Name: 21ST CENTURY WELLNESS, INC.  
Legal Name: 21ST CENTURY WELLNESS, INC.  
Address: 23792 ROCKFIELD BOULEVARD, #100  
City, State Zip: LAKE FOREST, CA 92630  
Phone: (949) 900-8260  
Record ID: 300211AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 3/31/2017

Program Name: ACM RECOVERY A DIVISION OF ASSOCIATES IN COUNSELING & MEDIATION  
Legal Name: ASSOCIATES IN COUNSELING & MEDIATION  
Address: 25201 PASEO DE ALICIA, SUITE 100  
City, State Zip: LAGUNA HILLS, CA 92653  
Phone: (714) 554-1404 Fax: (949) 859-6658  
Record ID: 300213BP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 4/30/2017
Program Name: ACM RECOVERY A DIVISION OF ASSOCIATES IN COUNSELING & MEDIATION
Legal Name: ASSOCIATES IN COUNSELING & MEDIATION
Address: 960 WEST 17TH STREET, SUITE B, C
City, State Zip: SANTA ANA, CA 92706
Phone: (714) 547-1404 Fax: (714) 550-4677
Record ID: 300213CP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2017

Program Name: SOVEREIGN HEALTH OF CALIFORNIA
Legal Name: DUAL DIAGNOSIS TREATMENT CENTER, INC.
Address: 1211 PUERTA DEL SOL, SUITE 120
City, State Zip: SAN CLEMENTE, CA 92673
Phone: (949) 276-5553 Fax: (949) 498-2619
Record ID: 300217AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2018

Program Name: SOVEREIGN BY THE SEA II
Legal Name: DUAL DIAGNOSIS TREATMENT CENTER, INC.
Address: 29371 LAS CRUCES
City, State Zip: LAGUNA NIGUEL, CA 92677
Phone: (949) 481-1136
Record ID: 300217CP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2017

Program Name: SOVEREIGN HEALTH ACASO
Legal Name: DUAL DIAGNOSIS TREATMENT CENTER, INC.
Address: 29372 VIA ACASO DRIVE
City, State Zip: LAGUNA NIGUEL, CA 92677
Phone: (948) 481-1086
Record ID: 300217DP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2017

Program Name: SAFE HARBOR'S CAPELLA I
Legal Name: SAFE HARBOR'S CAPELLA, INC.
Address: 546, 548, 550A, 550B BERNARD STREET
City, State Zip: COSTA MESA, CA 92627
Phone: (714) 323-8294 Fax: (714) 242-6775
Record ID: 300221AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 10/31/2016

Program Name: SAFE HARBOR'S CAPELLA
Legal Name: SAFE HARBOR'S CAPELLA, INC.
Address: 550A BERNARD STREET
City, State Zip: COSTA MESA, CA 92627
Phone: (714) 323-8294 Fax: (714) 242-6775
Record ID: 300221BP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 10/31/2016
Program Name: SAFE HARBOR'S CAPELLA III
Legal Name: SAFE HARBOR'S CAPELLA, INC.
Address: 550B BERNARD STREET
City, State Zip: COSTA MESA, CA 92627
Phone: (714) 323-8294       Fax: (714) 242-6775
Record ID: 300221CP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 10/31/2016

Program Name: SAFE HARBOR'S CAPELLA II
Legal Name: SAFE HARBOR'S CAPELLA, INC.
Address: 548 BERNARD STREET
City, State Zip: COSTA MESA, CA 92627
Phone: (714) 323-8294       Fax: (714) 242-6775
Record ID: 300221DP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 10/31/2016

Program Name: CASA BELLA RECOVERY
Legal Name: CASA BELLA RECOVERY INTERNATIONAL INC.
Address: 31365 MONTEREY STREET
City, State Zip: LAGUNA BEACH, CA 92651
Phone: (949) 715-0467       Fax: (949) 715-0467
Record ID: 300222AP
Service Type: RES-DETOX
Resident Capacity: 10
Total Occupancy: 10
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2018

Program Name: CASA BELLA RECOVERY COUNSELING & THERAPY
Legal Name: CASA BELLA RECOVERY INTERNATIONAL INC.
Address: 3284 PACIFIC COAST HIGHWAY, SUITE N
City, State Zip: DANA POINT, CA 92629
Phone: (949) 275-7581
Record ID: 300222BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2017

Program Name: DEE'S HOUSE
Legal Name: DEE'S HOUSE, LLC
Address: 18886 SANTA MARTA STREET
City, State Zip: FOUNTAIN VALLEY, CA 92708
Phone: (714) 374-6873       Fax: (714) 374-6873
Record ID: 300223AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 5/31/2018

Program Name: ORANGE COUNTY HEALTH AND PSYCHOLOGY ASSOCIATES
Legal Name: ORANGE COUNTY HEALTH & PSYCHOLOGY ASSOCIATES (OCHPA)
Address: 62 DISCOVERY, SUITE 100
City, State Zip: IRVINE, CA 92618
Phone: (949) 551-4182       Fax: (949) 551-6406
Record ID: 300226AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2017
Program Name: PROTOTYPES' MOTHER AND CHILD RESIDENTIAL HOMES AT THE T
Legal Name: PROTOTYPES, CENTERS FOR INNOVATION IN HEALTH, MENTAL
Address: 15405 LANSDOWNE ROAD, BUILDING F & G
City, State Zip: TUSTIN, CA 92782
Phone: (714) 566-2886 Fax: (714) 566-2887
Record ID: 300227AN
Service Type: RES
Resident Capacity: 15
Total Occupancy: 49
Target Population: 1.13 --- CO-ED/CHILD/DUAL
Expiration Date: 2/28/2017

Program Name: NEW METHOD WELLNESS, INC.
Legal Name: NEW METHOD WELLNESS, INC.
Address: 31473 RANCHO VIEJO, SUITE 101
City, State Zip: SAN JUAN CAPISTRANO, CA 92675
Phone: (949) 463-0924 Fax: (949) 472-4352
Record ID: 300229AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2017

Program Name: NEW METHOD WELLNESS
Legal Name: NEW METHOD WELLNESS, INC.
Address: 313 CALLE VILLARIO
City, State Zip: SAN CLEMENTE, CA 92627
Phone: (949) 951-1824 Fax: (949) 472-4352
Record ID: 300229BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2018

Program Name: NEWPORT ACADEMY
Legal Name: MONROE OPERATIONS, LLC
Address: 811 N. RANCH WOOD TRAIL
City, State Zip: ORANGE, CA 92869
Phone: (714) 288-0872 Fax: (714) 288-2045
Record ID: 300233AP
Service Type: DSS
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 11/30/2017

Program Name: NEWPORT ACADEMY
Legal Name: MONROE OPERATIONS, LLC
Address: 1655 N. HUNTERS WAY
City, State Zip: ORANGE, CA 92869
Phone: (714) 288-9052 Fax: (714) 288-2099
Record ID: 300233BP
Service Type: DSS
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 11/30/2017

Program Name: NEWPORT ACADEMY INTENSIVE OUTPATIENT & DAY TREATMENT PROGRAM
Legal Name: MONROE OPERATIONS, LLC
Address: 1111 BAYSIDE DRIVE, SUITE 150
City, State Zip: COSTA MESA, CA 92627
Phone: (949) 721-4091 Fax: (949) 719-2998
Record ID: 300233DP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2018
Program Name: NEWPORT ACADEMY
Legal Name: MONROE OPERATIONS, LLC
Address: 1655 NORTH HUNTERS WAY, BUILDING 3
City, State Zip: ORANGE, CA 92869
Phone: (714) 271-3043 Fax: (714) 288-2099
Record ID: 300233EP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2018

Program Name: NEWPORT ACADEMY
Legal Name: MONROE OPERATIONS, LLC
Address: 811 NORTH RANCH WOOD TRAIL, BUILDING 3
City, State Zip: ORANGE, CA 92869
Phone: (714) 288-0872 Fax: (714) 271-3043
Record ID: 300233FP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2018

Program Name: JUST ONE RECOVERY
Legal Name: JUST ONE RECOVERY
Address: 264 N. CLEVELAND STREET
City, State Zip: ORANGE, CA 92866
Phone: (714) 538-8085 Fax: (714) 628-9884
Record ID: 300234AN
Service Type: RES-DETOX
Resident Capacity: 4
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 1/31/2018

Program Name: SURE HAVEN
Legal Name: SURE HAVEN
Address: 725 CENTER STREET, UNITS A AND B
City, State Zip: COSTA MESA, CA 92626
Phone: 9494679213X228 Fax: (888) 588-4998
Record ID: 300235DP
Service Type: RES-DETOX
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2017

Program Name: SURE HAVEN
Legal Name: SURE HAVEN
Address: 1954 PLACENTIA AVENUE #209
City, State Zip: COSTA MESA, CA 92627
Phone: (949) 467-9213 Fax: (888) 588-4998
Record ID: 300235FP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2018

Program Name: SURE HAVEN
Legal Name: SURE HAVEN
Address: 3072 & 3073 MADISON AVENUE
City, State Zip: COSTA MESA, CA 92626
Phone: (828) 773-4477
Record ID: 300235GP
Service Type: RES-DETOX
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2016
Program Name: ROCK SOLID RECOVERY  
Legal Name: SURE HAVEN  
Address: 394 HAMILTON STREET, UNIT B, AND 396 HAMILTON STREET, UNIT A & B  
City, State Zip: COSTA MESA, CA 92626  
Phone: (949) 467-9213 Fax: (888) 588-4998  
Record ID: 300235JP  
Service Type: RES-DETOX  
Resident Capacity: 15  
Total Occupancy: 15  
Target Population: 1.1 --- CO-ED  
Expiration Date: 8/31/2016

Program Name: SURE HAVEN  
Legal Name: SURE HAVEN  
Address: 3125 AND 3129 PIERCE AVENUE  
City, State Zip: COSTA MESA, CA 92626  
Phone: (949) 467-9213 Fax: (888) 588-4998  
Record ID: 300235QP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 12/31/2017

Program Name: SOVEREIGN BY THE SEA II  
Legal Name: SATYA HEALTH OF CALIFORNIA, INC.  
Address: 105 AVENIDA PALA  
City, State Zip: SAN CLEMENTE, CA 92672  
Phone: (949) 545-6853 Fax: (949) 265-0446  
Record ID: 300236AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 1/31/2018

Program Name: ORANGE COUNTY RECOVERY SERVICES  
Legal Name: ORANGE COUNTY RECOVERY SERVICES, LLC  
Address: 19322 BEACH BOULEVARD  
City, State Zip: HUNTINGTON BEACH, CA 92648  
Phone: (949) 515-9191 Fax: (949) 515-9193  
Record ID: 300237AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 1/31/2018

Program Name: PACIFIC SHORES RECOVERY  
Legal Name: PACIFIC SHORES RECOVERY, LLC  
Address: 3309 CLAY STREET  
City, State Zip: NEWPORT BEACH, CA 92663  
Phone: (949) 574-2510 Fax: (949) 722-1135  
Record ID: 300238AP  
Service Type: RES  
Resident Capacity: 6  
Total Occupancy: 7  
Target Population: 1.1 --- CO-ED  
Expiration Date: 1/31/2018

Program Name: CHAPTERS CAPISTRANO  
Legal Name: CHAPTERS CAPISTRANO, LLC  
Address: 1525 BUENA VISTA, UNITS A, B AND C  
City, State Zip: SAN CLEMENTE, CA 92672  
Phone: (949) 481-2766 Fax: (949) 545-6237  
Record ID: 300239AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 4/30/2018
Program Name: CHAPTERS CAPISTRANO
Legal Name: CHAPTERS CAPISTRANO, LLC
Address: 222 AVENIDA LA CUESTA
City, State Zip: SAN CLEMENTE, CA 92672
Phone: (949) 698-2249
Record ID: 300239BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2016

Program Name: NEWPORT BEACH RECOVERY CENTER
Legal Name: NEWPORT BEACH RECOVERY CENTER
Address: 207 28TH STREET
City, State Zip: NEWPORT BEACH, CA 92663
Phone: (949) 200-9372 Fax: (949) 612-7968
Record ID: 300240AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 2/28/2018

Program Name: 449 RECOVERY
Legal Name: FOUR FORTY-NINE, INC.
Address: 26010 ACERO STREET
      SUITE 100
City, State Zip: MISSION VIEJO, CA 92691
Phone: (855) 435-7449 Fax: (949) 429-0767
Record ID: 300242AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2018

Program Name: PACE RECOVERY CENTER, LLC
Legal Name: PACE RECOVERY CENTER, LLC
Address: 209 22ND STREET
City, State Zip: HUNTINGTON BEACH, CA 92648
Phone: (714) 274-9239 Fax: (714) 369-2159
Record ID: 300244AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 7/31/2018

Program Name: PACE RECOVERY CENTER II
Legal Name: PACE RECOVERY CENTER, LLC
Address: 528 16TH STREET
City, State Zip: HUNTINGTON BEACH, CA 92648
Phone: (714) 369-2137
Record ID: 300244BP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 2/28/2017

Program Name: PACE RECOVERY CENTER INTENSIVE OUTPATIENT PROGRAM
Legal Name: PACE RECOVERY CENTER, LLC
Address: 180 NEWPORT CENTER DRIVE
      SUITE 255
City, State Zip: NEWPORT BEACH, CA 92660
Phone: (949) 922-4513 Fax: (714) 274-9517
Record ID: 300244CP
Service Type: NON
Target Population: 1.2 --- MEN ONLY
Expiration Date: 2/28/2017
Program Name: PACE RECOVERY CENTER
Legal Name: PACE RECOVERY CENTER, LLC
Address: 414 11TH STREET
City, State Zip: HUNTINGTON BEACH, CA 92648-4508
Phone: (714) 369-6504
Record ID: 300244DP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 9/30/2016

Program Name: PACE RECOVERY CENTER
Legal Name: PACE RECOVERY CENTER, LLC
Address: 526 16TH STREET
City, State Zip: HUNTINGTON BEACH, CA 92648
Phone: (949) 640-0018  Fax: (714) 274-9517
Record ID: 300244EP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 1/31/2018

Program Name: SOUTH ORANGE COUNTY DETOX TREATMENT
Legal Name: ALEXANDRA ROSE CORPORATION
Address: 4009 CALLE ABRIL
City, State Zip: SAN CLEMENTE, CA 92673
Phone: (714) 785-2512  Fax: (949) 481-4949
Record ID: 300245AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2017

Program Name: WINDWARD WAY RECOVERY
Legal Name: WINDWARD WAY RECOVERY LLC
Address: 2787 BRISTOL STREET
City, State Zip: COSTA MESA, CA 92626
Phone: (877) 713-2669
Record ID: 300246AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2017

Program Name: WINDWARD WAY
Legal Name: WINDWARD WAY RECOVERY LLC
Address: 316 HAMILTON STREET
City, State Zip: COSTA MESA, CA 92627
Phone: (949) 903-1053  Fax: (877) 820-8959
Record ID: 300246BP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 7/31/2017

Program Name: WINDWARD WAY
Legal Name: WINDWARD WAY RECOVERY LLC
Address: 395 VICTORIA STREET
City, State Zip: COSTA MESA, CA 92627-1548
Phone: (949) 525-6871  Fax: (977) 820-8959
Record ID: 300246CP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 10/31/2017
Program Name: SIMPLE RECOVERY INC.
Legal Name: SIMPLE RECOVERY INC.
Address: 9531 NETHERWAY DRIVE
City, State Zip: HUNTINGTON BEACH, CA 92646
Phone: (714) 367-4090
Record ID: 300247AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 12/31/2016

Program Name: SIMPLE RECOVERY INC.
Legal Name: SIMPLE RECOVERY INC.
Address: 1901 NEWPORT BOULEVARD, SUITE 165 & 200
City, State Zip: COSTA MESA, CA 92627
Phone: (855) 818-6731 Fax: (714) 369-2288
Record ID: 300247BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2016

Program Name: SIMPLE RECOVERY, INC.
Legal Name: SIMPLE RECOVERY INC.
Address: 20621 PAISLEY LANE
City, State Zip: HUNTINGTON BEACH, CA 92646
Phone: (949) 646-3600
Record ID: 300247CP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2016

Program Name: SIMPLE RECOVERY INC.
Legal Name: SIMPLE RECOVERY INC.
Address: 20112 PAISLEY CIRCLE
City, State Zip: HUNTINGTON BEACH, CA 92646
Phone: (714) 406-1911 Fax: (714) 646-3100
Record ID: 300247DP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2017

Program Name: ENCOMPASS RECOVERY
Legal Name: ENCOMPASS TREATMENT SERVICES, LLC
Address: 27122A PASEO ESPADA, SUITE 924
City, State Zip: SAN JUAN CAPISTRANO, CA 92675
Phone: (949) 218-4102 Fax: (509) 463-7115
Record ID: 300248AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2016

Program Name: NEW START DETOX
Legal Name: LIBERTY HOUSING SERVICES, INC.
Address: 906 DORMAN STREET
City, State Zip: SANTA ANA, CA 92701
Phone: (714) 486-3691
Record ID: 300249AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2016
<table>
<thead>
<tr>
<th>Program Name</th>
<th>Record ID</th>
<th>Service Type</th>
<th>Resident Capacity</th>
<th>Total Occupancy</th>
<th>Target Population</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW START DETOX</td>
<td>300249BP</td>
<td>RES-DETOX</td>
<td>6</td>
<td>6</td>
<td>1.2 --- MEN ONLY</td>
<td>9/30/2016</td>
</tr>
<tr>
<td>HARMONY HEALS, INC.</td>
<td>300250AP</td>
<td>NON</td>
<td>6</td>
<td>6</td>
<td>1.1 --- CO-ED</td>
<td>3/31/2017</td>
</tr>
<tr>
<td>STEPHOUSE RECOVERY CENTER</td>
<td>300251BP</td>
<td>RES-DETOX</td>
<td>6</td>
<td>6</td>
<td>1.1 --- CO-ED</td>
<td>5/31/2017</td>
</tr>
<tr>
<td>STEPHOUSE RECOVERY CENTER</td>
<td>300251CP</td>
<td>NON</td>
<td>6</td>
<td>6</td>
<td>1.1 --- CO-ED</td>
<td>8/31/2017</td>
</tr>
<tr>
<td>STEPHOUSE RECOVERY CENTER</td>
<td>300251DP</td>
<td>RES-DETOX</td>
<td>6</td>
<td>6</td>
<td>1.1 --- CO-ED</td>
<td>11/30/2017</td>
</tr>
<tr>
<td>GET REAL RECOVERY, INC.</td>
<td>300252AP</td>
<td>NON</td>
<td>6</td>
<td>6</td>
<td>1.1 --- CO-ED</td>
<td>1/31/2017</td>
</tr>
</tbody>
</table>
Program Name: GET REAL RECOVERY, INC
Legal Name: GET REAL RECOVERY, INC.
Address: 28334 PASEO MICHELLE
City, State Zip: SAN JUAN CAPISTRANO, CA 92675
Phone: (949) 933-2505   Fax: (888) 835-3339
Record ID: 300252BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2018

Program Name: TREE HOUSE RECOVERY (THR)
Legal Name: SOBER SANCTUARIES, INC.
Address: 1956 POMONA AVENUE
City, State Zip: COSTA MESA, CA 92627
Phone: (855) 447-8733   Fax: (714) 968-2752
Record ID: 300253AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 1/31/2017

Program Name: SOBERTEC LLC
Legal Name: SOBERTEC LLC
Address: 125 COLUMBIA
City, State Zip: ALISO VIEJO, CA 92656
Phone: (949) 344-2742   Fax: (949) 366-5964
Record ID: 300254AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2017

Program Name: SOBERTEC LLC
Legal Name: SOBERTEC LLC
Address: 610 AVENIDA ACAPIULCO
City, State Zip: SAN CLEMENTE, CA 92672
Phone: (714) 658-3773
Record ID: 300254BP
Service Type: RES-DETOX
Resident Capacity: 8
Total Occupancy: 8
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2016

Program Name: SOBERTEC
Legal Name: SOBERTEC LLC
Address: 655 CAMINO DE LOS MARES, SUITE 120
City, State Zip: SAN CLEMENTE, CA 92673-2809
Phone: (949) 344-6166   Fax: (949) 441-7165
Record ID: 300254CP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2017

Program Name: SOBERTEC LLC
Legal Name: SOBERTEC LLC
Address: 31472 ISLE VISTA
City, State Zip: LAGUNA NIGUEL, CA 92677
Phone: (949) 340-3885
Record ID: 300254DP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2018
<table>
<thead>
<tr>
<th>Program Name</th>
<th>Legal Name</th>
<th>Address</th>
<th>City, State Zip</th>
<th>Phone</th>
<th>Fax</th>
<th>Record ID</th>
<th>Service Type</th>
<th>Resident Capacity</th>
<th>Total Occupancy</th>
<th>Target Population</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOBERTEC LLC</td>
<td>SOBERTEC LLC</td>
<td>402 PASADENA COURT, UNITS 1, 2, AND 3</td>
<td>SAN CLEMENTE, CA 92672</td>
<td>(339) 293-9066</td>
<td></td>
<td>300254EP</td>
<td>RES-DETOX</td>
<td>6</td>
<td>6</td>
<td>1.1 --- CO-ED</td>
<td>6/30/2018</td>
</tr>
<tr>
<td>ZEN RECOVERY, LLC</td>
<td>ZEN RECOVERY, LLC</td>
<td>126 E. 16TH STREET</td>
<td>COSTA MESA, CA 92627</td>
<td>(949) 940-5445</td>
<td>(714) 242-1975</td>
<td>300260AP</td>
<td>NON</td>
<td></td>
<td></td>
<td>1.1 --- CO-ED</td>
<td>12/31/2017</td>
</tr>
<tr>
<td>SOUTH COAST BEHAVIORIAL HEALTH</td>
<td>SOUTH COAST BEHAVIORAL HEALTH GUESTHOUSE, INC</td>
<td>3151 AIRWAY AVENUE, N1-N2</td>
<td>COSTA MESA, CA 92626</td>
<td>(866) 811-5249</td>
<td></td>
<td>300261AP</td>
<td>NON</td>
<td></td>
<td></td>
<td>1.1 --- CO-ED</td>
<td>9/30/2017</td>
</tr>
<tr>
<td>APOPHO RECOVERY</td>
<td>ARTEMIS HILL RECOVERY INC.</td>
<td>17429 SANTA LUCIA STREET</td>
<td>FOUNTAIN VALLEY, CA 92708</td>
<td>(714) 274-9766</td>
<td>(562) 431-0840</td>
<td>300262AP</td>
<td>RES</td>
<td>6</td>
<td>6</td>
<td>1.2 --- MEN ONLY</td>
<td>10/31/2017</td>
</tr>
<tr>
<td>SOUTHERN CALIFORNIA RECOVERY CENTERS</td>
<td>TML RECOVERY, LLC</td>
<td>24470 DEL PRADO AVENUE, SUITE B</td>
<td>DANA POINT, CA 92629</td>
<td>(800) 410-6552</td>
<td></td>
<td>300265AP</td>
<td>NON</td>
<td></td>
<td></td>
<td>1.2 --- MEN ONLY</td>
<td>2/28/2018</td>
</tr>
<tr>
<td>LIGHTHOUSE TREATMENT CENTER</td>
<td>WINDSTONE ADDICTION CENTERS, INC.</td>
<td>1310 W. PEARL STREET</td>
<td>ANAHEIM, CA 92801</td>
<td>(714) 780-1174</td>
<td>(714) 780-1124</td>
<td>300266AP</td>
<td>RES-DETOX</td>
<td>22</td>
<td>22</td>
<td>1.1 --- CO-ED</td>
<td>5/31/2018</td>
</tr>
</tbody>
</table>
Program Name: LIGHTHOUSE TREATMENT CENTER
Legal Name: WINDSTONE ADDICTION CENTERS, INC.
Address: 1243 W. PEARL ST.
City, State Zip: ANHIEIM, CA 92801
Phone: (714) 833-5604 Fax: (714) 833-5038
Record ID: 300266BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 11/30/2017

Program Name: LIGHTHOUSE TREATMENT CENTER
Legal Name: WINDSTONE ADDICTION CENTERS, INC.
Address: 1243 1/2 W. PEARL STREET
City, State Zip: ANAHEIM, CA 92801
Phone: (714) 833-5604 Fax: (714) 833-5038
Record ID: 300266CP
Service Type: RES-DETOX
Resident Capacity: 4
Total Occupancy: 4
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 7/31/2018

Program Name: SURF CITY RECOVERY
Legal Name: SURF CITY RECOVERY
Address: 18090 BEACH BOULEVARD, SUITE 5
City, State Zip: HUNTINGTON BEACH, CA 92648
Phone: (949) 209-7765
Record ID: 300267AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2017

Program Name: CASA RECOVERY
Legal Name: CASA RECOVERY, INC.
Address: 25102 SOUTHPORT STREET
City, State Zip: LAGUNA HILLS, CA 92653
Phone: (888) 928-2272 Fax: (949) 284-2574
Record ID: 300268AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2017

Program Name: CASA RECOVERY
Legal Name: CASA RECOVERY, INC.
Address: 31877 DEL OBISPO STREET, SUITE 104
City, State Zip: SAN JUAN CAPISTRANO, CA 92675
Phone: (888) 928-2272 Fax: (949) 284-0574
Record ID: 300268BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2017

Program Name: HOTEL CALIFORNIA BY THE SEA, LLC
Legal Name: HOTEL CALIFORNIA BY THE SEA, LLC
Address: 4504 SEASHORE DRIVE
City, State Zip: NEWPORT BEACH, CA 92663
Phone: (800) 762-6717 Fax: (949) 629-3883
Record ID: 300270AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2018
Program Name: HOTEL CALIFORNIA BY THE SEA
Legal Name: HOTEL CALIFORNIA BY THE SEA, LLC
Address: 230 EAST 17TH STREET SUITE 201
City, State Zip: COSTA MESA, CA 92627
Phone: (800) 762-6717         Fax: (949) 629-3883
Record ID: 300270BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2018

Program Name: HOTEL CALIFORNIA BY THE SEA, LLC
Legal Name: HOTEL CALIFORNIA BY THE SEA, LLC
Address: 1509 ORANGE AVENUE, A AND B
City, State Zip: COSTA MESA, CA 92627
Phone: (808) 762-6717         Fax: (949) 629-3883
Record ID: 300270CP
Service Type: RES-DETOX
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2016

Program Name: HOTEL CALIFORNIA BY THE SEA
Legal Name: HOTEL CALIFORNIA BY THE SEA, LLC
Address: 317 ROCHESTER AVENUE
City, State Zip: COSTA MESA, CA 92627
Phone: (949) 220-0049         Fax: (310) 440-5846
Record ID: 300270DP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2017

Program Name: A MISSION FOR MICHAEL, INC.
Legal Name: A MISSION FOR MICHAEL, INC.
Address: 647 CAMINO DE LOS MARES, SUITE 201
City, State Zip: SAN CLEMENTE, CA 92673
Phone: (949) 489-0950         Fax: (949) 489-0959
Record ID: 300272AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2018

Program Name: PACIFIC PALMS RECOVERY
Legal Name: PACIFIC PALMS RECOVERY, LLC
Address: 3551 CAMINO MIRA COSTA, SUITE T
City, State Zip: SAN CLEMENTE, CA 92672
Phone: (949) 943-5188         Fax: (949) 542-8565
Record ID: 300273AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2018

Program Name: Pacific Coast Detox
Legal Name: PAT MOORE DETOX, LLC
Address: 536 HAMILTON STREET,
         UNITS A, B, & C
City, State Zip: COSTA MESA, CA 92627
Phone: (949) 646-2830         Fax: (949) 764-9288
Record ID: 300274AP
Service Type: RES-DETOX
Resident Capacity: 18
Total Occupancy: 18
Target Population: 1.2 --- MEN ONLY
Expiration Date: 2/28/2018
Program Name: SOLID LANDINGS BEHAVIORAL HEALTH, INC.  
Legal Name: SOLID LANDINGS BEHAVIORAL HEALTH, INC.  
Address: 382 HAMILTON STREET, UNITS A & B  
City, State Zip: COSTA MESA, CA 92627  
Phone: (949) 467-9213  
Record ID: 300276CP  
Service Type: RES  
Resident Capacity: 12  
Total Occupancy: 12  
Target Population: 1.1 --- CO-ED  
Expiration Date: 10/31/2016

Program Name: HARMONY HEALS DETOX  
Legal Name: COMPLETE RESURGENCY, LLC  
Address: 31957 AND 31959 VIRGINIA WAY  
City, State Zip: LAGUNA BEACH, CA 92651  
Phone: (949) 837-2751 Fax: (949) 600-7113  
Record ID: 300277AP  
Service Type: RES-DETOX  
Resident Capacity: 12  
Total Occupancy: 12  
Target Population: 1.1 --- CO-ED  
Expiration Date: 4/30/2018

Program Name: EMBRACE RECOVERY  
Legal Name: EMBRACE RECOVERY, LLC  
Address: 23232 PERALTA DRIVE, SUITE 219  
City, State Zip: LAGUNA HILLS, CA 92653  
Phone: (949) 525-3696  
Record ID: 300288AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 4/30/2018

Program Name: SOCAL DETOX  
Legal Name: SOCAL DETOX LLC  
Address: 1703 AVENIDA SALVADOR  
City, State Zip: SAN CLEMENTE, CA 92672  
Phone: (888) 590-0777 Fax: (360) 323-7285  
Record ID: 300290AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 4/30/2018

Program Name: SOCAL DETOX  
Legal Name: SOCAL DETOX LLC  
Address: 835 AVENIDA SALVADOR  
City, State Zip: SAN CLEMENTE, CA 92672  
Phone: (888) 590-0777 Fax: (360) 323-7285  
Record ID: 300290BP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 6/30/2017

Program Name: SPENCER RECOVERY CENTERS  
Legal Name: COAST TO COAST REFERRAL CENTER, INC.  
Address: 1337 GAVIOTA DRIVE  
City, State Zip: LAGUNA BEACH, CA 92651  
Phone: (949) 376-3705 Fax: (949) 376-6862  
Record ID: 300291AN  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 8/31/2016
<table>
<thead>
<tr>
<th>Program Name</th>
<th>Legal Name</th>
<th>Address</th>
<th>City, State Zip</th>
<th>Phone</th>
<th>Fax</th>
<th>Record ID</th>
<th>Service Type</th>
<th>Resident Capacity</th>
<th>Total Occupancy</th>
<th>Target Population</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>COAST TO COAST REFERRAL CENTER</td>
<td>COAST TO COAST REFERRAL CENTER, INC.</td>
<td>665 CAMINO DE LOS MARES, SUITE 104B</td>
<td>SAN CLEMENTE, CA 92673</td>
<td>(949) 313-5240</td>
<td>(949) 313-5240</td>
<td>300291BN</td>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td>4/30/2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WJW TREATMENT CENTERS</td>
<td>CACTUS GARDENS OPPORTUNITY HOUSE, INC.</td>
<td>13212 &amp; 13222 CHAPMAN AVENUE</td>
<td>GARDEN GROVE, CA 92840</td>
<td>(714) 703-9492</td>
<td>(714) 740-2030</td>
<td>300292AN</td>
<td>RES</td>
<td>16</td>
<td>16</td>
<td>1.2 --- MEN ONLY</td>
<td>3/31/2018</td>
</tr>
<tr>
<td>NSIGHT OUTPATIENT PROGRAM</td>
<td>INSIGHT PSYCHOLOGY AND ADDICTION INC.</td>
<td>4000 BIRCH STREET, SUITE 112A</td>
<td>NEWPORT BEACH, CA 92660</td>
<td>(888) 256-2201</td>
<td>(949) 203-0402</td>
<td>300293AP</td>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td>7/31/2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMMUNITY REHAB</td>
<td>TRINITY REHAB GROUP, LLC.</td>
<td>129 W PALMYRA AVENUE</td>
<td>ORANGE, CA 92866</td>
<td>(714) 797-1264</td>
<td>(714) 970-1965</td>
<td>300294AP</td>
<td>RES-DETOX</td>
<td>6</td>
<td>6</td>
<td>1.1 --- CO-ED</td>
<td>8/31/2018</td>
</tr>
<tr>
<td>AKUA MIND &amp; BODY</td>
<td>AKUA BEHAVIORAL HEALTH, INC.</td>
<td>1119 SUNFLOWER AVENUE</td>
<td>COSTA MESA, CA 92626</td>
<td>(949) 279-1376</td>
<td></td>
<td>300297AP</td>
<td>RES-DETOX</td>
<td>6</td>
<td>6</td>
<td>1.1 --- CO-ED</td>
<td>9/30/2016</td>
</tr>
<tr>
<td>AKUA MIND &amp; BODY</td>
<td>AKUA BEHAVIORAL HEALTH, INC.</td>
<td>20271 SW BIRCH STREET, SUITE 202</td>
<td>NEWPORT BEACH, CA 92660</td>
<td>(714) 557-2350</td>
<td>(714) 947-4058</td>
<td>300297BP</td>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td>3/31/2017</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Program Name: AKUA MIND & BODY, INC.
Legal Name: AKUA BEHAVIORAL HEALTH, INC.
Address: 369 RALCAM PLACE
City, State Zip: COSTA MESA, CA 92627
Phone: (949) 279-1376
Record ID: 300297CP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2017

Program Name: AKUA MIND & BODY
Legal Name: AKUA BEHAVIORAL HEALTH, INC.
Address: 373 RALCAM PLACE
City, State Zip: COSTA MESA, CA 92627
Phone: (949) 279-1376
Record ID: 300297DP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2018

Program Name: AKUA MIND & BODY
Legal Name: AKUA BEHAVIORAL HEALTH, INC.
Address: 725 W. 20TH STREET
City, State Zip: COSTA MESA, CA 92627
Phone: (949) 279-1376
Record ID: 300297EP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2018

Program Name: AKUA MIND & BODY
Legal Name: AKUA BEHAVIORAL HEALTH, INC.
Address: 324 UNIVERSITY DRIVE
City, State Zip: COSTA MESA, CA 92627
Phone: (949) 279-1376
Record ID: 300297FP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2018

Program Name: CROSSROADS RECOVERY CENTERS
Legal Name: DIVINE REHABILITATION, EDUCATION, & HOUSING NETWORK
Address: 402 EAST LA HABRA BOULEVARD
City, State Zip: LA HABRA, CA 90631
Phone: (877) 293-0722
Record ID: 300298AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2016

Program Name: SECOND CHANCE ADDICTION RECOVERY CENTER INC.
Legal Name: SECOND CHANCE ADDICTION RECOVERY CENTER, INC.
Address: 1335 SOUTH EUCLID STREET
City, State Zip: ANAHIEM, CA 92802
Phone: (714) 215-4371
Record ID: 300299AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2016
Program Name: ADICTION RECOVERY REHAB
Legal Name: RECOVERY BAY REHABILITATION CENTER, LLC
Address: 18912 PATRICIAN DRIVE
City, State Zip: VILLA PARK, CA 92861
Phone: (949) 289-0350
Record ID: 300300AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 2/28/2017

Program Name: GRANT ME THE COURAGE RECOVERY
Legal Name: GRANT ME THE COURAGE RECOVERY, LLC
Address: 3230 E. IMPERIAL HIGHWAY, SUITE 312
City, State Zip: BREA, CA 92821
Phone: (714) 674-0000 Fax: (866) 653-9110
Record ID: 300302AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2017

Program Name: CLEAN PATH RECOVERY
Legal Name: CLEAN PATH RECOVERY, LLC
Address: 2200 HARBOR BOULEVARD, SUITE C-210
City, State Zip: COSTA MESA, CA 92627
Phone: (949) 734-7432
Record ID: 300303AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2016

Program Name: CLEAN PATH BEHAVIORAL HEALTH
Legal Name: CLEAN PATH RECOVERY, LLC
Address: 2822 MONTEREY AVENUE
City, State Zip: COSTA MESA, CA 92626
Phone: 9497347432X110 Fax: (949) 209-1884
Record ID: 300303CP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2018

Program Name: CLEAN PATH BEHAVIORAL HEALTH
Legal Name: CLEAN PATH RECOVERY, LLC
Address: 2272 PAMELA LANE,
UNITS A, B & C
City, State Zip: COSTA MESA, CA 92627
Phone: 9497347432X129 Fax: (949) 209-1884
Record ID: 300303DP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2018
Program Name: CLEAN PATH BEHAVIORAL HEALTH
Legal Name: CLEAN PATH RECOVERY, LLC
Address: 973 ARBOR STREET
City, State Zip: COSTA MESA, CA 92627
Phone: 9497347432X115 Fax: (949) 209-1884
Record ID: 300303EP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2018

Program Name: CLEAN PATH BEHAVIORAL HEALTH
Legal Name: CLEAN PATH RECOVERY, LLC
Address: 13741 OLYMPIC AVENUE
City, State Zip: COSTA MESA, CA 92626
Phone: (949) 734-7432 Fax: (949) 209-1884
Record ID: 300303FP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2018

Program Name: CLEAN PATH RECOVERY
Legal Name: CLEAN PATH RECOVERY, LLC
Address: 308 22ND STREET
City, State Zip: HUNTINGTON BEACH, CA 92648
Phone: (949) 734-7432 Fax: (949) 209-1884
Record ID: 300303GP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2018

Program Name: HEALING PATH RECOVERY
Legal Name: HEALING PATH RECOVERY, A PROFESSIONAL CORPORATION
Address: 366 SAN MIGUEL DRIVE, SUITE 310
City, State Zip: NEWPORT BEACH, CA 92660
Phone: (619) 929-7956
Record ID: 300304AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2017

Program Name: SOBER PARTNERS BEACH HOUSE
Legal Name: PARTNERS PROJECT INC.
Address: 517 14TH STREET
City, State Zip: HUNTINGTON BEACH, CA 92647
Phone: (855) 997-2786
Record ID: 300305AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 12/31/2016

Program Name: SOBER PARTNERS WATERFRONT RECOVERY CENTER
Legal Name: PARTNERS PROJECT INC.
Address: 3101 WEST COAST HIGHWAY, SUITE 200
City, State Zip: NEWPORT BEACH, CA 92663
Phone: (855) 997-2786
Record ID: 300305BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2017
Program Name: SOBER PARTNERS REEF HOUSE
Legal Name: PARTNERS PROJECT INC.
Address: 302 18TH STREET
City, State Zip: HUNTINGTON BEACH, CA 92648
Phone: (855) 997-2786
Record ID: 300305CP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 5/31/2018

Program Name: CALIFORNIA COAST DETOX AND REHAB
Legal Name: NDR PACIFIC, INC.
Address: 24482 CARACAS STREET
City, State Zip: DANA POINT, CA 92629
Phone: (949) 218-8174
Record ID: 300306AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2017

Program Name: PURE LIFE RECOVERY, LLC
Legal Name: PURE LIFE RECOVERY, LLC.
Address: 1 CALLE SALAMONTES
City, State Zip: SAN CLEMENTE, CA 92673
Phone: (949) 899-0895
Record ID: 300308BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2017

Program Name: SHORELINE TREATMENT CENTER
Legal Name: PURE LIFE RECOVERY, LLC.
Address: 25052 PATHWAY DRIVE
City, State Zip: LAGUNA NIGUEL, CA 92677
Phone: (949) 899-0895 Fax: (949) 393-5034
Record ID: 300308CP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2018

Program Name: FAITH BY THE SEA
Legal Name: FAITH BY THE SEA, INC.
Address: 27129 CALLE ARROYO
City, State Zip: SAN JUAN CAPISTRANO, CA 92675
Phone: (949) 542-8480 Fax: (949) 429-3698
Record ID: 300309AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2017

Program Name: MONARCH SHORES
Legal Name: SUNSHINE BEHAVIORAL HEALTH LLC
Address: 34575 CAMINO CAPISTRANO
City, State Zip: DANA POINT, CA 92629
Phone: (949) 698-2249
Record ID: 300311AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2017
<table>
<thead>
<tr>
<th>Program Name:</th>
<th>MONARCH SHORES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>SUNSHINE BEHAVIORAL HEALTH LLC</td>
</tr>
<tr>
<td>Address:</td>
<td>35072 CAMINO CAPISTRANO</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>DANA POINT, CA 92624</td>
</tr>
<tr>
<td>Phone:</td>
<td>(949) 276-4095</td>
</tr>
<tr>
<td>Fax:</td>
<td>(949) 388-2234</td>
</tr>
<tr>
<td>Record ID:</td>
<td>300311BP</td>
</tr>
<tr>
<td>Service Type:</td>
<td>RES-DETOX</td>
</tr>
<tr>
<td>Resident Capacity:</td>
<td>6</td>
</tr>
<tr>
<td>Total Occupancy:</td>
<td>6</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>5/31/2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>MONARCH SHORES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>SUNSHINE BEHAVIORAL HEALTH LLC</td>
</tr>
<tr>
<td>Address:</td>
<td>35072 CAMINO CAPISTRANO</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>DANA POINT, CA 92624</td>
</tr>
<tr>
<td>Phone:</td>
<td>(949) 276-4095</td>
</tr>
<tr>
<td>Fax:</td>
<td>(949) 388-2234</td>
</tr>
<tr>
<td>Record ID:</td>
<td>300311BP</td>
</tr>
<tr>
<td>Service Type:</td>
<td>RES-DETOX</td>
</tr>
<tr>
<td>Resident Capacity:</td>
<td>6</td>
</tr>
<tr>
<td>Total Occupancy:</td>
<td>6</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>5/31/2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>MONARCH SHORES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>SUNSHINE BEHAVIORAL HEALTH LLC</td>
</tr>
<tr>
<td>Address:</td>
<td>1564 SKYLINE</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>LAGUNA BEACH, CA 92651</td>
</tr>
<tr>
<td>Phone:</td>
<td>(949) 698-2249</td>
</tr>
<tr>
<td>Fax:</td>
<td>(949) 388-2234</td>
</tr>
<tr>
<td>Record ID:</td>
<td>300311CP</td>
</tr>
<tr>
<td>Service Type:</td>
<td>RES-DETOX</td>
</tr>
<tr>
<td>Resident Capacity:</td>
<td>6</td>
</tr>
<tr>
<td>Total Occupancy:</td>
<td>6</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>7/31/2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>MONARCH SHORES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>SUNSHINE BEHAVIORAL HEALTH LLC</td>
</tr>
<tr>
<td>Address:</td>
<td>33762 AVENIDA CALITA</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>SAN JUAN CAPISTRANO, CA 92675</td>
</tr>
<tr>
<td>Phone:</td>
<td>(949) 698-2249</td>
</tr>
<tr>
<td>Record ID:</td>
<td>300311DP</td>
</tr>
<tr>
<td>Service Type:</td>
<td>RES-DETOX</td>
</tr>
<tr>
<td>Resident Capacity:</td>
<td>6</td>
</tr>
<tr>
<td>Total Occupancy:</td>
<td>6</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>6/30/2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>MONARCH SHORES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>SUNSHINE BEHAVIORAL HEALTH LLC</td>
</tr>
<tr>
<td>Address:</td>
<td>27123 CALLE ARROYO, 2121</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>SAN JUAN CAPISTRANO, CA 92675</td>
</tr>
<tr>
<td>Phone:</td>
<td>(877) 978-3047</td>
</tr>
<tr>
<td>Record ID:</td>
<td>300311EP</td>
</tr>
<tr>
<td>Service Type:</td>
<td>NON</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>6/30/2018</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>MONARCH SHORES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>SUNSHINE BEHAVIORAL HEALTH LLC</td>
</tr>
<tr>
<td>Address:</td>
<td>283 UPLAND DRIVE</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>LAGUNA BEACH, CA 92651</td>
</tr>
<tr>
<td>Phone:</td>
<td>(949) 715-9174</td>
</tr>
<tr>
<td>Record ID:</td>
<td>300311FP</td>
</tr>
<tr>
<td>Service Type:</td>
<td>RES-DETOX</td>
</tr>
<tr>
<td>Resident Capacity:</td>
<td>6</td>
</tr>
<tr>
<td>Total Occupancy:</td>
<td>6</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>6/30/2018</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>MONARCH SHORES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>SUNSHINE BEHAVIORAL HEALTH LLC</td>
</tr>
<tr>
<td>Address:</td>
<td>31422 CEANOTHUS DRIVE</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>LAGUNA BEACH, CA 92651</td>
</tr>
<tr>
<td>Phone:</td>
<td>(949) 715-1647</td>
</tr>
<tr>
<td>Record ID:</td>
<td>300311HP</td>
</tr>
<tr>
<td>Service Type:</td>
<td>RES-DETOX</td>
</tr>
<tr>
<td>Resident Capacity:</td>
<td>6</td>
</tr>
<tr>
<td>Total Occupancy:</td>
<td>6</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>6/30/2018</td>
</tr>
</tbody>
</table>
Program Name: MONARCH SHORES
Legal Name: SUNSHINE BEHAVIORAL HEALTH LLC
Address: 27136 B PASEO ESPADA, #1121
City, State Zip: SAN JUAN CAPISTRANO, CA 92675
Phone: (877) 978-3047
Record ID: 300311IP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2018

Program Name: PILLARS RECOVERY, LLC
Legal Name: PILLARS RECOVERY, LLC
Address: 304 MARGUERITE AVENUE
City, State Zip: CORONA DEL MAR, CA 92625
Phone: (949) 220-7341
Record ID: 300312AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2017

Program Name: PILLARS RECOVERY
Legal Name: PILLARS RECOVERY, LLC
Address: 28772 TOP OF THE WORLD
City, State Zip: LAGUNA BEACH, CA 92651
Phone: (949) 610-9360
Record ID: 300312BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2017

Program Name: PILLARS RECOVERY
Legal Name: PILLARS RECOVERY, LLC
Address: 326 OLD NEWPORT BLVD.
City, State Zip: NEWPORT BEACH, CA 92663
Phone: (949) 610-9360
Record ID: 300312CP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2018

Program Name: SOUTH COAST BEHAVIORAL HEALTH GUESTHOUSE, INC.
Legal Name: SOUTH COAST BEHAVIORAL HEALTH GUESTHOUSE, INC
Address: 1958 BALEARIC DRIVE
City, State Zip: COSTA MESA, CA 92626
Phone: (310) 422-6744 Fax: (310) 422-6744
Record ID: 300313AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2017

Program Name: SOUTH COAST BEHAVIORAL HEALTH GUESTHOUSE, INC.
Legal Name: SOUTH COAST BEHAVIORAL HEALTH GUESTHOUSE, INC
Address: 275 E AST WILSON STREET
City, State Zip: COSTA MESA, CA 92627
Phone: (310) 422-6744 Fax: (714) 556-0120
Record ID: 300313BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2017
Program Name: ADDICTION HEALTH ALLIANCE
Legal Name: ADDICTION HEALTH ALLIANCE, LLC
Address: 605 AVENIDA LOS FLORES
City, State Zip: SAN CLEMENTE, CA 92672
Phone: (949) 306-9511        Fax: (949) 542-3878
Record ID: 300314AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 9/30/2017

Program Name: BEACHSIDE RECOVERY LLC
Legal Name: BEACHSIDE RECOVERY LLC
Address: 24662 SANTA CLARA AVENUE
City, State Zip: DANA POINT, CA 92629
Phone: (949) 393-4070
Record ID: 300315AP
Service Type: RES-DETOX
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2017

Program Name: BEACHSIDE RECOVERY LLC
Legal Name: BEACHSIDE RECOVERY LLC
Address: 16812 RED HILL AVENUE, SUITE A
City, State Zip: IRVINE, CA 92606
Phone: (949) 220-0903
Record ID: 300315BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2017

Program Name: BEACHSIDE RECOVERY LLC
Legal Name: BEACHSIDE RECOVERY LLC
Address: 10231 BRIER LANE
City, State Zip: NORTH TUSTIN, CA 92705-1518
Phone: (888) 387-5576        Fax: (949) 258-9303
Record ID: 300315CP
Service Type: RES
Resident Capacity: 10
Total Occupancy: 10
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2017

Program Name: BEACHSIDE RECOVERY LLC
Legal Name: BEACHSIDE RECOVERY LLC
Address: 15548 SONORA STREET
City, State Zip: TUSTIN, CA 92782
Phone: (888) 387-5576        Fax: (949) 258-9303
Record ID: 300315DP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2017

Program Name: BEACHSIDE RECOVERY LLC
Legal Name: BEACHSIDE RECOVERY LLC
Address: 23671 BRASILIA STREET
City, State Zip: MISSION VIEJO, CA 92691-3047
Phone: (888) 387-5576        Fax: (949) 258-9303
Record ID: 300315EP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2017
Program Name: SO CAL TREATMENT
Legal Name: TRINA TIMANUS
Address: 1246 E. TURIN AVENUE
City, State Zip: ANAHEIM, CA 92805
Phone: (714) 381-0342
Record ID: 300317AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2017

Program Name: OCEANFRONT RECOVERY
Legal Name: OCEANFRONT RECOVERY AT LAGUNA BEACH, LLC
Address: 900 GLENNEYRE STREET, SUITE T
City, State Zip: LAGUNA BEACH, CA 92651
Phone: (414) 614-7244 Fax: (949) 715-7037
Record ID: 300318AP
Service Type: NON
Target Population: 1.2 --- MEN ONLY
Expiration Date: 4/30/2017

Program Name: OCEANFRONT RECOVERY
Legal Name: OCEANFRONT RECOVERY AT LAGUNA BEACH, LLC
Address: 30662 MARILYN DRIVE
City, State Zip: LAGUNA BEACH, CA 92651
Phone: (949) 681-5100 Fax: (949) 484-2800
Record ID: 300318BP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 10/31/2017

Program Name: OCEANFRONT RECOVERY
Legal Name: OCEANFRONT RECOVERY AT LAGUNA BEACH, LLC
Address: 31122 BROOKS STREET
City, State Zip: LAGUNA BEACH, CA 92651
Phone: (949) 681-5100 Fax: (949) 484-2800
Record ID: 300318CP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 10/31/2017

Program Name: HILLSIDE LAGUNA BEACH
Legal Name: HILLSIDE LAGUNA BEACH LLC
Address: 2516 TEMPLE HILLS DRIVE
City, State Zip: LAGUNA BEACH, CA 92651
Phone: (949) 607-7702 Fax: (877) 333-5207
Record ID: 300319AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2017

Program Name: ADVANCES IN MENTAL HEALTH AND ADDICTIONS TREATMENT, INC.
Legal Name: ADVANCES IN MENTAL HEALTH AND ADDICTIONS TREATMENT, INC.
Address: 18672 FLORIDA STREET, #100
City, State Zip: HUNTINGTON BEACH, CA 92648
Phone: (714) 596-6400 Fax: (714) 596-4900
Record ID: 300320AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2017
Program Name: ORANGE COUNTY RECOVERY
Legal Name: STEPHEN AND AMBER K N I G H T
Address: 18632 BEACH BOULEVARD, SUITE 240
City, State Zip: HUNTINGTON BEACH, CA 92648
Phone: (714) 418-6053
Record ID: 300321AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2017

Program Name: BALBOA RECOVERY
Legal Name: KEVIN C U L L E N
Address: 430 31ST STREET, SUITE B
City, State Zip: NEWPORT BEACH, CA 92663
Phone: (949) 723-2388         Fax: (949) 723-1288
Record ID: 300322AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2017

Program Name: WAVELENGTHS RECOVERY
Address: 101 HUNTINGTON STREET
City, State Zip: HUNTINGTON BEACH, CA 92648
Phone: (657) 845-4168
Record ID: 300323AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2017

Program Name: WAVELENGTHS RECOVERY, INC.
Address: 301 MAIN STREET,
201
City, State Zip: HUNTINGTON BEACH, CA 92648
Phone: (714) 642-2404
Record ID: 300323BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2018

Program Name: SOUTH SHORES DETOX, LLC
Legal Name: S O U T H S H O R E S , L L C
Address: 27568 VISTA DE DONS
City, State Zip: DANA POINT, CA 92624
Phone: (949) 289-2138         Fax: (949) 289-2138
Record ID: 300324AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2017

Program Name: FIRST LIGHT RECOVERY
Legal Name: F I R S T L I G H T R E C O V E R Y , L L C
Address: 140 AVENIDA ALGODON, UNIT B & C
City, State Zip: SAN CLEMENTE, CA 92672
Phone: (949) 973-0700
Record ID: 300325AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2017
Program Name: CASA CAPRI
Legal Name: CASA CAPRI LLC
Address: 2787 BRISTOL STREET
          SUITE 215
City, State Zip: COSTA MESA, CA 92626
Phone: (949) 861-0576  Fax: (877) 820-8959
Record ID: 300326AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2017

Program Name: CASA CAPRI RECOVERY
Legal Name: CASA CAPRI LLC
Address: 15964 MT. JACKSON STREET
City, State Zip: FOUNTAIN VALLEY, CA 92708
Phone: (877) 836-8090  Fax: (877) 820-8959
Record ID: 300326BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 6/30/2018

Program Name: CASA CAPRI RECOVERY
Legal Name: CASA CAPRI LLC
Address: 166 E. 18TH STREET,
          UNITS 1, 2 & 3
City, State Zip: COSTA MESA, CA 92627
Phone: (877) 836-8090  Fax: (877) 820-8959
Record ID: 300326CP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 6/30/2018

Program Name: REFLECTIONS RECOVERY CENTER
Legal Name: REFLECTIONS RECOVERY LLC
Address: 17165 NEWHOPE STREET, SUITE M
City, State Zip: FOUNTAIN VALLEY, CA 92708
Phone: (714) 708-2950  Fax: (714) 708-2966
Record ID: 300327AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2017

Program Name: REFLECTIONS RECOVERY CENTER
Legal Name: REFLECTIONS RECOVERY LLC
Address: 337 16TH PLACE
City, State Zip: COSTA MESA, CA 92627
Phone: (714) 708-2950  Fax: (714) 708-2966
Record ID: 300327BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2017

Program Name: TRES VISTAS RECOVERY
Legal Name: PAIN RECOVERY MEDICAL GROUP, INC.
Address: 243 AVENIDA LA CUESTA
City, State Zip: SAN CLEMENTE, CA 92673
Phone: (949) 310-6824
Record ID: 300328AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2017
Program Name: SOLMAR RETREAT  
Legal Name: HOAG NEUROBEHAVIORAL HEALTH, LLC  
Address: 1 HOAG DRIVE  
City, State Zip: NEWPORT BEACH, CA 92663-4162  
Phone: (949) 764-5656  
Fax: (949) 764-8185  
Record ID: 300329AP  
Service Type: RES  
Resident Capacity: 21  
Total Occupancy: 21  
Target Population: 1.1 --- CO-ED  
Expiration Date: 7/31/2017

Program Name: AFFINITY RECOVERY  
Legal Name: AFFINITY GROUP LLC  
Address: 31952 PASEO TERRAZA  
City, State Zip: SAN JUAN CAPITANANO, CA 92675  
Phone: (714) 422-0119  
Fax: (888) 276-0605  
Record ID: 300330AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 7/31/2017

Program Name: AFFINITY RECOVERY  
Legal Name: AFFINITY GROUP LLC  
Address: 1911 KINGS ROAD  
City, State Zip: NEWPORT BEACH, CA 92663  
Phone: (949) 321-8151  
Fax: (888) 276-0605  
Record ID: 300330BP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 9/30/2017

Program Name: AFFINITY RECOVERY  
Legal Name: AFFINITY GROUP LLC  
Address: 9 STARLIGHT ISLE  
City, State Zip: LADERA RANCH, CA 92694-1467  
Phone: (855) 698-7114  
Fax: (888) 276-0605  
Record ID: 300330CP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 6/30/2018

Program Name: COMPASS RECOVERY  
Legal Name: COMPASS RECOVERY, INC.  
Address: 3151 AIRWAY AVENUE, F105-B  
City, State Zip: COSTA MESA, CA 92626  
Phone: (714) 540-1716  
Fax: (714) 540-1716  
Record ID: 300331AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 7/31/2017

Program Name: COMPASS RECOVERY  
Legal Name: COMPASS RECOVERY, INC.  
Address: 9431 ALDERBURY STREET  
City, State Zip: CYPRESS, CA 90630-2855  
Phone: (714) 828-1759  
Fax: (714) 282-1759  
Record ID: 300331BP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 8/31/2017
<table>
<thead>
<tr>
<th>Program Name:</th>
<th>COMPASS RECOVERY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>COMPASS RECOVERY, INC.</td>
</tr>
<tr>
<td>Address:</td>
<td>30891 RIVERA PLACE</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>LAGUNA NIGUEL, CA 92677-2455</td>
</tr>
<tr>
<td>Phone:</td>
<td>(714) 376-5889</td>
</tr>
<tr>
<td>Record ID:</td>
<td>300331CP</td>
</tr>
<tr>
<td>Service Type:</td>
<td>RES-DETOX</td>
</tr>
<tr>
<td>Resident Capacity:</td>
<td>6</td>
</tr>
<tr>
<td>Total Occupancy:</td>
<td>6</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>11/30/2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>KOOL LIVING RECOVERY CENTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>KOOL LIVING, INC.</td>
</tr>
<tr>
<td>Address:</td>
<td>26421 VIA CALIFORNIA</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>CAPISTRANO BEACH, CA 92624</td>
</tr>
<tr>
<td>Phone:</td>
<td>(949) 542-4032</td>
</tr>
<tr>
<td>Fax:</td>
<td>(747) 202-0622</td>
</tr>
<tr>
<td>Record ID:</td>
<td>300332AP</td>
</tr>
<tr>
<td>Service Type:</td>
<td>RES-DETOX</td>
</tr>
<tr>
<td>Resident Capacity:</td>
<td>6</td>
</tr>
<tr>
<td>Total Occupancy:</td>
<td>6</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>8/31/2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>KOOL LIVING RECOVERY CENTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>KOOL LIVING, INC.</td>
</tr>
<tr>
<td>Address:</td>
<td>4014 CALLE BIENVENIDOS</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>SAN CLEMENTE, CA 92672</td>
</tr>
<tr>
<td>Phone:</td>
<td>(949) 481-3826</td>
</tr>
<tr>
<td>Fax:</td>
<td>(747) 202-0622</td>
</tr>
<tr>
<td>Record ID:</td>
<td>300332BP</td>
</tr>
<tr>
<td>Service Type:</td>
<td>RES-DETOX</td>
</tr>
<tr>
<td>Resident Capacity:</td>
<td>6</td>
</tr>
<tr>
<td>Total Occupancy:</td>
<td>6</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>8/31/2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>KOOL LIVING RECOVERY CENTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>KOOL LIVING, INC.</td>
</tr>
<tr>
<td>Address:</td>
<td>35492 DEL REY</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>DANA POINT, CA 92624</td>
</tr>
<tr>
<td>Phone:</td>
<td>(818) 671-4294</td>
</tr>
<tr>
<td>Fax:</td>
<td>(747) 202-0622</td>
</tr>
<tr>
<td>Record ID:</td>
<td>300332CP</td>
</tr>
<tr>
<td>Service Type:</td>
<td>RES-DETOX</td>
</tr>
<tr>
<td>Resident Capacity:</td>
<td>6</td>
</tr>
<tr>
<td>Total Occupancy:</td>
<td>6</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>10/31/2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>THE SOBER SPOT RECOVERY CENTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>SOBER SPOT, LLC, THE</td>
</tr>
<tr>
<td>Address:</td>
<td>24551 PASEO DE ALICIA, #220</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>LAGUNA HILLS, CA 92653</td>
</tr>
<tr>
<td>Phone:</td>
<td>(949) 344-6166</td>
</tr>
<tr>
<td>Fax:</td>
<td>(949) 441-7165</td>
</tr>
<tr>
<td>Record ID:</td>
<td>300333AP</td>
</tr>
<tr>
<td>Service Type:</td>
<td>NON</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>11/30/2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>WHOLE LIFE RECOVERY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>WHOLE LIFE RECOVERY, LLC</td>
</tr>
<tr>
<td>Address:</td>
<td>32122 CAMINO CAPISTRANO SUITE 100</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>SAN JUAN CAPISTRANO, CA 92675</td>
</tr>
<tr>
<td>Phone:</td>
<td>(888) 963-8921</td>
</tr>
<tr>
<td>Record ID:</td>
<td>300334AP</td>
</tr>
<tr>
<td>Service Type:</td>
<td>NON</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>9/30/2017</td>
</tr>
</tbody>
</table>
Program Name: COASTLINE BREEZE
Legal Name: COASTLINE BREEZE DETOX REHAB & RECOVERY
Address: 33952 GRANADA DRIVE
City, State Zip: DANA POINT, CA 92629
Phone: (877) 557-9511 Fax: (480) 383-6983
Record ID: 300335AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2017

Program Name: LUMINANCE HEALTH GROUP, INC.
Legal Name: LUMINANCE HEALTH GROUP, INC.
Address: 1804 VIA SAGE
City, State Zip: SAN CLEMENTE, CA 92672
Phone: (949) 248-4645
Record ID: 300337AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2017

Program Name: WECARE RECOVERY SYSTEMS
Legal Name: WECARE LLC
Address: 2525 W. WOODLAND DRIVE
City, State Zip: ANAHEIM, CA 92801
Phone: (714) 821-1064 Fax: (714) 459-7393
Record ID: 300338AP
Service Type: NON-DETOX
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2017

Program Name: INNVIGORATE INTEGRATIVE WELLNESS INSTITUTE
Legal Name: INNVIGORATE INTEGRATIVE WELLNESS INSTITUTE, LP
Address: 7626 E SADDLEHILL TRAIL
City, State Zip: ORANGE, CA 92869
Phone: (714) 532-2721 Fax: (510) 580-7707
Record ID: 300340AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2017

Program Name: CANYON VIEW TREATMENT CENTER
Legal Name: PULZE RESIDENTIAL CARE GROUP, LLC
Address: 1001 & 1005 S. MOUNTVALE COURT
City, State Zip: ANAHEIM, CA 92808
Phone: (951) 922-5338
Record ID: 300341AP
Service Type: RES-DETOX
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.1 --- CO-ED
Expiration Date: 10/30/2017

Program Name: A BETTER LIFE RECOVERY
Legal Name: A BETTER LIFE RECOVERY LLC
Address: 27126 PASEO ESPADA, SUITES 1621-1623
City, State Zip: SAN JUAN CAPISTRANO, CA 92675
Phone: (949) 313-7443 Fax: (949) 579-2876
Record ID: 300342AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2017
Program Name: CASA GLORIOSA  
Legal Name: GLORIOSA MANAGEMENT, LLC  
Address: 25466 GLORIOSA DRIVE  
City, State Zip: MISSION VIEJO, CA 92691  
Phone: (951) 427-4807  
Fax: (949) 305-9054  
Record ID: 300345AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 10/31/2017

Program Name: TURNING POINT TREATMENT CENTER  
Legal Name: TURNING POINT TREATMENT CENTER, INC.  
Address: 28111 SOMERSET  
City, State Zip: MISSION VIEJO, CA 92692  
Phone: (949) 215-3775  
Fax: (949) 215-3776  
Record ID: 300346AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 7  
Target Population: 1.1 --- CO-ED  
Expiration Date: 9/30/2017

Program Name: OCEANS 6 REHAB, LLC  
Legal Name: OCEANS 6 REHAB, LLC  
Address: 33861 GRANADA DRIVE  
City, State Zip: DANA POINT, CA 92629  
Phone: (949) 441-4456  
Fax: (480) 383-6983  
Record ID: 300348AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 12/31/2017

Program Name: FRESH START OF CALIFORNIA  
Legal Name: FRESH START OF CALIFORNIA, LLC  
Address: 1210 N ROSS STREET  
City, State Zip: SANTA ANA, CA 92701  
Phone: (323) 419-7384  
Record ID: 300349AP  
Service Type: RES  
Resident Capacity: 8  
Total Occupancy: 10  
Target Population: 1.3 --- WOMEN ONLY  
Expiration Date: 4/30/2018

Program Name: SHEER RECOVERY SERVICES  
Legal Name: SHEER RECOVERY, LLC  
Address: 32371 CARIBBEAN DRIVE  
City, State Zip: DANA POINT, CA 92629-3533  
Phone: (714) 658-3773  
Fax: (949) 441-7165  
Record ID: 300350AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 4/30/2018

Program Name: SHEER RECOVERY SERVICES  
Legal Name: SHEER RECOVERY, LLC  
Address: 27130 PASEO ESPADA, SUITE A1422, A1423 & A1424  
City, State Zip: SAN JUAN CAPISTRANO, CA 92675-6712  
Phone: (714) 658-3773  
Fax: (949) 441-7165  
Record ID: 300350BP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 4/30/2018
Program Name: TRUVIDA RECOVERY
Legal Name: CREST RECOVERY, LLC
Address: 29522 VIA VALVERDE
City, State Zip: LAGUNA NIGUEL, CA 92677
Phone: (949) 283-4679
Record ID: 300351AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2018

Program Name: SOUTH SHORES DETOX
Legal Name: SOUTH SHORES DETOX, LLC
Address: 32851 BUCCANEER STREET
City, State Zip: DANA POINT, CA 92629
Phone: (949) 388-4019
Record ID: 300352AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2018

Program Name: SURVIVORS LLC
Legal Name: SURVIVORS LLC
Address: 2082 SE BRISTOL STREET, SUITE 200
City, State Zip: NEWPORT BEACH, CA 92660
Phone: (957) 256-7698
Record ID: 300354AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2018

Program Name: PACIFIC VIEW DETOXIFICATION & RESIDENTIAL TREATMENT FACILITY
Legal Name: PACIFIC VIEW DETOX LLC
Address: 26411 CHAPARRAL PLACE
City, State Zip: LAGUNA HILLS, CA 92653
Phone: (949) 207-8601 Fax: (949) 207-8601
Record ID: 300355AP
Service Type: RES-DETOX
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2018

Program Name: PACIFIC VIEW DETOXIFICATION & RESIDENTIAL TREATMENT FACILITY
Legal Name: PACIFIC VIEW DETOX LLC
Address: 26411 CHAPARRAL PLACE
City, State Zip: LAGUNA HILLS, CA 92653
Phone: (949) 207-8601 Fax: (949) 207-8601
Record ID: 300355AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2018

Program Name: OCEANS 8 REHAB, LLC
Legal Name: OCEANS 8 REHAB, LLC
Address: 33852 ORILLA DRIVE
City, State Zip: DANA POINT, CA 92629
Phone: (602) 423-7347 Fax: (480) 383-6983
Record ID: 300356AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2018
Program Name: ADDICTION CENTER FOR HEALING
Legal Name: ADDICTION CENTER FOR HEALING
Address: 6 HUGHES
SUITE 130
City, State Zip: IRVINE, CA 92618
Phone: (949) 400-5852
Record ID: 300357AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2018

Program Name: DBT CENTER OF ORANGE COUNTY
Legal Name: MICHELE S LOB, LICENSED MARRIAGE AND FAMILY THERAPY, A PROFESSIONAL CORPORATION
Address: 4299 MACARTHUR BOULEVARD, #200
City, State Zip: NEWPORT BEACH, CA 92660
Phone: (949) 480-7767         Fax: (949) 209-1977
Record ID: 300625AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2018

Program Name: BEGINNINGS
Legal Name: ELITE CARE, INC.
Address: 1991 ANAHEIM AVENUE, UNIT B
City, State Zip: COSTA MESA, CA 92627
Phone: (949) 954-6135
Record ID: 300626AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2018

Program Name: BEGINNINGS
Legal Name: ELITE CARE, INC.
Address: 1991 ANAHEIM AVENUE, UNIT A
City, State Zip: COSTA MESA, CA 92627
Phone: (888) 511-0607
Record ID: 300626BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2018

Program Name: BEGINNINGS
Legal Name: ELITE CARE, INC.
Address: 1991 ANAHEIM AVENUE, UNIT C
City, State Zip: COSTA MESA, CA 92627
Phone: (949) 397-2250
Record ID: 300626CP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2018

Program Name: STILL WATERS RECOVERY CENTER, INC.
Legal Name: STILL WATERS RECOVERY CENTER, INC.
Address: 20422 BEACH BOULEVARD, SUITE 235
City, State Zip: HUNTINGTON BEACH, CA 92648
Phone: (714) 202-9818         Fax: (714) 242-1363
Record ID: 300627AP
Service Type: NON
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 2/28/2018
Program Name: LOTUS PLACE RECOVERY
Legal Name: LOTUS PLACE RECOVERY, LLC
Address: 16480 HARBOR BOULEVARD, SUITE 200
City, State Zip: FOUNTAIN VALLEY, CA 92708
Phone: (714) 904-2433 Fax: (714) 617-4135
Record ID: 300628AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2017

Program Name: COASTLINE RECOVERY
Legal Name: COASTLINE RECOVERY, LLC
Address: 2102 BUSINESS CENTER DRIVE, SUITE 121
City, State Zip: IRVINE, CA 92612
Phone: (800) 712-9635
Record ID: 300630AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2018

Program Name: TRUE LIFE RECOVERY
Legal Name: TRUE LIFE RECOVERY, INC.
Address: 16832 MAPLE STREET
City, State Zip: FOUNTAIN VALLEY, CA 92708
Phone: (714) 351-7800
Record ID: 300631AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2018

Program Name: THE HOUSE OF THE RISING SON, LLC
Legal Name: THE HOUSE OF THE RISING SON, LLC
Address: 147 EL LEVANTE
City, State Zip: SAN CLEMENTE, CA 92672
Phone: (503) 793-8919 Fax: (949) 606-8518
Record ID: 300633AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2018

Program Name: NATIONWIDE RECOVERY CENTERS
Legal Name: NATIONWIDE RECOVERY CENTERS, LLC
Address: 22602 COSTA BELLA
City, State Zip: LAKE FOREST, CA 92630
Phone: (949) 606-5742 Fax: (949) 525-4321
Record ID: 300634AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2018

Program Name: LEAD RECOVERY CENTER
Legal Name: HIRED POWER TRANSITIONAL LIVING CENTER, LLC
Address: 3151 AIRWAY AVENUE, F107
City, State Zip: COSTA MESA, CA 92626-4607
Phone: (800) 910-9299 Fax: (888) 870-3174
Record ID: 300635AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2018
Program Name: PACIFIC SOLSTICE  
Legal Name: PACIFIC SOLSTICE, LLC  
Address: 23461 SOUTH POINTE DRIVE, SUITE 340  
City, State Zip: LAGUNA HILLS, CA 92653  
Phone: (949) 701-0221  
Record ID: 300636AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 3/31/2018

Program Name: SHANTI RECOVERY SERVICES  
Legal Name: SHANTI RECOVERY SERVICES, INC.  
Address: 31211 CASA GRANDE DRIVE  
City, State Zip: SAN JUAN CAPISTRANO, CA 92675  
Phone: (949) 294-5104  
Record ID: 300637AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 5/31/2018

Program Name: BROADWAY DETOX CENTER  
Legal Name: BROADWAY DETOX CENTER, LLC  
Address: 6021 JADE CIRCLE  
City, State Zip: HUNTINGTON BEACH, CA 92647  
Phone: (657) 227-3532  
Record ID: 300638AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 2/28/2018

Program Name: MISSION TREATMENT & RECOVERY  
Legal Name: PEPPERTREE MANAGEMENT, LLC  
Address: 31881 PEPPERTREE BEND  
City, State Zip: SAN JUAN CAPISTRANO, CA 92675  
Phone: (949) 545-9540  
Record ID: 300639AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 4/30/2018

Program Name: SUSTAIN RECOVERY  
Legal Name: OCTLC, INC.  
Address: 23272 MILL CREEK DRIVE, SUITE 300, 100F, 100B  
City, State Zip: LAGUNA HILLS, CA 92653  
Phone: (818) 636-2938 Fax: (949) 381-7173  
Record ID: 300640AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 2/28/2018

Program Name: NEW LIFE TREATMENT CENTER  
Legal Name: NEW LIFE TREATMENT CENTER, INC.  
Address: 598 PIERPOINT DRIVE  
City, State Zip: COSTA MESA, CA 92626  
Phone: (657) 267-0219  
Record ID: 300642AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 7/31/2018
<table>
<thead>
<tr>
<th>Program Name</th>
<th>Legal Name</th>
<th>Address</th>
<th>City, State Zip</th>
<th>Phone</th>
<th>Record ID</th>
<th>Service Type</th>
<th>Resident Capacity</th>
<th>Total Occupancy</th>
<th>Target Population</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW LIFE TREATMENT CENTER</td>
<td>NEW LIFE TREATMENT CENTER, INC.</td>
<td>1940 WEST ORANGEWOOD AVENUE, #205</td>
<td>ORANGE, CA 92868</td>
<td>(626) 644-0070</td>
<td>300642BP</td>
<td>NON</td>
<td></td>
<td></td>
<td>1.1 --- CO-ED</td>
<td>7/31/2018</td>
</tr>
<tr>
<td>NEW LIFE TREATMENT CENTER</td>
<td>NEW LIFE TREATMENT CENTER, INC.</td>
<td>1764 NORTH MORNINGSIDE STREET</td>
<td>ORANGE, CA 92867</td>
<td>(626) 644-0070</td>
<td>300642CP</td>
<td>RES-DETOX</td>
<td>6</td>
<td>6</td>
<td>1.1 --- CO-ED</td>
<td>7/31/2018</td>
</tr>
<tr>
<td>NEW ATTITUDE RECOVERY CENTER</td>
<td>NEW ATTITUDE RECOVERY CENTER LLC</td>
<td>26142 BUENA VISTA COURT</td>
<td>LAGUNA HILLS, CA 92653</td>
<td>(888) 978-5251</td>
<td>300644AP</td>
<td>RES-DETOX</td>
<td>6</td>
<td>6</td>
<td>1.1 --- CO-ED</td>
<td>6/30/2018</td>
</tr>
<tr>
<td>WEST COAST REHAB, LLC</td>
<td>WEST COAST REHAB, LLC</td>
<td>30552 HILLTOP WAY</td>
<td>SAN JUAN CAPISTRANO, CA 92675</td>
<td>(949) 441-4456 Fax: (480) 383-6963</td>
<td>300645AP</td>
<td>RES-DETOX</td>
<td>6</td>
<td>8</td>
<td>1.1 --- CO-ED</td>
<td>6/30/2018</td>
</tr>
<tr>
<td>MILESTONE DETOX</td>
<td>MILESTONE DETOX, LLC</td>
<td>31981 CALLE WINONA</td>
<td>SAN JUAN CAPISTRANO, CA 92675</td>
<td>(949) 344-8149</td>
<td>300646AP</td>
<td>RES-DETOX</td>
<td>6</td>
<td>6</td>
<td>1.1 --- CO-ED</td>
<td>6/30/2018</td>
</tr>
<tr>
<td>AKUA MIND &amp; BODY</td>
<td>AKUA BEHAVIORAL HEALTH, INC.</td>
<td>326 UNIVERSITY DRIVE</td>
<td>COSTA MESA, CA 92627</td>
<td>(949) 279-1376</td>
<td>300647AP</td>
<td>RES-DETOX</td>
<td>6</td>
<td>6</td>
<td>1.2 --- MEN ONLY</td>
<td>5/31/2018</td>
</tr>
</tbody>
</table>
Program Name: AKUA MIND & BODY
Legal Name: AKUA BEHAVIORAL HEALTH, INC.
Address: 328 UNIVERSITY DRIVE
City, State Zip: COSTA MESA, CA 92627
Phone: (949) 279-1376
Record ID: 300647BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 5/31/2018

Program Name: REALIGN DETOX & RESIDENTIAL TREATMENT CENTER
Legal Name: REALIGN DETOX, LLC
Address: 29552 CROWN CREEK
City, State Zip: LAGUNA NIGUEL, CA 92677-3951
Phone: (714) 232-0649 Fax: (714) 821-1084
Record ID: 300648AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2018

Program Name: ALTUS TREATMENT SERVICES
Legal Name: ALTUS TREATMENT CENTRAL, LLC
Address: 145 COLUMBIA, SUITE 200
City, State Zip: ALISO VIEJO, CA 92656
Phone: (949) 521-6138
Record ID: 300650AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2018

Program Name: 12 SOUTH RECOVERY
Legal Name: 12 SOUTH, LLC
Address: 27285 LAS RAMBLAS, #147
City, State Zip: MISSION VIEJO, CA 92691
Phone: (949) 338-2275
Record ID: 300653AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2018

Program Name: BEACH CITY TREATMENT
Legal Name: BEACH CITY TREATMENT, LLC
Address: 421 11TH STREET
City, State Zip: HUNTINGTON BEACH, CA 92648
Phone: (714) 726-8652
Record ID: 300654AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2018

Program Name: BEACH CITY TREATMENT
Legal Name: BEACH CITY TREATMENT, LLC
Address: 30461 PUERTO VALLARTA
City, State Zip: LAGUNA NIGUEL, CA 92677
Phone: (714) 726-8652
Record ID: 300654BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2018
Program Name: FRESH START RECOVERY SERVICES
Legal Name: FRESH START, LLC
Address: 2790 HARBOR BOULEVARD,
        SUITE 307 & 309
City, State Zip: COSTA MESA, CA 92627
Phone: (949) 295-2888
Record ID: 300655AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2018

Program Name: BRIDGES TO LIFE DETOX
Legal Name: DAMASCUS ROAD, LLC
Address: 1313 NORTH BROOKHURST STREET
City, State Zip: ANAHEIM, CA 92801
Phone: (714) 232-0649         Fax: (714) 252-0173
Record ID: 300656AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2018

Program Name: RISING ROADS RECOVERY SERVICES FOR WOMEN, LLC
Legal Name: RISING ROADS RECOVERY SERVICES FOR WOMEN, LLC
Address: 10905 EL DOMINO AVENUE
City, State Zip: FOUNTAIN VALLEY, CA 92708
Phone: (714) 673-9007
Record ID: 300659AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 7/31/2018

Program Name: PURE PATH RECOVERY
Legal Name: PURE PATH RECOVERY LLC
Address: 51 SORBONNE STREET
City, State Zip: WESTMINSTER, CA 92683
Phone: (949) 375-0070
Record ID: 300663AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 8/31/2018

Program Name: NARCONON HUNTINGTON HARBOR HOUSE
Legal Name: NARCONON FRESH START
Address: 17123 ROUNDHILL DRIVE
City, State Zip: HUNTINGTON BEACH, CA 92649
Phone: (949) 675-8988         Fax: (888) 680-2730
Record ID: 300668AN
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 10
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2018
<table>
<thead>
<tr>
<th>Program Name</th>
<th>Legal Name</th>
<th>Address</th>
<th>City, State Zip</th>
<th>Phone</th>
<th>Fax</th>
<th>Record ID</th>
<th>Service Type</th>
<th>Target Population</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLACER COUNTY ALCOHOL AND OTHER DRUG TREATMENT PROGRAM</td>
<td>COUNTY OF PLACER, DEPARTMENT OF HEALTH &amp; HUMAN SERVICES, ADULT SYSTEM OF CARE</td>
<td>101 CIRPY HILLS DRIVE</td>
<td>ROSEVILLE, CA 95678</td>
<td>(916) 787-8800</td>
<td>(916) 787-8857</td>
<td>310002AN</td>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td>9/30/2017</td>
</tr>
<tr>
<td>COUNTY OF PLACER, DEPARTMENT OF HEALTH &amp; HUMAN SERVICES, ADULT SYSTEM OF CARE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NON</td>
<td>1.8 --- DUAL DIAGNOSIS</td>
<td>11/30/2017</td>
</tr>
<tr>
<td>PLACER COUNTY ALCOHOL AND OTHER DRUG TREATMENT PROGRAM</td>
<td>COUNTY OF PLACER, DEPARTMENT OF HEALTH &amp; HUMAN SERVICES, ADULT SYSTEM OF CARE</td>
<td>11512 B AVENUE</td>
<td>AUBURN, CA 95603</td>
<td>(530) 889-7240</td>
<td>(530) 889-7293</td>
<td>310002BN</td>
<td>NON</td>
<td>1.3 --- WOMEN ONLY</td>
<td>2/28/2018</td>
</tr>
<tr>
<td>JAMES HARDWICK</td>
<td>JAMES HARDWICK</td>
<td>1254 HIGH STREET</td>
<td>AUBURN, CA 95603-5015</td>
<td>(530) 889-9195</td>
<td>(530) 889-9197</td>
<td>310007AP</td>
<td>RES</td>
<td>1.4 --- WOMEN/CHILDREN</td>
<td>6/30/2017</td>
</tr>
<tr>
<td>HOPE HELP AND HEALING</td>
<td>HOPE HELP AND HEALING</td>
<td>11960 HERITAGE OAK PLACE, SUITE 20</td>
<td>AUBURN, CA 95603-2403</td>
<td>(530) 885-4249</td>
<td>(530) 885-6191</td>
<td>310010CN</td>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td>5/31/2018</td>
</tr>
<tr>
<td>TRUE STEP</td>
<td>HOPE HELP AND HEALING</td>
<td>318 LINCOLN WAY, #B</td>
<td>AUBURN, CA 95603</td>
<td>(530) 885-4249</td>
<td>(530) 885-6191</td>
<td>310010DN</td>
<td>RES</td>
<td>1.2 --- MEN ONLY</td>
<td>9/30/2016</td>
</tr>
</tbody>
</table>
Program Name: KOINONIA GROUP HOME #1  
Legal Name: KOINONIA FOSTER HOMES, INC.  
Address: 3880 OAK TREE LANE  
City, State Zip: LOOMIS, CA 95650-9316  
Phone: (916) 652-0171 Fax: (916) 652-3979  
Record ID: 310012AN  
Service Type: DSS  
Target Population: 1.5 --- YOUTH/ADOLESCENT  
Expiration Date: 11/30/2016

Program Name: KOINONIA GROUP HOME #2  
Legal Name: KOINONIA FOSTER HOMES, INC.  
Address: 6331 KING ROAD  
City, State Zip: LOOMIS, CA 95650-8801  
Phone: (916) 652-0171 Fax: (916) 652-3979  
Record ID: 310012BN  
Service Type: DSS  
Target Population: 1.5 --- YOUTH/ADOLESCENT  
Expiration Date: 11/30/2016

Program Name: KOINONIA GROUP HOME #3  
Legal Name: KOINONIA FOSTER HOMES, INC.  
Address: 5440 PARAGON STREET  
City, State Zip: ROCKLIN, CA 95677-2217  
Phone: (916) 652-0171 Fax: (916) 652-3979  
Record ID: 310012CN  
Service Type: DSS  
Target Population: 1.5 --- YOUTH/ADOLESCENT  
Expiration Date: 11/30/2016

Program Name: KOINONIA GROUP HOME #4  
Legal Name: KOINONIA FOSTER HOMES, INC.  
Address: 8200 KING ROAD  
City, State Zip: LOOMIS, CA 95650-8813  
Phone: (916) 652-0171 Fax: (916) 652-3979  
Record ID: 310012DN  
Service Type: DSS  
Target Population: 1.5 --- YOUTH/ADOLESCENT  
Expiration Date: 11/30/2016

Program Name: AUBURN CAMPUS-OUTPATIENT PROGRAM  
Legal Name: COMMUNITY RECOVERY RESOURCES  
Address: 12183 LOCKSLEY LANE, SUITE 101, 102, 103 & 104  
City, State Zip: AUBURN, CA 95602-2050  
Phone: (530) 885-1961 Fax: (916) 797-8979  
Record ID: 310019AN  
Service Type: NON  
Target Population: 1.4 --- WOMEN/CHILDREN  
Expiration Date: 9/30/2017

Program Name: AUBURN CAMPUS RESIDENTIAL PROGRAM  
Legal Name: COMMUNITY RECOVERY RESOURCES  
Address: 12125 SHALE RIDGE ROAD  
City, State Zip: AUBURN, CA 95602  
Phone: (530) 885-1917 Fax: (530) 273-7740  
Record ID: 310019BN  
Service Type: RES-DETOX  
Resident Capacity: 28  
Total Occupancy: 28  
Target Population: 1.1 --- CO-ED  
Expiration Date: 11/30/2017
Program Name: LINCOLN SERVICE CENTER
Legal Name: COMMUNITY RECOVERY RESOURCES
Address: 1530 3RD STREET, SUITE 212
City, State Zip: LINCOLN, CA 95648-2500
Phone: (916) 434-8927 Fax: (916) 434-0678
Record ID: 310019CN
Service Type: NON
Target Population: 1.9 --- CO-ED/CHILDREN
Expiration Date: 5/31/2017

Program Name: ROSEVILLE CAMPUS
Legal Name: COMMUNITY RECOVERY RESOURCES
Address: 730 SUNRISE AVENUE, SUITES 201, 250, 260, 261, & 271
City, State Zip: ROSEVILLE, CA 95661-4553
Phone: (916) 782-3737 Fax: (916) 782-3739
Record ID: 310019EN
Service Type: NON
Target Population: 1.9 --- CO-ED/CHILDREN
Expiration Date: 5/31/2017

Program Name: SIERRA NATIVE ALLIANCE - WHITE BISON PROGRAM (WBP)
Legal Name: NATIVE ALLIANCE OF THE SIERRA NEVADA FOOTHILLS
Address: 610 AUBURN RAVINE ROAD
City, State Zip: AUBURN, CA 95603-3930
Phone: (530) 888-8767 Fax: (530) 888-8757
Record ID: 310020AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2018

Program Name: PES-EBS. INC.
Legal Name: PE-EBS.INC
Address: 340 LINCOLN STREET
City, State Zip: ROSEVILLE, CA 95603-9067
Phone: (530) 888-1010 Fax: (530) 888-9065
Record ID: 310021AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2016

Program Name: NEW LEAF COUNSELING SERVICES HOFFMAN HOUSE
Legal Name: JAMES N HARDWICK
Address: 199 HOFFMAN AVENUE
City, State Zip: AUBURN, CA 95603
Phone: (530) 885-9067 Fax: (530) 885-2534
Record ID: 310022AP
Service Type: RES
Resident Capacity: 9
Total Occupancy: 15
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 5/31/2017
State of California, Department of Health Care Services
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of 9/6/2016

Plumas County

No licensed or certified facilities at this time.

Please check with a neighboring county for services.
State of California, Department of Health Care Services
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of 9/6/2016

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>ABC RECOVERY CENTERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>A.B.C. RECOVERY CENTER, INC.</td>
</tr>
<tr>
<td>Address:</td>
<td>44374 PALM STREET AND 44435 BISKRA STREET</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>INDIO, CA 92201</td>
</tr>
<tr>
<td>Phone:</td>
<td>(760) 342-6616</td>
</tr>
<tr>
<td>Fax:</td>
<td>(760) 347-8276</td>
</tr>
<tr>
<td>Record ID:</td>
<td>3300001AN</td>
</tr>
<tr>
<td>Service Type:</td>
<td>RES-DETOX</td>
</tr>
<tr>
<td>Resident Capacity:</td>
<td>75</td>
</tr>
<tr>
<td>Total Occupancy:</td>
<td>75</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.9 --- CO-ED/CHILDREN</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>6/30/2018</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>ABC RECOVERY CENTER OUTPATIENT PROGRAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>A.B.C. RECOVERY CENTER, INC.</td>
</tr>
<tr>
<td>Address:</td>
<td>82353 INDIO BLVD.</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>INDIO, CA 92201</td>
</tr>
<tr>
<td>Phone:</td>
<td>(760) 342-6616</td>
</tr>
<tr>
<td>Fax:</td>
<td>(760) 347-8276</td>
</tr>
<tr>
<td>Record ID:</td>
<td>3300001BN</td>
</tr>
<tr>
<td>Service Type:</td>
<td>NON</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.5 --- YOUTH/ADOLESCENT</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>7/31/2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>THE RANCH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>THE RANCH RECOVERY CENTERS, INC.</td>
</tr>
<tr>
<td>Address:</td>
<td>7885 ANNANDALE AVENUE</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>DESERT HOT SPRINGS, CA 92240-1419</td>
</tr>
<tr>
<td>Phone:</td>
<td>(760) 329-2924</td>
</tr>
<tr>
<td>Record ID:</td>
<td>3300003AN</td>
</tr>
<tr>
<td>Service Type:</td>
<td>RES-DETOX</td>
</tr>
<tr>
<td>Resident Capacity:</td>
<td>46</td>
</tr>
<tr>
<td>Total Occupancy:</td>
<td>46</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.2 --- MEN ONLY</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>6/30/2018</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>HACIENDA VALDEZ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>THE RANCH RECOVERY CENTERS, INC.</td>
</tr>
<tr>
<td>Address:</td>
<td>12890 QUINTA WAY</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>DESERT HOT SPRINGS, CA 92240-4852</td>
</tr>
<tr>
<td>Phone:</td>
<td>(760) 329-2959</td>
</tr>
<tr>
<td>Fax:</td>
<td>(760) 329-2953</td>
</tr>
<tr>
<td>Record ID:</td>
<td>3300003BN</td>
</tr>
<tr>
<td>Service Type:</td>
<td>RES-DETOX</td>
</tr>
<tr>
<td>Resident Capacity:</td>
<td>35</td>
</tr>
<tr>
<td>Total Occupancy:</td>
<td>35</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.3 --- WOMEN ONLY</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>6/30/2018</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>MEN'S SUBSTANCE ABUSE RECOVERY HOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>WHITESIDE MANOR</td>
</tr>
<tr>
<td>Address:</td>
<td>2709 AND 2743 ORANGE STREET</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>RIVERSIDE, CA 92501</td>
</tr>
<tr>
<td>Phone:</td>
<td>(951) 686-9454</td>
</tr>
<tr>
<td>Fax:</td>
<td>(951) 686-2303</td>
</tr>
<tr>
<td>Record ID:</td>
<td>3300004AN</td>
</tr>
<tr>
<td>Service Type:</td>
<td>RES-DETOX</td>
</tr>
<tr>
<td>Resident Capacity:</td>
<td>26</td>
</tr>
<tr>
<td>Total Occupancy:</td>
<td>26</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.2 --- MEN ONLY</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>5/31/2018</td>
</tr>
</tbody>
</table>
Program Name: MEN'S ANNEX  
Legal Name: WHITESIDE MANOR  
Address: 2759 ORANGE STREET  
City, State Zip: RIVERSIDE, CA 92501  
Phone: (951) 686-9454  
Fax: (951) 686-2303  
Record ID: 330004DN  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 5/31/2018

Program Name: JANET STREET  
Legal Name: WHITESIDE MANOR  
Address: 8605, 8567 AND 8589 JANET STREET  
City, State Zip: RIVERSIDE, CA 92503  
Phone: (951) 343-9485  
Fax: (951) 686-2303  
Record ID: 330004ON  
Service Type: RES-DETOX  
Resident Capacity: 18  
Total Occupancy: 18  
Target Population: 1.1 --- CO-ED  
Expiration Date: 4/30/2018

Program Name: CHALLEN APARTMENTS  
Legal Name: WHITESIDE MANOR  
Address: 5919, 5925, 5929 AND 5935 CHALLEN AVENUE  
City, State Zip: RIVERSIDE, CA 92501  
Phone: (951) 686-9454  
Fax: (951) 686-2303  
Record ID: 330004QN  
Service Type: RES-DETOX  
Resident Capacity: 12  
Total Occupancy: 12  
Target Population: 1.3 --- WOMEN ONLY  
Expiration Date: 3/31/2018

Program Name: WILSHIRE HOUSE  
Legal Name: WHITESIDE MANOR  
Address: 2452 AND 2456 WILSHIRE  
City, State Zip: RIVERSIDE, CA 92501  
Phone: (951) 682-6631  
Fax: (951) 682-6614  
Record ID: 330004TN  
Service Type: RES-DETOX  
Resident Capacity: 14  
Total Occupancy: 14  
Target Population: 1.3 --- WOMEN ONLY  
Expiration Date: 11/30/2016

Program Name: PALM AVENUE WOMEN'S PROGRAM  
Legal Name: WHITESIDE MANOR  
Address: 4750 PALM AVENUE  
City, State Zip: RIVERSIDE, CA 92501  
Phone: (951) 686-0021  
Fax: (951) 686-0026  
Record ID: 330004WN  
Service Type: RES-DETOX  
Resident Capacity: 12  
Total Occupancy: 12  
Target Population: 1.3 --- WOMEN ONLY  
Expiration Date: 10/31/2017

Program Name: OMEGA/ BETA PROGRAM LAKE ELSINORE  
Legal Name: RIVERSIDE RECOVERY RESOURCES  
Address: 600 THIRD STREET, SUITE C  
City, State Zip: LAKE ELSINORE, CA 92530  
Phone: (951) 674-5354  
Fax: (951) 674-5227  
Record ID: 330009ON  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 5/31/2018
<table>
<thead>
<tr>
<th>Program Name</th>
<th>WOODCREST RECOVERY CENTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>MFI RECOVERY CENTER</td>
</tr>
<tr>
<td>Address:</td>
<td>17270 ROOSEVELT AVENUE</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>RIVERSIDE, CA 92508</td>
</tr>
<tr>
<td>Phone:</td>
<td>(951) 780-2541</td>
</tr>
<tr>
<td>Fax:</td>
<td>(951) 780-5809</td>
</tr>
<tr>
<td>Record ID:</td>
<td>330013AN</td>
</tr>
<tr>
<td>Service Type:</td>
<td>RES-DETOX</td>
</tr>
<tr>
<td>Resident Capacity:</td>
<td>56</td>
</tr>
<tr>
<td>Total Occupancy:</td>
<td>56</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.2 --- MEN ONLY</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>11/30/2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name</th>
<th>A WOMAN'S PLACE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>MFI RECOVERY CENTER</td>
</tr>
<tr>
<td>Address:</td>
<td>4295 BROCKTON AVENUE</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>RIVERSIDE, CA 92501</td>
</tr>
<tr>
<td>Phone:</td>
<td>(951) 341-3786</td>
</tr>
<tr>
<td>Fax:</td>
<td>(951) 341-5316</td>
</tr>
<tr>
<td>Record ID:</td>
<td>330013GN</td>
</tr>
<tr>
<td>Service Type:</td>
<td>RES-DETOX</td>
</tr>
<tr>
<td>Resident Capacity:</td>
<td>38</td>
</tr>
<tr>
<td>Total Occupancy:</td>
<td>64</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.4 --- WOMEN/CHILDREN</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>7/31/2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name</th>
<th>MFI RECOVERY CENTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>MFI RECOVERY CENTER</td>
</tr>
<tr>
<td>Address:</td>
<td>5870 ARLINGTON AVENUE</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>RIVERSIDE, CA 92504</td>
</tr>
<tr>
<td>Phone:</td>
<td>(951) 683-6596</td>
</tr>
<tr>
<td>Fax:</td>
<td>(951) 683-4239</td>
</tr>
<tr>
<td>Record ID:</td>
<td>330013IN</td>
</tr>
<tr>
<td>Service Type:</td>
<td>NON</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>5/31/2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name</th>
<th>MFI RECOVERY CENTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>MFI RECOVERY CENTER</td>
</tr>
<tr>
<td>Address:</td>
<td>2781 WEST RAMSEY STREET, SUITES 1, 2, &amp; 3</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>BANNING, CA 92220</td>
</tr>
<tr>
<td>Phone:</td>
<td>(951) 849-3896</td>
</tr>
<tr>
<td>Fax:</td>
<td>(951) 849-0506</td>
</tr>
<tr>
<td>Record ID:</td>
<td>330013UN</td>
</tr>
<tr>
<td>Service Type:</td>
<td>NON</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>5/31/2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name</th>
<th>MFI RECOVERY CENTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>MFI RECOVERY CENTER</td>
</tr>
<tr>
<td>Address:</td>
<td>4440 UNIVERSITY AVENUE, #2, 3, 4, 5, 7,8, 9, 11, 12 AND 13</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>RIVERSIDE, CA 92501</td>
</tr>
<tr>
<td>Phone:</td>
<td>(951) 683-6596</td>
</tr>
<tr>
<td>Fax:</td>
<td>(951) 683-4239</td>
</tr>
<tr>
<td>Record ID:</td>
<td>330013KN</td>
</tr>
<tr>
<td>Service Type:</td>
<td>RES</td>
</tr>
<tr>
<td>Resident Capacity:</td>
<td>33</td>
</tr>
<tr>
<td>Total Occupancy:</td>
<td>33</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.2 --- MEN ONLY</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>8/31/2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name</th>
<th>VALLEY-WIDE COUNSELING SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>MFI RECOVERY CENTER</td>
</tr>
<tr>
<td>Address:</td>
<td>1604 SOUTH SANTA FE AVENUE, SUITE 403</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>SAN JACINTO, CA 92583</td>
</tr>
<tr>
<td>Phone:</td>
<td>(951) 654-2026</td>
</tr>
<tr>
<td>Fax:</td>
<td>(951) 654-9927</td>
</tr>
<tr>
<td>Record ID:</td>
<td>330013QN</td>
</tr>
<tr>
<td>Service Type:</td>
<td>NON</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>6/30/2017</td>
</tr>
</tbody>
</table>
**Program Name:** MFI RECOVERY CENTER  
**Legal Name:** MFI RECOVERY CENTER  
**Address:** 24885 WHITEWOOD ROAD, #105  
**City, State Zip:** MURRIETA, CA 92563  
**Phone:** (951) 698-8558  
**Fax:** (951) 698-8883  
**Record ID:** 330013RN  
**Service Type:** NON  
**Target Population:** 1.5 --- YOUTH/ADOLESCENT  
**Expiration Date:** 7/31/2017

**Program Name:** LA VISTA, A PROGRAM OF MFI RECOVERY CENTER  
**Legal Name:** MFI RECOVERY CENTER  
**Address:** 2220/2220A GIRARD STREET & 294 E. MIDWAY AVENUE  
**City, State Zip:** SAN JACINTO, CA 92562  
**Phone:** (951) 683-6596  
**Fax:** (951) 658-6686  
**Record ID:** 330013SN  
**Service Type:** RES-DETOX  
**Resident Capacity:** 29  
**Total Occupancy:** 29  
**Target Population:** 1.3 --- WOMEN ONLY  
**Expiration Date:** 10/31/2016

**Program Name:** MICHAEL'S HOUSE  
**Legal Name:** PALM SPRINGS TREATMENT CENTERS, LLC  
**Address:** 430 SOUTH CAHUILLA ROAD  
**City, State Zip:** PALM SPRINGS, CA 92262  
**Phone:** (760) 416-7951  
**Record ID:** 330014BP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 30  
**Total Occupancy:** 30  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 8/31/2018

**Program Name:** PALM SPRINGS SERENITY RETREAT  
**Legal Name:** PALM SPRINGS TREATMENT CENTERS, LLC  
**Address:** 2095 NORTH INDIAN CANYON DRIVE  
**City, State Zip:** PALM SPRINGS, CA 92262  
**Phone:** (760) 416-7951  
**Fax:** (760) 416-1330  
**Record ID:** 330014CP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 30  
**Total Occupancy:** 30  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 10/31/2016

**Program Name:** MICHAEL'S HOUSE  
**Legal Name:** PALM SPRINGS TREATMENT CENTERS, LLC  
**Address:** 1910 SOUTH CAMINO REAL  
**City, State Zip:** PALM SPRINGS, CA 92264  
**Phone:** (760) 320-3433  
**Record ID:** 330014DP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 60  
**Total Occupancy:** 110  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 3/31/2018

**Program Name:** MICHAEL'S HOUSE INTENSIVE OUTPATIENT  
**Legal Name:** PALM SPRINGS TREATMENT CENTERS, LLC  
**Address:** 515 NORTH PALM CANYON DRIVE, BUILDING H  
**City, State Zip:** PALM SPRINGS, CA 92262  
**Phone:** (760) 325-0100  
**Fax:** (760) 778-6020  
**Record ID:** 330014EP  
**Service Type:** NON  
**Target Population:** 1.8 --- DUAL DIAGNOSIS  
**Expiration Date:** 11/30/2016
Program Name: SOROPTIMIST HOUSE OF HOPE #1
Legal Name: SOROPTIMIST HOUSE OF HOPE, INC.
Address: 13525 CIELO AZUL WAY
City, State Zip: DESERT HOT SPRINGS, CA 92240
Phone: (760) 329-4673 Fax: (760) 329-7311
Record ID: 330016AN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 2/28/2018

Program Name: METCALF RECOVERY RANCH
Legal Name: VARP, INC.
Address: 9826 18TH AVENUE
City, State Zip: BLYTHE, CA 92225
Phone: (760) 922-8625 Fax: (760) 922-6717
Record ID: 330020AN
Service Type: RES
Resident Capacity: 20
Total Occupancy: 20
Target Population: 1.2 --- MEN ONLY
Expiration Date: 6/30/2018

Program Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM
Legal Name: RIVERSIDE COUNTY SUBSTANCE USE PROGRAM
Address: 1370 S. STATE STREET, SUITE A
City, State Zip: SAN JACINTO, CA 92583
Phone: (951) 791-3350 Fax: (951) 791-3353
Record ID: 330023BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2018

Program Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM
Legal Name: RIVERSIDE COUNTY SUBSTANCE USE PROGRAM
Address: 2085 RUSTIN AVENUE
City, State Zip: RIVERSIDE, CA 92507
Phone: (951) 955-2105 Fax: (951) 955-8060
Record ID: 330023CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2018

Program Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM
Legal Name: RIVERSIDE COUNTY SUBSTANCE USE PROGRAM
Address: 623 NORTH MAIN STREET, SUITE D-11
City, State Zip: CORONA, CA 91720
Phone: (951) 737-2962
Record ID: 330023DN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2018

Program Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM
Legal Name: RIVERSIDE COUNTY SUBSTANCE USE PROGRAM
Address: 83-912 AVENUE 45, SUITE 9
City, State Zip: INDIO, CA 92201
Phone: (760) 347-0754 Fax: (760) 347-8507
Record ID: 330023EN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2018
Program Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM
Legal Name: RIVERSIDE COUNTY SUBSTANCE USE PROGRAM
Address: 1297 WEST HOBSON WAY
City, State Zip: BLYTHE, CA 92225-1423
Phone: (760) 921-5000 Fax: (760) 921-5010
Record ID: 330023FN
Service Type: Non
Target Population: 1.1 --- Co-Ed
Expiration Date: 5/31/2018

Program Name: DESERT DRUG COURT
Legal Name: RIVERSIDE COUNTY SUBSTANCE USE PROGRAM
Address: 68-615 PEREZ ROAD, SUITE 3A, 4A, 5A, 6A AND 7A
City, State Zip: CATHEDRAL CITY, CA 92234
Phone: (760) 770-2213 Fax: (760) 770-2240
Record ID: 330023HN
Service Type: Non
Target Population: 1.1 --- Co-Ed
Expiration Date: 5/31/2018

Program Name: HILL ALCOHOL & DRUG TREATMENT
Legal Name: COMMUNITY SOLUTIONS, INC.
Address: 41877 NORTH ENTERPRISE CIRCLE, #100
City, State Zip: TEMECULA, CA 92590
Phone: (951) 719-3684 Fax: (951) 719-3684
Record ID: 330032BP
Service Type: Non-Detox
Target Population: 1.1 --- Co-Ed
Expiration Date: 12/31/2016

Program Name: CASA LAS PALMAS RECOVERY HOME
Legal Name: RIVERSIDE COUNTY LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES, INC.
Address: 83844 HOPI AVENUE
City, State Zip: INDIO, CA 92203
Phone: (760) 347-9442
Record ID: 330037AN
Service Type: Res
Resident Capacity: 7
Total Occupancy: 7
Target Population: 1.2 --- Men Only
Expiration Date: 7/31/2018

Program Name: CASA CECILIA RECOVERY HOME
Legal Name: RIVERSIDE COUNTY LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES, INC.
Address: 83885 ROSA AVENUE
City, State Zip: THERMAL, CA 92274
Phone: (760) 398-2008 Fax: (760) 342-8022
Record ID: 330037BN
Service Type: Res
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.3 --- Women Only
Expiration Date: 5/31/2018

Program Name: RIVERSIDE COUNTY LATINO COMMISSION COUNSELING CENTER
Legal Name: RIVERSIDE COUNTY LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES, INC.
Address: 1612 FIRST STREET
City, State Zip: COACHELLA, CA 92236
Phone: (760) 398-9000 Fax: (760) 398-9790
Record ID: 330037DN
Service Type: Non
Target Population: 1.5 --- Youth/Adolescent
Expiration Date: 2/28/2017
Program Name: PERRIS VALLEY RECOVERY PROGRAMS, INC.
Legal Name: PERRIS VALLEY RECOVERY PROGRAMS, INC.
Address: 236 E. THIRD STREET, B
City, State Zip: PERRIS, CA 92570
Phone: (951) 657-2960 Fax: (951) 940-4600
Record ID: 330038BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2018

Program Name: 10 ACRE RANCH, INC.
Legal Name: 10 ACRE RANCH, INC.
Address: 5953 GRAND AVENUE
City, State Zip: RIVERSIDE, CA 92504
Phone: (951) 784-7081 Fax: (951) 784-7084
Record ID: 330042BN
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 10/31/2017

Program Name: 10 ACRE RANCH, INC.
Legal Name: 10 ACRE RANCH, INC.
Address: 4175 BROCKTON AVENUE
City, State Zip: RIVERSIDE, CA 92501-1369
Phone: (951) 394-8108 Fax: (951) 394-8109
Record ID: 330042CN
Service Type: NON
Target Population: 1.2 --- MEN ONLY
Expiration Date: 12/31/2017

Program Name: THE HIGH ROAD PROGRAM
Legal Name: THE HIGH ROAD PROGRAM
Address: 3579 ARLINGTON AVENUE, SUITE 200
City, State Zip: RIVERSIDE, CA 92506
Phone: (951) 781-6762
Record ID: 330050AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2017

Program Name: THE AWARENESS PROGRAM
Legal Name: AWARENESS PROGRAM, INC.
Address: 45-550 GRACE STREET
City, State Zip: INDIO, CA 92201
Phone: (760) 342-1233 Fax: (760) 342-5344
Record ID: 330051AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2017

Program Name: SUNRISE RECOVERY RANCH
Legal Name: SOBER LIVING BY THE SEA, INC.
Address: 6690 LIMONITE FRONTAGE ROAD
City, State Zip: RIVERSIDE, CA 92509
Phone: (951) 328-0146
Record ID: 330056BP
Service Type: RES-DETOX
Resident Capacity: 13
Total Occupancy: 13
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2016
Program Name: SUNRISE RECOVERY RANCH
Legal Name: SOBER LIVING BY THE SEA, INC.
Address: 6798 LIMONITE FRONTAGE ROAD
City, State Zip: RIVERSIDE, CA 92509
Phone: (951) 328-0146
Record ID: 330056CP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2016

Program Name: SUNRISE RECOVERY RANCH
Legal Name: SOBER LIVING BY THE SEA, INC.
Address: 6770 LIMONITE FRONTAGE RANCH
City, State Zip: RIVERSIDE, CA 92509
Phone: (951) 328-0146
Record ID: 330056DP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2016

Program Name: THE WYLIE CENTER
Legal Name: THE CAROLYN E. WYLIE CENTER FOR CHILDREN, YOUTH & FAMILIES
Address: 4164 BROCKTON AVENUE
City, State Zip: RIVERSIDE, CA 92501
Phone: (951) 683-5193 Fax: (909) 683-6019
Record ID: 330065AN
Service Type: NON
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 2/28/2018

Program Name: U. S. VETS SUBSTANCE ABUSE TREATMENT PROGRAM/VETERANS IN PROGRESS I
Legal Name: UNITED STATES VETERANS INITIATIVE
Address: 15105 6TH STREET, ROOMS 323-326
City, State Zip: MARCH ARB, CA 92518
Phone: (951) 999-9120 Fax: (951) 656-6890
Record ID: 330075AN
Service Type: RES
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.2 --- MEN ONLY
Expiration Date: 11/30/2017

Program Name: RIVERSIDE CENTER FOR CHANGE
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 3576 ARLINGTON AVENUE, SUITE 102 & 104
City, State Zip: RIVERSIDE, CA 92506
Phone: (951) 782-9577 Fax: (951) 782-9521
Record ID: 330078AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2018

Program Name: HEMET CENTER FOR CHANGE
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 950 NORTH STATE STREET, SUITE A
City, State Zip: HEMET, CA 92543
Phone: (951) 929-9838 Fax: (951) 929-9831
Record ID: 330078BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2018
Program Name: INDIO CENTER FOR CHANGE  
Legal Name: MENTAL HEALTH SYSTEMS, INC.  
Address: 68100 RAMON ROAD, SUITE B18  
City, State Zip: CATHEDRAL CITY, CA 92234  
Phone: (760) 321-0870  
Fax: (760) 321-0916  
Record ID: 330078CN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 6/30/2018

Program Name: TEMECULA VALLEY TREATMENT CENTER  
Legal Name: WCHS, INC.  
Address: 40700 CALIFORNIA OAKS ROAD, SUITES 201, 202 AND 203  
City, State Zip: MURRIETA, CA 92562  
Phone: (951) 894-5072  
Fax: (951) 894-7324  
Record ID: 330081AP  
Service Type: NON-DETOX  
Target Population: 1.1 --- CO-ED  
Expiration Date: 7/31/2018

Program Name: DESERT TREATMENT CLINIC  
Legal Name: WCHS, INC.  
Address: 1330 NORTH INDIAN CANYON DRIVE, SUITES A, B AND C  
City, State Zip: PALM SPRINGS, CA 92262  
Phone: (760) 322-9065  
Fax: (760) 322-8916  
Record ID: 330081CP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 6/30/2018

Program Name: RIVERSIDE TREATMENT CENTER  
Legal Name: WCHS, INC.  
Address: 1021 WEST LA CADENA  
City, State Zip: RIVERSIDE, CA 92501  
Phone: (951) 784-8010  
Fax: (951) 784-2859  
Record ID: 330081DP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 11/30/2016

Program Name: BRAD KEITH - AXIS RESIDENTIAL TREATMENT CENTER (ARTC)  
Legal Name: AXIS RESIDENTIAL TREATMENT CENTER  
Address: 75450 FAIRWAY DRIVE  
City, State Zip: INDIAN WELLS, CA 92210  
Phone: (760) 346-2989  
Fax: (310) 202-7604  
Record ID: 330082AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 9/30/2016

Program Name: SPENCER RECOVERY CENTERS  
Legal Name: SPENCER RECOVERY CENTERS, INC.  
Address: 1276 NORTH PALM CANYON DRIVE, #204  
City, State Zip: PALM SPRINGS, CA 92262  
Phone: (760) 778-4876  
Record ID: 330086AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 5/31/2017

Program Name: PALM SPRINGS RECOVERY  
Legal Name: SPENCER RECOVERY CENTERS, INC.  
Address: 1404 NORTH PALM CANYON DRIVE  
City, State Zip: PALM SPRINGS, CA 92262  
Phone: (760) 327-6883  
Fax: (949) 376-6862  
Record ID: 330086BP  
Service Type: RES  
Resident Capacity: 32  
Total Occupancy: 32  
Target Population: 1.1 --- CO-ED  
Expiration Date: 11/30/2016
Program Name: REFLECTIONS RECOVERY CENTER
Legal Name: ACCREDITED REHAB AND TREATMENT SERVICES LLC
Address: 630 GREGORY CIRCLE
City, State Zip: CORONA, CA 92881
Phone: (714) 708-2950 Fax: (714) 708-2966
Record ID: 330089AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2017

Program Name: NEW BEGINNINGS ADDICTION & RECOVERY CENTER
Legal Name: GROUP HOME SUPPORT SERVICES, INC.
Address: 245 NORTH MURRAY STREET
City, State Zip: BANNING, CA 92220
Phone: (951) 849-8812 Fax: (951) 755-8915
Record ID: 330097AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2016

Program Name: FORTERUS HEALTH CARE SERVICES, INC.
Legal Name: FORTERUS HEALTH CARE SERVICES, INC.
Address: 30852 HIGHLAND VISTA CIRCLE
City, State Zip: TEMECULA, CA 92591
Phone: (951) 837-2401 Fax: (951) 848-9402
Record ID: 330098BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 9
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2018

Program Name: FORTERUS HEALTH CARE SERVICES, INC.-SICILY HOME
Legal Name: FORTERUS HEALTH CARE SERVICES, INC.
Address: 36340 SICILY LANE
City, State Zip: WINCHESTER, CA 92596
Phone: (951) 894-8620 Fax: (951) 848-9402
Record ID: 330098CP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 9
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2017

Program Name: FORTERUS HEALTH CARE SERVICES, INC.
Legal Name: FORTERUS HEALTH CARE SERVICES, INC.
Address: 36866 PEBLEY COURT
City, State Zip: WINCHESTER, CA 92596
Phone: (951) 894-8620 Fax: (951) 848-9402
Record ID: 330098DP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 9
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2017

Program Name: FORTERUS HEALTH CARE SERVICES, INC.
Legal Name: FORTERUS HEALTH CARE SERVICES, INC.
Address: 41640 CORNING PLACE
City, State Zip: MURRIETA, CA 92562
Phone: (951) 894-8620 Fax: (951) 848-9402
Record ID: 330098EP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2017
Program Name: FORTERUS HEALTH CARE SERVICES, INC.
Legal Name: FORTERUS HEALTH CARE SERVICES, INC.
Address: 40465 ERICA AVENUE
City, State Zip: MURRIETA, CA 92562
Phone: (916) 837-2401    Fax: (916) 848-9402
Record ID: 330098FP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2017

Program Name: FORTERUS HEALTH CARE SERVICES, INC.
Legal Name: FORTERUS HEALTH CARE SERVICES, INC.
Address: 41126 ENGLEMAN OAK STREET
City, State Zip: MURRIETA, CA 92562
Phone: (951) 894-8641
Record ID: 330098GP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2016

Program Name: FORTERUS HEALTH CARE SERVICES, INC.
Legal Name: FORTERUS HEALTH CARE SERVICES, INC.
Address: 23698 ST. RAPHAEL DRIVE
City, State Zip: MURRIETA, CA 92596
Phone: (951) 894-8641    Fax: (951) 848-9402
Record ID: 330098HP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2016

Program Name: FORTERUS HEALTH CARE SERVICES, INC.
Legal Name: FORTERUS HEALTH CARE SERVICES, INC.
Address: 29336 ARIEL STREET
City, State Zip: MURRIETA, CA 92563
Phone: (951) 894-8641    Fax: (951) 848-9402
Record ID: 330098IP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2016

Program Name: FORTERUS HEALTH CARE SERVICES, INC.
Legal Name: FORTERUS HEALTH CARE SERVICES, INC.
Address: 40734 SYMERON WAY
City, State Zip: MURRIETA, CA 92562
Phone: (951) 894-8641    Fax: (951) 848-9402
Record ID: 330098JP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2016

Program Name: FORTERUS HEALTH CARE SERVICES, INC.
Legal Name: FORTERUS HEALTH CARE SERVICES, INC.
Address: 41655 DATE STREET, #101
City, State Zip: MURRIETA, CA 92562
Phone: (951) 894-8620    Fax: (951) 848-9402
Record ID: 330098KP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2018
Program Name: RANCH CREEK RECOVERY
Legal Name: RANCH CREEK RECOVERY, INC.
Address: 25650 BASS POINT
City, State Zip: MURRIETA, CA 92592
Phone: (951) 676-9111 Fax: (951) 571-4841
Record ID: 330100AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2017

Program Name: RANCH CREEK RECOVERY OUTPATIENT
Legal Name: RANCH CREEK RECOVERY, INC.
Address: 43264 BUSINESS PARK DRIVE #101
City, State Zip: TEMECULA, CA 92590
Phone: (951) 676-9111 Fax: (951) 695-9366
Record ID: 330100BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2018

Program Name: PHYSICIANS FOR HEALTHY HOSPITALS, INC. / HEMET VALLEY RECOVERY CENTER
Legal Name: PHYSICIANS FOR HEALTHY HOSPITALS, INC.
Address: 371 NORTH WESTON PLACE
City, State Zip: HEMET, CA 92543
Phone: (951) 765-4900 Fax: (951) 765-4764
Record ID: 330101AP
Service Type: RES
Resident Capacity: 16
Total Occupancy: 16
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2016

Program Name: SOUTHERN CALIFORNIA DETOX
Legal Name: SOUTHERN CALIFORNIA DETOX TREATMENT AND RECOVERY LLC
Address: 42012 DAHLIA WAY
City, State Zip: TEMECULA, CA 92591
Phone: (714) 854-2026
Record ID: 330105AP
Service Type: RES
Resident Capacity: 5
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2018

Program Name: SOUTHERN CALIFORNIA DETOX TREATMENT AND RECOVERY
Legal Name: SOUTHERN CALIFORNIA DETOX TREATMENT AND RECOVERY LLC
Address: 41743 ENTERPRISE CIRCLE N. #208
City, State Zip: TEMECULA, CA 92590
Phone: (714) 854-2026
Record ID: 330105BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2018

Program Name: SPIRIT AND TRUTH COUNSELING CENTER
Legal Name: SPIRIT AND TRUTH COUNSELING CENTER, INC.
Address: 640 N. SAN JACINTO STREET, SUITE A
City, State Zip: HEMET, CA 92543
Phone: (951) 658-2299
Record ID: 330106AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2016
Program Name: DESERT PALMS RECOVERY  
Legal Name: BEHAVIORAL HEALTH SOLUTIONS OF CALIFORNIA LLC  
Address: 67580 JONES ROAD  
City, State Zip: CATHEDRAL CITY, CA 92234  
Phone: (760) 464-2611         Fax: (760) 969-4179  
Record ID: 330112BP  
Service Type: RES  
Resident Capacity: 36  
Total Occupancy: 36  
Target Population: 1.1 --- CO-ED  
Expiration Date: 6/30/2017

Program Name: SUNSPIRE HEALTH IOP  
Legal Name: BEHAVIORAL HEALTH SOLUTIONS OF CALIFORNIA LLC  
Address: 73-771 DINAH SHORE DRIVE, SUITE 200  
City, State Zip: PALM DESERT, CA 92211  
Phone: (760) 464-2611         Fax: (760) 969-4179  
Record ID: 330112CP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 1/31/2018

Program Name: SERENITY PALMS  
Legal Name: IRECOVER TREATMENT CENTERS INC.  
Address: 37066 BANKSIDE DRIVE  
City, State Zip: CATHEDRAL CITY, CA 92234  
Phone: (760) 459-3736         Fax: (406) 784-3994  
Record ID: 330113AP  
Service Type: RES-DETOX  
Resident Capacity: 30  
Total Occupancy: 30  
Target Population: 1.1 --- CO-ED  
Expiration Date: 11/30/2017

Program Name: ADDICTION THERAPEUTIC SERVICES  
Legal Name: J. HERNDONS, LLC  
Address: 559 S. PALM CANYON DRIVE, SUITE B 101  
City, State Zip: PALM SPRINGS, CA 92264  
Phone: (760) 778-6120         Fax: (760) 778-6122  
Record ID: 330114AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 9/30/2017

Program Name: AJ'S AMETHYST HOUSE  
Legal Name: B II A J OUR HOUSE, LLC  
Address: 1119 W. 7TH STREET  
City, State Zip: SAN JACINTO, CA 92582  
Phone: (951) 654-1089         Fax: (951) 654-7868  
Record ID: 330115AP  
Service Type: RES  
Resident Capacity: 28  
Total Occupancy: 32  
Target Population: 1.3 --- WOMEN ONLY  
Expiration Date: 12/31/2017

Program Name: KEN SEELEY COMMUNITIES  
Legal Name: INTERVENTION911  
Address: 420 S PALM CANYON DRIVE SUITE C AND D  
City, State Zip: PALM SPRINGS, CA 92262-7304  
Phone: (323) 401-3660  
Record ID: 330116BP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 12/31/2017
Program Name: BELLA MONTE RECOVERY
Legal Name: BELLA MONTE RECOVERY LLC
Address: 68111 CALLE TIENDAS
City, State Zip: DESERT HOT SPRINGS, CA 92240
Phone: (760) 676-5125 Fax: (760) 671-9806
Record ID: 330117AP
Service Type: RES
Resident Capacity: 38
Total Occupancy: 38
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2017

Program Name: 2 SHINE AGAIN
Legal Name: 2 SHINE AGAIN INC.
Address: 37347 AVENIDA CHAPALA
City, State Zip: TEMECULA, CA 92592
Phone: (951) 303-3056 Fax: (951) 303-3056
Record ID: 330119AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2018

Program Name: SECOND 2 NONE RECOVERY SERVICES
Legal Name: OPTIMAL METABOLIC SOLUTIONS, LLC
Address: 40165 MURRIETA HOT SPRINGS ROAD, SUITE I
City, State Zip: MURRIETA, CA 92563
Phone: (951) 461-1800 Fax: (951) 667-3383
Record ID: 330123AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2018

Program Name: RIVERSIDE COUNTY SUBSTANCE USE PROGRAM, DBA TEMECULA
Legal Name: RIVERSIDE COUNTY MENTAL HEALTH DEPARTMENT
Address: 40925 COUNTY CENTER DRIVE, SUITE #200
City, State Zip: TEMECULA, CA 92590
Phone: (951) 600-6360 Fax: (951) 600-6365
Record ID: 330124BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2017

Program Name: RIVERSIDE COUNTY SUBSTANCE USE PROGRAM, DBA DESERT HOT SPRINGS SUBSTANCE USE PROGRAM
Legal Name: RIVERSIDE COUNTY MENTAL HEALTH DEPARTMENT
Address: 14320 PALM DRIVE
City, State Zip: DESERT HOT SPRINGS, CA 92240
Phone: (760) 773-6767 Fax: (760) 773-6760
Record ID: 330124CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2017

Program Name: RIVERSIDE COUNTY SUBSTANCE USE PROGRAM, DBA LAKE ELSINORE SUBSTANCE USE PROGRAM
Legal Name: RIVERSIDE COUNTY MENTAL HEALTH DEPARTMENT
Address: 31760 CASINO DRIVE, SUITE 200
City, State Zip: LAKE ELSINORE, CA 92530
Phone: (951) 474-4649 Fax: (951) 471-4687
Record ID: 330124DN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2017
Program Name: RIVERSIDE COUNTY SUBSTANCE USE PROGRAM, DBA BANNING SUBSTANCE USE PROGRAM
Legal Name: RIVERSIDE COUNTY MENTAL HEALTH DEPARTMENT
Address: 1330 W. RAMSEY STREET
City, State Zip: BANNING, CA 92220
Phone: (951) 849-7142 Fax: (951) 849-1762
Record ID: 330124EN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2017

Program Name: SOVEREIGN HEALTH OF CALIFORNIA
Legal Name: DUAL DIAGNOSIS TREATMENT CENTER, INC.
Address: 69508 BORREGO ROAD
City, State Zip: CATHEDRAL CITY, CA 92234
Phone: (949) 324-2818 Fax: (760) 699-2450
Record ID: 330125BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2017

Program Name: DIAMOND RECOVERY SERVICES
Legal Name: RNR RECOVERY, INC.
Address: 29204 SHIPWRIGHT DRIVE
City, State Zip: MENIFEE, CA 92585
Phone: (951) 672-4525
Record ID: 330126AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2017

Program Name: BLUESTONE RECOVERY, INC.
Legal Name: BLUESTONE RECOVERY, INC.
Address: 1660 CHICAGO AVENUE, #M-11
City, State Zip: RIVERSIDE, CA 92507
Phone: (951) 536-2213
Record ID: 330127AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2016

Program Name: SOUTH CALIFORNIA ROAD TO RECOVERY
Legal Name: MALIBU BEHAVIORAL HEALTH SERVICES, INC.
Address: 7057 GASKIN PLACE
City, State Zip: RIVERSIDE, CA 92506
Phone: (949) 397-5056
Record ID: 330128AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2017

Program Name: THE CENTER FOR LIFE CHANGE
Legal Name: THE CENTER FOR LIFE CHANGE, INC.
Address: 43397 BUSINESS PARK DRIVE, SUITE D6
City, State Zip: TEMECULA, CA 92590
Phone: (951) 775-4000
Record ID: 330129AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2017
Program Name: WEST COAST RECOVERY CENTER, LLC
Legal Name: WEST COAST RECOVERY CENTER, LLC
Address: 950 NORTH STATE STREET, SUITE C
City, State Zip: HEMET, CA 92543
Phone: (951) 223-4786         Fax: (951) 929-8555
Record ID: 330130AP
Service Type: NON-DETOX
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2017

Program Name: SOVEREIGN HEALTH CANTERA
Legal Name: SATYA HEALTH OF CALIFORNIA, INC.
Address: 501 N. CANTERA CIRCLE
City, State Zip: PALM SPRINGS, CA 92262
Phone: (949) 276-5553
Record ID: 330131AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2018

Program Name: ADELANTE RECOVERY CENTER, INC.
Legal Name: ADELANTE RECOVERY CENTER, INC.
Address: 23970 SPENSER BUTTE DRIVE
City, State Zip: FERRIS, CA 92570
Phone: (951) 657-7863         Fax: (951) 943-9251
Record ID: 330132AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2017

Program Name: GRANJA RESIDENTIAL DETOXIFICATION AND TREATMENT SERVICES
Legal Name: WEST COAST WELLNESS CENTERS LLC
Address: 39689 GRANJA COURT
City, State Zip: TEMECULA, CA 92592
Phone: (951) 693-9200         Fax: (951) 929-8500
Record ID: 330133AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2017

Program Name: GREEN MEADOWS RESIDENTIAL DETOXIFICATION AND TREATMENT SERVICES
Legal Name: WEST COAST WELLNESS CENTERS LLC
Address: 38880 GREEN MEADOWS ROAD
City, State Zip: TEMECULA, CA 92592
Phone: (951) 302-1247         Fax: (915) 929-8500
Record ID: 330133BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2017

Program Name: GREY SQUIRREL RESIDENTIAL DETOXIFICATION AND TREATMENT SERVICES
Legal Name: WEST COAST WELLNESS CENTERS LLC
Address: 39140 GREY SQUIRREL ROAD
City, State Zip: TEMECULA, CA 92592
Phone: (951) 693-9200         Fax: (951) 693-9200
Record ID: 330133CP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2017
Program Name: GRAND RESIDENTIAL DETOXIFICATION AND TREATMENT SERVICES
Legal Name: WEST COAST WELLNESS CENTERS LLC
Address: 17210 GRAND AVENUE
City, State Zip: LAKE ELsinore, CA 92530
Phone: (951) 678-5694 Fax: (951) 929-8500
Record ID: 330133DP
Service Type: RES-DETOX
Resident Capacity: 5
Total Occupancy: 5
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2017

Program Name: WEST COAST WELLNESS CENTERS
Legal Name: WEST COAST WELLNESS CENTERS LLC
Address: 784 OLIVETTE STREET
City, State Zip: HEMET, CA 92543
Phone: (951) 929-8200
Record ID: 330133FP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2018

Program Name: WEST COAST COUNSELING WELLNESS CENTERS
Legal Name: WEST COAST WELLNESS CENTERS LLC
Address: 660 N CAWSTON AVENUE
City, State Zip: HEMET, CA 92545
Phone: (951) 929-8200
Record ID: 330133GP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2018

Program Name: WEST COAST WELLNESS CENTERS
Legal Name: WEST COAST WELLNESS CENTERS LLC
Address: 26419 LIBERTY DRIVE
City, State Zip: HEMET, CA 92544
Phone: (714) 232-0649 Fax: (714) 549-7393
Record ID: 330133HP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2018

Program Name: HEARTH STONE HOUSE
Legal Name: HEARTH STONE HOUSE, INC
Address: 44500 SAN PASCAUL AVENUE
City, State Zip: PALM DESERT, CA 92260
Phone: (760) 779-1999 Fax: (760) 799-8999
Record ID: 330134AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2017

Program Name: CALIFORNIA HIGHLANDS ADDICTION TREATMENT
Legal Name: CALIFORNIA ADDICTION TREATMENT CENTER LLC
Address: 15986 S. HIGHLAND SPRINGS AVENUE
City, State Zip: BANNING, CA 92220
Phone: (213) 787-5755 Fax: (909) 245-1090
Record ID: 330135AP
Service Type: RES-DETOX
Resident Capacity: 16
Total Occupancy: 16
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2017
Program Name: IMMANUEL HOUSE AOD RECOVERY PROGRAM  
Legal Name: IMMANUEL SOBRIETY INC  
Address: 24999 BRODIAEA AVENUE  
City, State Zip: MORENO VALLEY, CA 92553  
Phone: (951) 242-2451     Fax: (951) 653-5505  
Record ID: 330136AN  
Service Type: RES  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 7/31/2017

Program Name: BEST NEW LIFE RECOVERY  
Legal Name: BROOKE ELIZABETH BEST-FREEMAN  
Address: 36881 DOREEN DRIVE  
City, State Zip: MURRIETA, CA 92563  
Phone: (951) 545-4606  
Record ID: 330137AP  
Service Type: RES  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 6/30/2017

Program Name: BEST NEW LIFE RECOVERY  
Legal Name: BROOKE ELIZABETH BEST-FREEMAN  
Address: 20755 CARANCHO ROAD  
City, State Zip: TEMECULA, CA 92590  
Phone: (951) 545-4606  
Record ID: 330137BP  
Service Type: RES  
Resident Capacity: 6  
Total Occupancy: 7  
Target Population: 1.1 --- CO-ED  
Expiration Date: 6/30/2018

Program Name: THE KILOBY CENTER FOR RECOVERY, INC.  
Legal Name: THE KILOBY CENTER FOR RECOVERY, INC.  
Address: 71-777 SAN JACINTO DRIVE, SUITE 102  
City, State Zip: RANCHO MIRAGE, CA 92270  
Phone: (442) 666-8526  
Record ID: 330138AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 5/31/2017

Program Name: NEW LIFE RIVERSIDE SUBSTANCE USE  
Legal Name: RIVERSIDE COUNTY SUBSTANCE USE PROGRAM  
Address: 771 BLAINE STREET, SUITE C  
City, State Zip: RIVERSIDE, CA 92507  
Phone: (951) 358-4120     Fax: (951) 358-4189  
Record ID: 330139AN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 1/31/2018

Program Name: DAY REPORTING CENTER RIVERSIDE SUBSTANCE USE  
Legal Name: RIVERSIDE COUNTY SUBSTANCE USE PROGRAM  
Address: 1020 IOWA AVENUE, SUITE B  
City, State Zip: RIVERSIDE, CA 92507  
Phone: (951) 358-6691     Fax: (951) 358-4479  
Record ID: 330139BN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 1/31/2018
Program Name: BLUE TIGER RECOVERY
Legal Name: BLUE TIGER RECOVERY LLC
Address: 2825 E TAHQUITZ CANYON WAY, BUILDING C
City, State Zip: PALM SPRINGS, CA 92262
Phone: (760) 534-3487        Fax: (760) 406-4045
Record ID: 330140AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2017

Program Name: FULL CIRCLE RECOVERY
Legal Name: FULL CIRCLE RECOVERY, INC.
Address: 1840 LAMPTON LANE
City, State Zip: NORCO, CA 92860
Phone: (951) 737-6199        Fax: (951) 737-6199
Record ID: 330141AN
Service Type: RES
Resident Capacity: 4
Total Occupancy: 4
Target Population: 1.2 --- MEN ONLY
Expiration Date: 2/28/2018

Program Name: FULL CIRCLE RECOVERY
Legal Name: FULL CIRCLE RECOVERY, INC.
Address: 139 TRAKEHNER
City, State Zip: NORCO, CA 92860
Phone: (951) 737-6199        Fax: (951) 737-6199
Record ID: 330141BN
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2018

Program Name: FULL CIRCLE RECOVERY, INC.
Legal Name: FULL CIRCLE RECOVERY, INC.
Address: 1860 LAMPTON LANE
City, State Zip: NORCO, CA 92860
Phone: (951) 737-6199        Fax: (951) 737-6199
Record ID: 330141CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2018

Program Name: CLEAR VISION RECOVERY CENTER
Legal Name: CLEAR VISION, LLC
Address: 16891 ALITA DRIVE
City, State Zip: RIVERSIDE, CA 92504
Phone: (951) 313-7403        Fax: (951) 787-4962
Record ID: 330142AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2018

Program Name: PHOENIX RISING RECOVERY
Legal Name: EXECUTIVE RECOVERY GROUP, INC.
Address: 35450 PEGASUS COURT
City, State Zip: PALM DESERT, CA 92211
Phone: (760) 409-1287
Record ID: 330143AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2018
<table>
<thead>
<tr>
<th>Program Name</th>
<th>Legal Name</th>
<th>Address</th>
<th>City, State Zip</th>
<th>Phone</th>
<th>Record ID</th>
<th>Service Type</th>
<th>Resident Capacity</th>
<th>Total Occupancy</th>
<th>Target Population</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHOENIX RISING RECOVERY</td>
<td>EXECUTIVE RECOVERY GROUP, INC.</td>
<td>77725 ENFIELD LANE, 100/200</td>
<td>PALM DESERT, CA 92211</td>
<td>(760) 409-1287</td>
<td>330143BP</td>
<td>NON</td>
<td></td>
<td></td>
<td>1.1 --- CO-ED</td>
<td>7/31/2018</td>
</tr>
<tr>
<td>RANCHO MILAGRO RECOVERY, INC.</td>
<td>RANCHO MILAGRO RECOVERY, INC.</td>
<td>31985 HONEYSUCKLE CIRCLE</td>
<td>WINCHESTER, CA 92596</td>
<td>(951) 526-3998</td>
<td>330144AP</td>
<td>RES-DETOX</td>
<td>6</td>
<td>6</td>
<td>1.2 --- MEN ONLY</td>
<td>4/30/2018</td>
</tr>
<tr>
<td>SUN RAY ADDICTIONS COUNSELING &amp; EDUCATION</td>
<td>SUN RAY HOLDING COMPANY, LLC</td>
<td>950 N STATE STREET, SUITE D &amp; E</td>
<td>HEMET, CA 92543</td>
<td>(951) 652-3560 Fax: (951) 929-8750</td>
<td>330145AP</td>
<td>NON-DETOX</td>
<td></td>
<td></td>
<td>1.1 --- CO-ED</td>
<td>1/31/2018</td>
</tr>
<tr>
<td>SOUTHERN CALIFORNIA ADDICTION CENTER</td>
<td>SOUTHERN CALIFORNIA ADDICTION CENTER INC.</td>
<td>36500 DE PORTOLA ROAD</td>
<td>TEMECULA, CA 92592</td>
<td>(951) 302-2481 Fax: (951) 302-2392</td>
<td>330146AP</td>
<td>RES</td>
<td>6</td>
<td>6</td>
<td>1.1 --- CO-ED</td>
<td>2/28/2018</td>
</tr>
<tr>
<td>LEE'S TREATMENT AND RECOVERY</td>
<td>LEE'S TREATMENT AND RECOVERY, LLC</td>
<td>245 N. LINCOLN</td>
<td>CORONA, CA 92882-1851</td>
<td>(877) 251-3669 Fax: (951) 737-6691</td>
<td>330147AP</td>
<td>RES-DETOX</td>
<td>6</td>
<td>7</td>
<td>1.1 --- CO-ED</td>
<td>5/31/2018</td>
</tr>
<tr>
<td>PALM DESERT RECOVERY CENTER</td>
<td>PALM DESERT RECOVERY CENTER, INC.</td>
<td>73733 FRED WARING DRIVE, SUITE 100</td>
<td>PALM DESERT, CA 92260</td>
<td>(760) 230-5300 Fax: (760) 990-2247</td>
<td>330148AP</td>
<td>NON</td>
<td></td>
<td></td>
<td>1.1 --- CO-ED</td>
<td>1/31/2018</td>
</tr>
</tbody>
</table>
Program Name: ZEN MOUNTAIN PATH
Legal Name: ZEN RECOVERY, LLC
Address: 26299 TAHQUITZ DRIVE
City, State Zip: IDYLLWILD, CA 92549
Phone: (714) 604-2684
Record ID: 330149AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 7/31/2018

Program Name: INLAND DETOX, INC
Legal Name: INLAND DETOX, INC
Address: 38630 MESA ROAD
City, State Zip: TEMECULA, CA 92592
Phone: (951) 355-9116
Record ID: 330150AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2018

Program Name: SOLUTION BASED TREATMENT & DETOX
Legal Name: SCE CORP.
Address: 41017 ARRON COURT
City, State Zip: MURRIETA, CA 92562
Phone: (951) 698-4823 Fax: (951) 696-9783
Record ID: 330152AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2018

Program Name: BRISAS IOP
Legal Name: BRISAS IOP, LLC
Address: 5700 DIVISION STREET, SUITE 200-B
City, State Zip: RIVERSIDE, CA 92506
Phone: (510) 685-2022 Fax: (858) 222-8801
Record ID: 330157AP
Service Type: NON-DETOX
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2017
State of California, Department of Health Care Services  
Licensed Residential Facilities and/or  
Certified Alcohol and Drug Programs  

As of 9/6/2016  
Sacramento County

Program Name: ALPHA OAKS  
Legal Name: ASSOCIATED REHABILITATION PROGRAM FOR WOMEN, INC.  
Address: 8400 FAIR OAKS BOULEVARD  
City, State Zip: CARMICHAEL, CA 95608-2502  
Phone: (916) 944-3920  
Fax: (916) 944-7740  
Record ID: 340001AN  
Service Type: RES-DETOX  
Resident Capacity: 23  
Total Occupancy: 23  
Target Population: 1.3 --- WOMEN ONLY  
Expiration Date: 5/31/2018

Program Name: CORNERSTONE  
Legal Name: ASSOCIATED REHABILITATION PROGRAM FOR WOMEN, INC.  
Address: 6348 AND 6350 APPIAN WAY  
City, State Zip: CARMICHAEL, CA 95608-0724  
Phone: (916) 966-5102  
Fax: (916) 966-9362  
Record ID: 340001BN  
Service Type: RES  
Resident Capacity: 11  
Total Occupancy: 12  
Target Population: 1.3 --- WOMEN ONLY  
Expiration Date: 4/30/2018

Program Name: ALTUA  
Legal Name: RIVER CITY RECOVERY CENTER, INC.  
Address: 12490 ALTA MESA ROAD  
City, State Zip: HERALD, CA 95638-8409  
Phone: (209) 748-2470  
Record ID: 340002AN  
Service Type: RES  
Resident Capacity: 55  
Total Occupancy: 55  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 7/31/2018

Program Name: STARLIGHT  
Legal Name: RIVER CITY RECOVERY CENTER, INC.  
Address: 2218 E STREET  
City, State Zip: SACRAMENTO, CA 95816  
Phone: (916) 442-4519  
Fax: (916) 442-3577  
Record ID: 340002BN  
Service Type: RES  
Resident Capacity: 24  
Total Occupancy: 26  
Target Population: 1.3 --- WOMEN ONLY  
Expiration Date: 11/30/2016

Program Name: MI CASA RECOVERY HOME  
Legal Name: MEXICAN AMERICAN ADDICTION PROGRAM, INC.  
Address: 2515 48TH AVENUE  
City, State Zip: SACRAMENTO, CA 95822-3810  
Phone: (916) 394-2323  
Fax: (916) 394-2480  
Record ID: 340004BN  
Service Type: RES  
Resident Capacity: 16  
Total Occupancy: 16  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 7/31/2016
Program Name: MAAP COUNSELING CENTER
Legal Name: MEXICAN AMERICAN ADDICTION PROGRAM, INC.
Address: 3612 MADISON AVENUE, SUITE 29
City, State Zip: NORTH HIGHLANDS, CA 95660-5068
Phone: (916) 394-3489         Fax: (916) 231-9172
Record ID: 340004CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2016

Program Name: MAAP COUNSELING CENTER
Legal Name: MEXICAN AMERICAN ADDICTION PROGRAM, INC.
Address: 4241 FLORIN ROAD, SUITES 52, 55, 75, 80, 85 AND 110
City, State Zip: SACRAMENTO, CA 95823-2535
Phone: (916) 394-3489         Fax: (916) 394-2480
Record ID: 340004DN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2017

Program Name: SOBRIETY BRINGS A CHANGE
Legal Name: SOBRIETY BRINGS A CHANGE
Address: 4600 47TH AVENUE #102
City, State Zip: SACRAMENTO, CA 95824-3923
Phone: (916) 454-4242
Record ID: 340008AN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 9/30/2016

Program Name: ALTERNATIVE HOUSE
Legal Name: WELLSpace HEALTH
Address: 1550 JULIESSE AVENUE
City, State Zip: SACRAMENTO, CA 95815-1803
Phone: (916) 921-6598
Record ID: 340015AN
Service Type: RES-DETOX
Resident Capacity: 48
Total Occupancy: 48
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2018

Program Name: CRISIS INTAKE AND COUNSELING CENTER
Legal Name: WELLSpace HEALTH
Address: 1820 J STREET
City, State Zip: SACRAMENTO, CA 95811-3010
Phone: (916) 325-5556         Fax: (916) 444-5620
Record ID: 340015CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2018

Program Name: WELLSpace HEALTH RESIDENTIAL
Legal Name: WELLSpace HEALTH
Address: 7586 STOCKTON BOULEVARD
City, State Zip: SACRAMENTO, CA 95823-3923
Phone: (916) 737-5555
Record ID: 340015IN
Service Type: RES
Resident Capacity: 16
Total Occupancy: 16
Target Population: 1.2 --- MEN ONLY
Expiration Date: 9/30/2016
Program Name: OPTIONS FOR RECOVERY - RESIDENTIAL TREATMENT PROGRAM  
Legal Name: VOLUNTEERS OF AMERICA NORTHERN CALIFORNIA AND NORTHERN NEVADA, INC.  
Address: 1001 GRAND AVENUE  
City, State Zip: SACRAMENTO, CA 95838-3512  
Phone: (916) 929-1951 Fax: (916) 929-5116  
Record ID: 340018AN  
Service Type: RES-DETOX  
Resident Capacity: 16  
Total Occupancy: 28  
Target Population: 1.4 --- WOMEN/CHILDREN  
Expiration Date: 11/30/2016

Program Name: D & A DETOX CENTER  
Legal Name: D & A DETOX CENTER  
Address: 2721 BARBERA WAY  
City, State Zip: RANCHO CORDOVA, CA 95670-4804  
Phone: (916) 364-7660  
Record ID: 340035CN  
Service Type: RES-DETOX  
Resident Capacity: 10  
Total Occupancy: 10  
Target Population: 1.1 --- CO-ED  
Expiration Date: 3/31/2018

Program Name: D & A TREATMENT CENTER  
Legal Name: D & A DETOX CENTER  
Address: 10157 LA ALEGRIA DRIVE  
City, State Zip: RANCHO CORDOVA, CA 95670-3109  
Phone: (916) 361-2833 Fax: (916) 364-5389  
Record ID: 340035FN  
Service Type: RES  
Resident Capacity: 10  
Total Occupancy: 10  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 6/30/2017

Program Name: ANOTHER CHOICE, ANOTHER CHANCE  
Legal Name: ANOTHER CHOICE, ANOTHER CHANCE  
Address: 7000 FRANKLIN BOULEVARD, SUITE 625  
City, State Zip: SACRAMENTO, CA 95823  
Phone: (916) 388-9418  
Record ID: 340037AN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 6/30/2018

Program Name: SACRAMENTO COUNTY DRUG COURT  
Legal Name: COUNTY OF SACRAMENTO PROBATION DEPARTMENT  
Address: 3201 FLORIN-PERKINS ROAD  
City, State Zip: SACRAMENTO, CA 95826-3900  
Phone: (916) 875-1171  
Record ID: 340038AN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 10/31/2016

Program Name: NEW DAWN RECOVERY CENTER  
Legal Name: CDT SERVICE CORPORATION  
Address: 6371 AUBURN BOULEVARD, SUITE A  
City, State Zip: CITRUS HEIGHTS, CA 95621-5275  
Phone: (916) 723-1319  
Record ID: 340039AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 11/30/2016
Program Name: NEW DAWN RECOVERY CENTERS
Legal Name: CDT SERVICE CORPORATION
Address: 6039, 6040, 6043, AND 6045 ROLOFF WAY
City, State Zip: ORANGEVALE, CA 95662-4544
Phone: (916) 989-1675     Fax: (916) 989-8164
Record ID: 340039BP
Service Type: RES
Resident Capacity: 22
Total Occupancy: 22
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2017

Program Name: NEW DAWN RECOVERY CENTERS
Legal Name: CDT SERVICE CORPORATION
Address: 8780 & 8782 SHERRY DRIVE
City, State Zip: ORANGEVALE, CA 95662-4534
Phone: (916) 989-1675     Fax: (916) 989-8164
Record ID: 340039CP
Service Type: RES-DETOX
Resident Capacity: 11
Total Occupancy: 11
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2017

Program Name: NEW DAWN RECOVERY CENTERS
Legal Name: CDT SERVICE CORPORATION
Address: 9960 BUSINESS PARK DRIVE, SUITE 160
City, State Zip: SACRAMENTO, CA 95827-1733
Phone: (916) 989-1675
Record ID: 340039EP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2017

Program Name: THE PROMISE HOUSE
Legal Name: BRIDGES PROFESSIONAL TREATMENT SERVICES
Address: 2727 P STREET
City, State Zip: SACRAMENTO, CA 95816-6403
Phone: (916) 452-3073
Record ID: 340041BN
Service Type: RES-DETOX
Resident Capacity: 28
Total Occupancy: 28
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 10/31/2017

Program Name: BRIDGES OUTPATIENT TREATMENT SERVICES
Legal Name: BRIDGES PROFESSIONAL TREATMENT SERVICES
Address: 3600 POWER INN ROAD, SUITE D
City, State Zip: SACRAMENTO, CA 95826-3826
Phone: (916) 453-2704     Fax: (916) 453-2708
Record ID: 340041CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2017

Program Name: BRIDGES RESIDENTIAL
Legal Name: BRIDGES PROFESSIONAL TREATMENT SERVICES
Address: 1731 P STREET
City, State Zip: SACRAMENTO, CA 95814-6104
Phone: (916) 450-0700     Fax: (916) 930-0554
Record ID: 340041DN
Service Type: RES
Resident Capacity: 28
Total Occupancy: 28
Target Population: 1.2 --- MEN ONLY
Expiration Date: 7/31/2017
Program Name: CARES ALCOHOL AND OTHER DRUG OUTPATIENT PROGRAM
Legal Name: THE CENTER FOR A.I.D.S. RESEARCH, EDUCATION AND SERVICES - SACRAMENTO
Address: 1500 21ST STREET
City, State Zip: SACRAMENTO, CA 95814-5216
Phone: (916) 443-3299 Fax: (916) 325-1980
Record ID: 340042BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2017

Program Name: SACRAMENTO AREA EMERGENCY HOUSING CENTER
Legal Name: SACRAMENTO AREA EMERGENCY HOUSING CENTER
Address: 4516 PARKER AVENUE
City, State Zip: SACRAMENTO, CA 95820-4029
Phone: (916) 455-2120
Record ID: 340045BN
Service Type: NON
Target Population: 1.7 --- FAMILIES
Expiration Date: 2/28/2017

Program Name: CENTER POINT
Legal Name: CENTER POINT, INC.
Address: 11228 FAIR OAKS BOULEVARD
City, State Zip: FAIR OAKS, CA 95628-5139
Phone: (916) 962-2800 Fax: (415) 492-8844
Record ID: 340048AN
Service Type: RES
Resident Capacity: 31
Total Occupancy: 35
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 9/30/2017

Program Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE SACRAMENTO REGION AFFILIATE
Legal Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE INC. SACRAMENTO REGION AFFILIATE
Address: 2143 HURLEY WAY
City, State Zip: SACRAMENTO, CA 95825
Phone: (916) 922-5110 Fax: (916) 921-1832
Record ID: 340052BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2018

Program Name: SACRAMENTO VETERANS RESOURCE CENTER
Legal Name: VIETNAM VETERANS OF CALIFORNIA, INC.
Address: 7270 EAST SOUTHGATE DRIVE, BUILDING 4
City, State Zip: SACRAMENTO, CA 95823-2621
Phone: (916) 393-8387 Fax: (916) 393-8389
Record ID: 340058AN
Service Type: RES
Resident Capacity: 22
Total Occupancy: 22
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2017

Program Name: KOINONIA GROUP HOME #5
Legal Name: KOINONIA FOSTER HOMES, INC.
Address: 4232 BIG CLOUD WAY
City, State Zip: ANTELOPE, CA 95843-2406
Phone: (916) 652-0171 Fax: (916) 652-3979
Record ID: 340063AN
Service Type: DSS
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 10/31/2016
Program Name: CLEAN & SOBER DETOX
Legal Name: CLEAN & SOBER DETOX, A CALIFORNIA NONPROFIT CORPORATION
Address: 8946 MADISON AVENUE
City, State Zip: FAIR OAKS, CA 95628-4010
Phone: (916) 965-3386 Fax: (916) 536-1393
Record ID: 340067AN
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2017

Program Name: AZURE ACRES IOP
Legal Name: THE CAMP RECOVERY CENTER, LLC
Address: 2641 COTTAGE WAY
SUITES 8, 9 AND 10
City, State Zip: SACRAMENTO, CA 95825
Phone: (916) 338-0400 Fax: (916) 338-3589
Record ID: 340078AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2017

Program Name: SACRAMENTO TREATMENT CLINIC
Legal Name: TREATMENT ASSOCIATES, INC.
Address: 7225 EAST SOUTHGATE DRIVE, SUITE D
City, State Zip: SACRAMENTO, CA 95823-2651
Phone: (760) 710-0951 Fax: (916) 394-1010
Record ID: 340080AP
Service Type: NON-DETOX
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2016

Program Name: SACRAMENTO NATIVE AMERICAN HEALTH CENTER
Legal Name: SACRAMENTO NATIVE AMERICAN HEALTH CENTER, INC.
Address: 2020 J STREET
City, State Zip: SACRAMENTO, CA 95814-3120
Phone: (916) 341-0575 Fax: (916) 341-0574
Record ID: 340082AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2018

Program Name: STRATEGIES FOR CHANGE OUTPATIENT
Legal Name: STRATEGIES FOR CHANGE
Address: 4441 AUBURN BOULEVARD, SUITE E
City, State Zip: SACRAMENTO, CA 95841-4139
Phone: (916) 473-5764 Fax: (916) 473-5766
Record ID: 340084AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2017

Program Name: STRATEGIES FOR CHANGE
Legal Name: STRATEGIES FOR CHANGE
Address: 4343 WILLIAMSBOURGH DRIVE
City, State Zip: SACRAMENTO, CA 95823-2006
Phone: (916) 395-3552
Record ID: 340084BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2016
Program Name: SIERRA VISTA HOSPITAL OUTPATIENT CD PROGRAM
Legal Name: BHC SIERRA VISTA HOSPITAL, INC.
Address: 8009 BRUCEVILLE ROAD #100
City, State Zip: SACRAMENTO, CA 95823-2332
Phone: (916) 288-0300 Fax: (916) 689-5517
Record ID: 340090AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2018

Program Name: CLEAN & SOBER RECOVERY HOME
Legal Name: CLEAN & SOBER RECOVERY SERVICES, INC.
Address: 5820 CHESTNUT AVENUE
City, State Zip: ORANGEVALE, CA 95662-4807
Phone: (916) 990-0190 Fax: (916) 990-0193
Record ID: 340093AP
Service Type: RES
Resident Capacity: 24
Total Occupancy: 24
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2018

Program Name: PATHWAYS RECOVERY
Legal Name: PATHWAYS RECOVERY
Address: 6538 GREY OAK COURT
City, State Zip: CITRUS HEIGHTS, CA 95621-1024
Phone: (916) 735-8377 Fax: (877) 494-5088
Record ID: 340098AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2018

Program Name: TOWNS HEALTH SERVICES
Legal Name: TOWNS HEALTH SERVICES, INC.
Address: 750 SPAANS DRIVE SUITE C, D, AND F
City, State Zip: GALT, CA 95632-8609
Phone: (916) 612-2452 Fax: (209) 744-9910
Record ID: 340100AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2018

Program Name: PALM TREE RANCH
Legal Name: TOWNS HEALTH SERVICES, INC.
Address: 12370 CLAY STATION ROAD
City, State Zip: HERALD, CA 95638
Phone: (209) 748-2628
Record ID: 340100BP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2018

Program Name: PREPARING PEOPLE FOR SUCCESS
Legal Name: PREPARING PEOPLE FOR SUCCESS
Address: 1513 SPORTS DRIVE, SUITE 100
City, State Zip: SACRAMENTO, CA 95834-1904
Phone: (916) 807-6768 Fax: (916) 515-9334
Record ID: 340102AN
Service Type: NON
Target Population: 1.5 --- YOUTH/adolescent
Expiration Date: 12/31/2016
Program Name: SACRAMENTO RECOVERY HOUSE
Legal Name: SACRAMENTO RECOVERY HOUSE, INC.
Address: 1914 22ND STREET
City, State Zip: SACRAMENTO, CA 95816-7109
Phone: (916) 455-6258
Record ID: 340103AN
Service Type: RES
Resident Capacity: 17
Total Occupancy: 18
Target Population: 1.2 --- MEN ONLY
Expiration Date: 8/31/2016

Program Name: GATEWAY HOUSE
Legal Name: SACRAMENTO RECOVERY HOUSE, INC.
Address: 4049 MILLER WAY
City, State Zip: SACRAMENTO, CA 95817-1332
Phone: (916) 451-9312 Fax: (916) 451-8014
Record ID: 340103BN
Service Type: RES
Resident Capacity: 18
Total Occupancy: 18
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 5/31/2018

Program Name: VERITAS COUNSELING CDIOP
Legal Name: VERITAS COUNSELING CDIOP
Address: 3137 DWIGHT ROAD, SUITE 600
City, State Zip: ELK GROVE, CA 95758-6472
Phone: (916) 422-1319 Fax: (916) 422-1321
Record ID: 340105AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2017

Program Name: VALLEY RECOVERY CENTER OF CALIFORNIA
Legal Name: SUMMIT BHC SACRAMENTO, LLC
Address: 2221 FAIR OAKS BOULEVARD
City, State Zip: SACRAMENTO, CA 95825-5501
Phone: (916) 514-8500
Record ID: 340106AP
Service Type: RES-DETOX
Resident Capacity: 48
Total Occupancy: 48
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2018

Program Name: AMERICAN HEALTH SERVICES, LLC; DBA: TERRA LOMA RESIDENTIAL DETOX
Legal Name: AMERICAN HEALTH SERVICES LLC
Address: 10087 TERRA LOMA DRIVE
City, State Zip: RANCHO CORDOVA, CA 95670
Phone: (916) 368-7074
Record ID: 340107AP
Service Type: RES-DETOX
Resident Capacity: 16
Total Occupancy: 16
Target Population: 1.2 --- MEN ONLY
Expiration Date: 6/30/2017

Program Name: CEDAR POINT RECOVERY
Legal Name: CEDAR POINT RECOVERY, LLC
Address: 8950 CAL CENTER DRIVE, SUITE 160
City, State Zip: SACRAMENTO, CA 95826
Phone: (916) 273-4543 Fax: (916) 376-7467
Record ID: 340109AP
Service Type: NON-DETOX
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2017
<table>
<thead>
<tr>
<th>Program Name</th>
<th>Legal Name</th>
<th>Address</th>
<th>City, State Zip</th>
<th>Phone</th>
<th>Fax</th>
<th>Record ID</th>
<th>Service Type</th>
<th>Resident Capacity</th>
<th>Total Occupancy</th>
<th>Target Population</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>CEDAR POINT RECOVERY</td>
<td>CEDAR POINT RECOVERY, LLC</td>
<td>1099 STEWART ROAD</td>
<td>SACRAMENTO, CA 95864-5303</td>
<td>(844) 262-0337</td>
<td>(916) 514-9307</td>
<td>340109BP</td>
<td>RES-DETOX</td>
<td>6</td>
<td>10</td>
<td>1.1 --- CO-ED</td>
<td>10/31/2017</td>
</tr>
<tr>
<td>CEDAR POINT RETREAT</td>
<td>CEDAR POINT RECOVERY, LLC</td>
<td>131 DAWN RIVER WAY</td>
<td>FOLSOM, CA 95630</td>
<td>(844) 262-0338</td>
<td>(916) 597-2556</td>
<td>340109CP</td>
<td>RES-DETOX</td>
<td>6</td>
<td>8</td>
<td>1.1 --- CO-ED</td>
<td>10/31/2017</td>
</tr>
<tr>
<td>HOPE @ LAST</td>
<td>LAST ENTERPRISE, INC.</td>
<td>6326 MAIN AVENUE, 22</td>
<td>ORANGEVALE, CA 95662</td>
<td>(916) 671-1767</td>
<td></td>
<td>340110AP</td>
<td>NON</td>
<td>1.3 --- WOMEN ONLY</td>
<td></td>
<td></td>
<td>7/31/2018</td>
</tr>
<tr>
<td>Program Name</td>
<td>SAN BENITO COUNTY SUBSTANCE ABUSE PROGRAM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------------</td>
<td>----------------------------------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal Name:</td>
<td>SAN BENITO COUNTY BEHAVIORAL HEALTH DEPARTMENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td>1131 SAN FELIPE ROAD</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>HOLLISTER, CA 95023</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>(831) 636-4020</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fax:</td>
<td>(831) 636-4015</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Record ID:</td>
<td>350001AN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Type:</td>
<td>NON</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>4/30/2017</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name</th>
<th>BRIGHT FUTURE RECOVERY, INC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>BRIGHT FUTURE RECOVERY, INC.</td>
</tr>
<tr>
<td>Address:</td>
<td>1000 FAIRVIEW ROAD</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>HOLLISTER, CA 95023</td>
</tr>
<tr>
<td>Phone:</td>
<td>(831) 245-7736</td>
</tr>
<tr>
<td>Record ID:</td>
<td>350002AP</td>
</tr>
<tr>
<td>Service Type:</td>
<td>RES-DETOX</td>
</tr>
<tr>
<td>Resident Capacity:</td>
<td>12</td>
</tr>
<tr>
<td>Total Occupancy:</td>
<td>12</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>6/3/2017</td>
</tr>
</tbody>
</table>
State of California, Department of Health Care Services
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of 9/6/2016  San Bernardino County

Program Name: RECOVERY CENTER
Legal Name: INLAND VALLEY DRUG AND ALCOHOL RECOVERY SERVICES
Address: 916 NORTH MOUNTAIN AVE., SUITE A
AND 934 NORTH MOUNTAIN AVE., SUITES A & B
City, State Zip: UPLAND, CA 91786
Phone: (909) 949-4667
Record ID: 360001AAN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2017

Program Name: INLAND VALLEY RECOVERY SERVICES - SAN BERNARDINO RECOVERY CENTER
Legal Name: INLAND VALLEY DRUG AND ALCOHOL RECOVERY SERVICES
Address: 939 N. D STREET, BUILDINGS A & B AND 955 N. D STREET
City, State Zip: SAN BERNARDINO, CA 92410
Phone: (909) 889-6519  Fax: (909) 889-6560
Record ID: 360001ABN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2018

Program Name: WOMEN'S AND MEN'S RESIDENTIAL SERVICES
Legal Name: INLAND VALLEY DRUG AND ALCOHOL RECOVERY SERVICES
Address: 1260 ARROW HIGHWAY, BUILDING C
City, State Zip: UPLAND, CA 91786
Phone: (909) 932-1069  Fax: (909) 932-1087
Record ID: 360001ZN
Service Type: RES-DETOX
Resident Capacity: 65
Total Occupancy: 75
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 2/28/2018

Program Name: CEDAR HOUSE LIFE CHANGE CENTER
Legal Name: SOCIAL SCIENCE SERVICES, INC.
Address: 18612 SANTA ANA AVENUE
City, State Zip: BLOOMINGTON, CA 92316
Phone: (909) 421-7120
Record ID: 360002CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2018

Program Name: CEDAR HOUSE LIFE CHANGE CENTER
Legal Name: SOCIAL SCIENCE SERVICES, INC.
Address: 18612 SANTA ANA AVENUE
City, State Zip: BLOOMINGTON, CA 92316
Phone: (909) 421-7120
Record ID: 360002DN
Service Type: RES
Resident Capacity: 125
Total Occupancy: 125
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2018
Program Name: CEDAR HOUSE LIFE CHANGE CENTER
Legal Name: SOCIAL SCIENCE SERVICES, INC.
Address: 10888 MAPLE AVENUE
City, State Zip: BLOOMINGTON, CA 92316
Phone: (909) 873-0478 Fax: (909) 421-7128
Record ID: 360002FN
Service Type: RES
Resident Capacity: 11
Total Occupancy: 26
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 10/31/2017

Program Name: ST. JOHN OF GOD HEALTH CARE SERVICES
Legal Name: ST. JOHN OF GOD HEALTH CARE SERVICES
Address: 13333 PALMDALE ROAD
City, State Zip: VICTORVILLE, CA 92392
Phone: (760) 241-4917
Record ID: 360003HN
Service Type: RES-DETOX
Resident Capacity: 66
Total Occupancy: 82
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2018

Program Name: ST. JOHN OF GOD HEALTH CARE SERVICES
Legal Name: ST. JOHN OF GOD HEALTH CARE SERVICES
Address: 15534 6TH STREET
City, State Zip: VICTORVILLE, CA 92392
Phone: (760) 241-4917 Fax: (760) 241-8911
Record ID: 360003IN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2017

Program Name: HARRIS HOUSE
Legal Name: VARP, INC.
Address: 907 WEST RIALTO AVENUE
City, State Zip: SAN BERNARDINO, CA 92410
Phone: (909) 381-4053
Record ID: 360004AN
Service Type: RES
Resident Capacity: 20
Total Occupancy: 22
Target Population: 1.2 --- MEN ONLY
Expiration Date: 8/31/2016

Program Name: GIBSON HOUSE FOR MEN
Legal Name: VARP, INC.
Address: 1100, 1078 AND 1094 NORTH D STREET, AND 1087 NORTH STODDARD STREET
City, State Zip: SAN BERNARDINO, CA 92410
Phone: (909) 381-3774
Record ID: 360004BN
Service Type: RES
Resident Capacity: 58
Total Occupancy: 61
Target Population: 1.2 --- MEN ONLY
Expiration Date: 8/31/2018

Program Name: GIBSON HOUSE RECOVERY CENTER FOR WOMEN
Legal Name: VARP, INC.
Address: 1103, 1107, 1069, 1135, 1139, 1149 NORTH D STREET AND 382 & 384 11TH STREET
City, State Zip: SAN BERNARDINO, CA 92410
Phone: (909) 888-6956
Record ID: 360004FN
Service Type: RES
Resident Capacity: 53
Total Occupancy: 60
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 8/31/2018
Program Name: PINE RIDGE TREATMENT CENTER
Legal Name: PINE RIDGE TREATMENT CENTER, INCORPORATED
Address: 2727 HIGHLAND DRIVE
City, State Zip: RUNNING SPRINGS, CA 92382
Phone: (909) 867-7028
Record ID: 360007AP
Service Type: RES
Resident Capacity: 24
Total Occupancy: 24
Target Population: 1.2 --- MEN ONLY
Expiration Date: 9/30/2017

Program Name: PINE RIDGE TREATMENT CENTERS, INC. - VICTORVILLE
Legal Name: PINE RIDGE TREATMENT CENTER, INCORPORATED
Address: 15367 BONANZA ROAD, #A
City, State Zip: VICTORVILLE, CA 92392
Phone: (760) 955-1012 Fax: (760) 955-4811
Record ID: 360007BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2017

Program Name: PINE RIDGE TREATMENT CENTERS, INC. - SAN BERNARDINO
Legal Name: PINE RIDGE TREATMENT CENTER, INCORPORATED
Address: 1881 COMMERCENTER EAST, SUITE 220
City, State Zip: SAN BERNARDINO, CA 92408
Phone: (909) 890-0294
Record ID: 360007CP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2017

Program Name: PINE RIDGE TREATMENT CENTER - LUCERNE VALLEY
Legal Name: PINE RIDGE TREATMENT CENTERS, INCORPORATED
Address: 9401 CRYSTAL CREEK ROAD
City, State Zip: LUCERNE VALLEY, CA 92356
Phone: (760) 248-9199
Record ID: 360007DP
Service Type: RES-DETOX
Resident Capacity: 24
Total Occupancy: 24
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2018

Program Name: INLAND BEHAVIORAL AND HEALTH SERVICES, INC.
Legal Name: INLAND BEHAVIORAL AND HEALTH SERVICES, INC.
Address: 1963 NORTH E STREET
City, State Zip: SAN BERNARDINO, CA 92405
Phone: (909) 881-6146 Fax: (909) 881-0111
Record ID: 360015AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2017

Program Name: MATRIX INSTITUTE ON ADDICTIONS
Legal Name: MATRIX INSTITUTE ON ADDICTIONS
Address: 11777 SEBASTIAN WAY, SUITES 102 A & B
City, State Zip: RANCHO CUCAMONGA, CA 91730
Phone: (909) 989-9724
Record ID: 360020AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2017
<table>
<thead>
<tr>
<th>Program Name</th>
<th>Service Type</th>
<th>Target Population</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAP RECOVERY HOME</td>
<td>RES</td>
<td>1.2 --- MEN ONLY</td>
<td>8/31/2017</td>
</tr>
<tr>
<td>HIGH DESERT CHILD ADOLESCENT AND FAMILY SERVICES CENTER</td>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td>10/31/2017</td>
</tr>
<tr>
<td>HIGH DESERT CHILD ADOLESCENT AND FAMILY SERVICES CENTER, INC.</td>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td>8/31/2017</td>
</tr>
<tr>
<td>PRIDE</td>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td>3/31/2017</td>
</tr>
<tr>
<td>VICTOR VALLEY CENTER FOR CHANGE</td>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td>1/31/2017</td>
</tr>
<tr>
<td>REDLANDS CENTER FOR CHANGE</td>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td>3/31/2017</td>
</tr>
<tr>
<td>CENTRAL VALLEY REGIONAL RECOVERY CENTER</td>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td>9/30/2017</td>
</tr>
</tbody>
</table>
Program Name: NEEDLES CENTER FOR CHANGE
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 300 H STREET
City, State Zip: NEEDLES, CA 92363
Phone: (858) 573-2600 Fax: (858) 573-5144
Record ID: 360033IN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2018

Program Name: FONTANA CENTER FOR CHANGE
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 1076 SANTO ANTONIO DRIVE, SUITES B & D, ROOMS 2, 4 & 9
City, State Zip: COLTON, CA 92324
Phone: (858) 573-2600 Fax: (858) 573-5144
Record ID: 360033JN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2017

Program Name: SAN BERNARDINO CENTER FOR CHANGE
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 1874 BUSINESS CENTER DRIVE, SUITE A
City, State Zip: SAN BERNARDINO, CA 92408
Phone: (858) 573-2600 Fax: (909) 386-0529
Record ID: 360033MN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2017

Program Name: BIG BEAR CENTER FOR CHANGE
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 41945 BIG BEAR BOULEVARD, SUITE 208
City, State Zip: BIG BEAR LAKE, CA 92315
Phone: (909) 872-0223 Fax: (909) 872-1686
Record ID: 360033NN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2017

Program Name: YUCCA VALLEY CENTER FOR CHANGE
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 58945 BUSINESS CENTER DRIVE, SUITES J, N & P
City, State Zip: YUCCA VALLEY, CA 92284
Phone: (909) 872-0223 Fax: (909) 872-1686
Record ID: 360033ON
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2017

Program Name: JOSHUA TREE CENTER FOR CHANGE
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 61607 29 PALMS HIGHWAY, SUITE C & D
City, State Zip: JOSHUA TREE, CA 92252
Phone: (909) 872-0223 Fax: (909) 872-1686
Record ID: 360033PN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2017

Program Name: RIM FAMILY SERVICES
Legal Name: RIM FAMILY SERVICES, INC.
Address: 28545 HIGHWAY 18
City, State Zip: SKY FOREST, CA 92385
Phone: (909) 336-1800 Fax: (909) 336-0990
Record ID: 360036AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2018
<table>
<thead>
<tr>
<th>Program Name</th>
<th>Address</th>
<th>City, State Zip</th>
<th>Phone</th>
<th>Fax</th>
<th>Record ID</th>
<th>Service Type</th>
<th>Target Population</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>RIALTO BEHAVIORAL ADDICTION TREATMENT SERVICES</td>
<td>850 E. FOOTHILL BOULEVARD, SUITE A, SECTIONS A-F</td>
<td>RIALTO, CA 92376</td>
<td>(909) 421-9465</td>
<td>(909) 421-9457</td>
<td>360050AN</td>
<td>NON</td>
<td>1.4 --- WOMEN/CHILDREN</td>
<td>5/31/2017</td>
</tr>
<tr>
<td>SAN BERNARDINO COUNTY BEHAVIORAL HEALTH DEPARTMENT</td>
<td>1841 E. MAIN STREET</td>
<td>BARSTOW, CA 92311</td>
<td>(760) 255-5700</td>
<td>(760) 256-5092</td>
<td>360050EN</td>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td>3/31/2018</td>
</tr>
<tr>
<td>MARIPOSA COMMUNITY COUNSELING</td>
<td>2940 INLAND EMPIRE BOULEVARD</td>
<td>ONTARIO, CA 92415</td>
<td>(909) 933-6341</td>
<td>(909) 933-6355</td>
<td>360050HN</td>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td>3/31/2018</td>
</tr>
<tr>
<td>SUPERVISED TREATMENT AFTER RELEASE PROGRAM (STAR)</td>
<td>1330 EAST COOLEY DRIVE, ROOMS 106, 119, 129, 131, 137, 200, 201, 203, 205, 206, LOBBY AND CLERICAL AREA</td>
<td>COLTON, CA 92324</td>
<td>(909) 423-0750</td>
<td>(909) 423-0760</td>
<td>360050IN</td>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td>11/30/2017</td>
</tr>
<tr>
<td>FONTANA CHOICE SUBSTANCE USE DISORDER TREATMENT</td>
<td>17830 ARROW BOULEVARD</td>
<td>FONTANA, CA 92335</td>
<td>(909) 463-7556</td>
<td></td>
<td>360050JN</td>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td>2/28/2017</td>
</tr>
<tr>
<td>VICTORVILLE CHOICE SUBSTANCE USE DISORDER TREATMENT</td>
<td>15480 RAMONA AVENUE</td>
<td>VICTORVILLE, CA 92392-2421</td>
<td>(760) 243-8145</td>
<td>(909) 388-0898</td>
<td>360050KN</td>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td>11/30/2017</td>
</tr>
<tr>
<td>RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC. (SAN MANUEL CLINIC)</td>
<td>11980 MOUNT VERNON AVENUE</td>
<td>GRAND TERRANCE, CA 92313</td>
<td>(951) 864-1097</td>
<td>(951) 849-9633</td>
<td>360058AN</td>
<td>NON</td>
<td>1.8 --- DUAL DIAGNOSIS</td>
<td>4/30/2017</td>
</tr>
<tr>
<td>Program Name</td>
<td>Service Type</td>
<td>Resident Capacity</td>
<td>Total Occupancy</td>
<td>Target Population</td>
<td>Expiration Date</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>--------------</td>
<td>-------------------</td>
<td>-----------------</td>
<td>-------------------</td>
<td>-----------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>COLTON CLINICAL SERVICES</strong></td>
<td>NON</td>
<td></td>
<td></td>
<td>1.1 --- CO-ED</td>
<td>11/30/2016</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TIME FOR CHANGE FOUNDATION</strong></td>
<td>NON</td>
<td></td>
<td></td>
<td>1.3 --- WOMEN ONLY</td>
<td>6/30/2017</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>NEW CREATION ADDICTION TREATMENT CENTER</strong></td>
<td>RES-DETOX</td>
<td>16</td>
<td>16</td>
<td>1.1 --- CO-ED</td>
<td>4/30/2018</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HIS HOUSE</strong></td>
<td>RES-DETOX</td>
<td>30</td>
<td>31</td>
<td>1.2 --- MEN ONLY</td>
<td>4/30/2018</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HIS HOUSE</strong></td>
<td>RES-DETOX</td>
<td>6</td>
<td>6</td>
<td>1.2 --- MEN ONLY</td>
<td>12/31/2016</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>NEW CREATION ADDICTION TREATMENT CENTER</strong></td>
<td>NON</td>
<td></td>
<td></td>
<td>1.1 --- CO-ED</td>
<td>6/30/2017</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Program Name: HOH RECOVERY SERVICES
Legal Name: HOUSE OF HOPE HOUSE OF FAITH, INC.
Address: 14335 DUKE COURT.
City, State Zip: ADELANTO, CA 92301
Phone: (760) 403-3531        Fax: (760) 530-0817
Record ID: 360076BN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2018

Program Name: ABOVE IT ALL TREATMENT CENTER
Legal Name: HI-LAND MOUNTAIN HOMES, INC.
Address: 27482 NORTH BAY ROAD
City, State Zip: LAKE ARROWHEAD, CA 92352
Phone: (909) 338-1234
Record ID: 360082BP
Service Type: RES-DETOX
Resident Capacity: 5
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2016

Program Name: ABOVE IT ALL DRUG AND ALCOHOL TREATMENT CENTER AT LAKE ARROWHEAD
Legal Name: HI-LAND MOUNTAIN HOMES, INC.
Address: 971 KUFFEL CANYON
City, State Zip: SKY FOREST, CA 92385
Phone: (909) 337-3366        Fax: (909) 337-0242
Record ID: 360082CP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2017

Program Name: ABOVE IT ALL TREATMENT CENTER
Legal Name: HI-LAND MOUNTAIN HOMES, INC.
Address: 23739 LAKE DRIVE
City, State Zip: CRESTLINE, CA 92325
Phone: (202) 294-1554
Record ID: 360082DP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2017

Program Name: SERENITY LODGE
Legal Name: ROCK RIDGE RESOURCES, INC.
Address: 974, 985, 986, 977 AND 995 MEADOWBROOK ROAD
City, State Zip: CREST PARK, CA 92326
Phone: (800) 936-3143        Fax: (951) 744-8632
Record ID: 360091AP
Service Type: RES
Resident Capacity: 30
Total Occupancy: 30
Target Population: 1.2 --- MEN ONLY
Expiration Date: 3/31/2017

Program Name: CREEKSIDE RANCH TREATMENT CENTER
Legal Name: COVENANT HEALTH SERVICES
Address: 2730 MILL CREEK ROAD
City, State Zip: MENTONE, CA 92359-0000
Phone: (909) 794-2027        Fax: (909) 794-2027
Record ID: 360092AN
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2018
<table>
<thead>
<tr>
<th>Program Name</th>
<th>REFUGE TREATMENT CENTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name</td>
<td>REFUGE TREATMENT CENTER, INC.</td>
</tr>
<tr>
<td>Address</td>
<td>1040 GOLDEN RULE LANE</td>
</tr>
<tr>
<td>City, State Zip</td>
<td>LAKE ARROWHEAD, CA 92352</td>
</tr>
<tr>
<td>Phone</td>
<td>(909) 435-9021</td>
</tr>
<tr>
<td>Record ID</td>
<td>360094AP</td>
</tr>
<tr>
<td>Service Type</td>
<td>RES</td>
</tr>
<tr>
<td>Resident Capacity</td>
<td>6</td>
</tr>
<tr>
<td>Total Occupancy</td>
<td>6</td>
</tr>
<tr>
<td>Target Population</td>
<td>1.1 --- CO-ED</td>
</tr>
<tr>
<td>Expiration Date</td>
<td>3/31/2018</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name</th>
<th>REFUGE TREATMENT CENTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name</td>
<td>REFUGE TREATMENT CENTER, INC.</td>
</tr>
<tr>
<td>Address</td>
<td>27808 ALPEN DRIVE (ALPEN 1)</td>
</tr>
<tr>
<td>City, State Zip</td>
<td>LAKE ARROWHEAD, CA 92352</td>
</tr>
<tr>
<td>Phone</td>
<td>(909) 744-8295</td>
</tr>
<tr>
<td>Record ID</td>
<td>360094BP</td>
</tr>
<tr>
<td>Service Type</td>
<td>RES-DETOX</td>
</tr>
<tr>
<td>Resident Capacity</td>
<td>6</td>
</tr>
<tr>
<td>Total Occupancy</td>
<td>6</td>
</tr>
<tr>
<td>Target Population</td>
<td>1.1 --- CO-ED</td>
</tr>
<tr>
<td>Expiration Date</td>
<td>8/31/2018</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name</th>
<th>REFUGE TREATMENT CENTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name</td>
<td>REFUGE TREATMENT CENTER, INC.</td>
</tr>
<tr>
<td>Address</td>
<td>745 S. OLD TOLL ROAD</td>
</tr>
<tr>
<td>City, State Zip</td>
<td>BLUE JAY, CA 92317</td>
</tr>
<tr>
<td>Phone</td>
<td>(909) 744-9340 Fax: (909) 744-9340</td>
</tr>
<tr>
<td>Record ID</td>
<td>360094CP</td>
</tr>
<tr>
<td>Service Type</td>
<td>NON</td>
</tr>
<tr>
<td>Target Population</td>
<td>1.1 --- CO-ED</td>
</tr>
<tr>
<td>Expiration Date</td>
<td>8/31/2018</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name</th>
<th>REFUGE TREATMENT CENTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name</td>
<td>REFUGE TREATMENT CENTER, INC.</td>
</tr>
<tr>
<td>Address</td>
<td>27475 ALPEN DRIVE (ALPEN 2)</td>
</tr>
<tr>
<td>City, State Zip</td>
<td>LAKE ARROWHEAD, CA 92352</td>
</tr>
<tr>
<td>Phone</td>
<td>(909) 485-1375</td>
</tr>
<tr>
<td>Record ID</td>
<td>360094EP</td>
</tr>
<tr>
<td>Service Type</td>
<td>RES-DETOX</td>
</tr>
<tr>
<td>Resident Capacity</td>
<td>6</td>
</tr>
<tr>
<td>Total Occupancy</td>
<td>6</td>
</tr>
<tr>
<td>Target Population</td>
<td>1.1 --- CO-ED</td>
</tr>
<tr>
<td>Expiration Date</td>
<td>8/31/2018</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name</th>
<th>NEW CREATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name</td>
<td>NEW CREATION BEHAVIORAL HEALTHCARE FOUNDATION</td>
</tr>
<tr>
<td>Address</td>
<td>2511 S MCCARTY DRIVE</td>
</tr>
<tr>
<td>City, State Zip</td>
<td>COLTON, CA 92324</td>
</tr>
<tr>
<td>Phone</td>
<td>(909) 519-0767 Fax: (909) 985-2316</td>
</tr>
<tr>
<td>Record ID</td>
<td>360096AN</td>
</tr>
<tr>
<td>Service Type</td>
<td>RES</td>
</tr>
<tr>
<td>Resident Capacity</td>
<td>10</td>
</tr>
<tr>
<td>Total Occupancy</td>
<td>10</td>
</tr>
<tr>
<td>Target Population</td>
<td>1.1 --- CO-ED</td>
</tr>
<tr>
<td>Expiration Date</td>
<td>6/30/2018</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name</th>
<th>MERITO HOUSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name</td>
<td>MERITO HOUSE, LLC</td>
</tr>
<tr>
<td>Address</td>
<td>911 CHURCH STREET</td>
</tr>
<tr>
<td>City, State Zip</td>
<td>REDLANDS, CA 92372</td>
</tr>
<tr>
<td>Phone</td>
<td>(909) 981-6121 Fax: (909) 985-2316</td>
</tr>
<tr>
<td>Record ID</td>
<td>360098AP</td>
</tr>
<tr>
<td>Service Type</td>
<td>RES-DETOX</td>
</tr>
<tr>
<td>Resident Capacity</td>
<td>12</td>
</tr>
<tr>
<td>Total Occupancy</td>
<td>12</td>
</tr>
<tr>
<td>Target Population</td>
<td>1.2 --- MEN ONLY</td>
</tr>
<tr>
<td>Expiration Date</td>
<td>11/30/2016</td>
</tr>
</tbody>
</table>
Program Name: BENCHMARK TRANSITIONS
Legal Name: BENCHMARK YOUNG ADULT SCHOOL, INC.
Address: 36442 WILDWOOD CANYON ROAD
City, State Zip: YUCAIPA, CA 92399
Phone: (800) 474-4848 Fax: (909) 748-6424
Record ID: 360099AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2016

Program Name: BENCHMARK TRANSITIONS
Legal Name: BENCHMARK YOUNG ADULT SCHOOL, INC.
Address: 1971 ESSEX COURT
City, State Zip: REDLANDS, CA 92373
Phone: (800) 474-4848
Record ID: 360099BP
Service Type: NON-DETOX
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2016

Program Name: BENCHMARK TRANSITIONS AT PANORAMA RIDGE
Legal Name: BENCHMARK YOUNG ADULT SCHOOL, INC.
Address: 35826 PANORAMA DRIVE
City, State Zip: YUCAIPA, CA 92399
Phone: (800) 474-4848 Fax: (909) 793-4499
Record ID: 360099CP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2018

Program Name: HOPE SPRINGS RECOVERY CENTER
Legal Name: HOPE SPRINGS CALIFORNIA LLC
Address: 31851 MISTLETOE DRIVE
City, State Zip: RUNNING SPRINGS, CA 92382
Phone: (909) 991-8257
Record ID: 360102AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 3/31/2017

Program Name: HOPE SPRINGS CALIFORNIA
Legal Name: HOPE SPRINGS CALIFORNIA LLC
Address: 29099 HOSPITAL ROAD, SUITE 103 & 104
City, State Zip: LAKE ARROWHEAD, CA 92352
Phone: (909) 499-4766 Fax: (909) 337-5353
Record ID: 360102BP
Service Type: NON
Target Population: 1.2 --- MEN ONLY
Expiration Date: 6/30/2017

Program Name: REVIVAL RECOVERY SERVICES
Legal Name: REVIVAL RECOVERY SERVICES
Address: 12350 INDIAN RIVER DRIVE
City, State Zip: APPLE VALLEY, CA 92308
Phone: (760) 887-1632 Fax: (760) 961-8173
Record ID: 360103AN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.2 --- MEN ONLY
Expiration Date: 6/30/2017
<table>
<thead>
<tr>
<th>Program Name:</th>
<th>NEW ORIGINS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>NEW ORIGINS, LLC</td>
</tr>
<tr>
<td>Address:</td>
<td>101 E. REDLANDS BOULEVARD, SUITE 200</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>REDLANDS, CA 92373</td>
</tr>
<tr>
<td>Phone:</td>
<td>(955) 984-1788</td>
</tr>
<tr>
<td>Record ID:</td>
<td>360105AP</td>
</tr>
<tr>
<td>Service Type:</td>
<td>NON</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>10/31/2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>DBA: JOSHUA TREE RECOVERY HOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>AMERICAN HEALTH SERVICES LLC</td>
</tr>
<tr>
<td>Address:</td>
<td>65675 SULLIVAN ROAD</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>JOSHUA TREE, CA 92252</td>
</tr>
<tr>
<td>Phone:</td>
<td>(916) 802-7002</td>
</tr>
<tr>
<td>Record ID:</td>
<td>360106AP</td>
</tr>
<tr>
<td>Service Type:</td>
<td>RES-DETOX</td>
</tr>
<tr>
<td>Resident Capacity:</td>
<td>16</td>
</tr>
<tr>
<td>Total Occupancy:</td>
<td>16</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.2 --- MEN ONLY</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>5/30/2018</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>BLUESTONE RECOVERY, INC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>BLUESTONE RECOVERY, INC.</td>
</tr>
<tr>
<td>Address:</td>
<td>1027 S MT VERNON, #E</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>COLTON, CA 92324</td>
</tr>
<tr>
<td>Phone:</td>
<td>(951) 823-0540</td>
</tr>
<tr>
<td>Record ID:</td>
<td>360107AP</td>
</tr>
<tr>
<td>Service Type:</td>
<td>NON</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>1/31/2018</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>FIRST STEP RECOVERY CENTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>ROUTE 66 RECOVERY PARTNERS, A MEDICAL CORPORATION</td>
</tr>
<tr>
<td>Address:</td>
<td>12402 INDUSTRIAL BOULEVARD, B-6</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>VICTORVILLE, CA 92395</td>
</tr>
<tr>
<td>Phone:</td>
<td>(760) 780-1237</td>
</tr>
<tr>
<td>Record ID:</td>
<td>360108AP</td>
</tr>
<tr>
<td>Service Type:</td>
<td>NON-DETOX</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>5/31/2018</td>
</tr>
<tr>
<td>Program Name:</td>
<td>CROSSROADS FOUNDATION</td>
</tr>
<tr>
<td>--------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>Legal Name:</td>
<td>THE CROSSROADS FOUNDATION</td>
</tr>
<tr>
<td>Address:</td>
<td>3594 FOURTH AVENUE</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>SAN DIEGO, CA 92103</td>
</tr>
<tr>
<td>Phone:</td>
<td>(619) 296-1151</td>
</tr>
<tr>
<td>Record ID:</td>
<td>370002AN</td>
</tr>
<tr>
<td>Service Type:</td>
<td>RES</td>
</tr>
<tr>
<td>Resident Capacity:</td>
<td>20</td>
</tr>
<tr>
<td>Total Occupancy:</td>
<td>22</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.3 --- WOMEN ONLY</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>6/30/2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>SAN DIEGO FREEDOM RANCH</th>
<th>Program Name:</th>
<th>JR RANCH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>SAN DIEGO FREEDOM RANCH, INC.</td>
<td>Legal Name:</td>
<td>SAN DIEGO FREEDOM RANCH, INC.</td>
</tr>
<tr>
<td>Address:</td>
<td>1777 BUCKMAN SPRINGS ROAD</td>
<td>Address:</td>
<td>1765 BUCKMAN SPRINGS ROAD</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>CAMPO, CA 91906</td>
<td>City, State Zip:</td>
<td>CAMPO, CA 91906</td>
</tr>
<tr>
<td>Phone:</td>
<td>(619) 478-5696 Fax: (619) 478-2404</td>
<td>Phone:</td>
<td>(619) 478-5696 Fax: (619) 479-2404</td>
</tr>
<tr>
<td>Record ID:</td>
<td>370004AN</td>
<td>Record ID:</td>
<td>370004BN</td>
</tr>
<tr>
<td>Service Type:</td>
<td>RES</td>
<td>Service Type:</td>
<td>RES</td>
</tr>
<tr>
<td>Resident Capacity:</td>
<td>50</td>
<td>Resident Capacity:</td>
<td>6</td>
</tr>
<tr>
<td>Total Occupancy:</td>
<td>60</td>
<td>Total Occupancy:</td>
<td>6</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.2 --- MEN ONLY</td>
<td>Target Population:</td>
<td>1.2 --- MEN ONLY</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>10/31/2017</td>
<td>Expiration Date:</td>
<td>8/31/2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>SERENITY TOO</th>
<th>Program Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>HEALTHRIGHT 360</td>
<td>Legal Name:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td>130 SOUTH FIG STREET</td>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>ESCONDIDO, CA 92025</td>
<td>City, State Zip:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>(760) 747-1015 Fax: (760) 317-9110</td>
<td>Phone:</td>
<td></td>
</tr>
<tr>
<td>Record ID:</td>
<td>370005EN</td>
<td>Record ID:</td>
<td></td>
</tr>
<tr>
<td>Service Type:</td>
<td>NON</td>
<td>Service Type:</td>
<td></td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.3 --- WOMEN ONLY</td>
<td>Target Population:</td>
<td></td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>3/31/2017</td>
<td>Expiration Date:</td>
<td></td>
</tr>
</tbody>
</table>
Program Name: SERENITY CENTER  
Legal Name: HEALTHRIGHT 360  
Address: 1341 NORTH ESCONDIDO BOULEVARD  
City, State Zip: ESCONDIDO, CA 92026  
Phone: (760) 747-1015  
Record ID: 370005GN  
Service Type: RES  
Resident Capacity: 120  
Total Occupancy: 140  
Target Population: 1.3 --- WOMEN ONLY  
Expiration Date: 5/31/2018

Program Name: PATHFINDERS  
Legal Name: PATHFINDERS OF SAN DIEGO  
Address: 2952 AND 2980 CEDAR STREET, AND 1530 DALE STREET  
City, State Zip: SAN DIEGO, CA 92102  
Phone: (619) 239-7370  
Record ID: 370006AN  
Service Type: RES  
Resident Capacity: 42  
Total Occupancy: 44  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 7/31/2016

Program Name: AMIGOS SOBRIOS  
Legal Name: VOLUNTEERS OF AMERICA, SOUTHWEST CALIFORNIA, INCORPORATION  
Address: 741 11TH AVENUE  
City, State Zip: SAN DIEGO, CA 92101  
Phone: (619) 232-7754 Fax: (619) 232-0968  
Record ID: 370007BN  
Service Type: RES  
Resident Capacity: 18  
Total Occupancy: 18  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 10/31/2017

Program Name: RENAISSANCE TREATMENT CENTER  
Legal Name: VOLUNTEERS OF AMERICA, SOUTHWEST CALIFORNIA, INCORPORATION  
Address: 2300 EAST 7TH STREET  
City, State Zip: NATIONAL CITY, CA 91950  
Phone: (619) 791-2730 Fax: (619) 282-0262  
Record ID: 370007CN  
Service Type: RES-DETOX  
Resident Capacity: 120  
Total Occupancy: 120  
Target Population: 1.8 --- DUAL DIAGNOSIS  
Expiration Date: 4/30/2018

Program Name: STEPPING STONE OF SAN DIEGO  
Legal Name: THE STEPPING STONE OF SAN DIEGO  
Address: 3767 CENTRAL AVENUE  
City, State Zip: SAN DIEGO, CA 92105  
Phone: (619) 584-4010 Fax: (619) 521-1701  
Record ID: 370008DN  
Service Type: RES  
Resident Capacity: 31  
Total Occupancy: 31  
Target Population: 1.8 --- DUAL DIAGNOSIS  
Expiration Date: 5/31/2018

Program Name: THE FELLOWSHIP CENTER  
Legal Name: THE FELLOWSHIP CENTER, INC.  
Address: 737 AND 745 EAST GRAND AVENUE, 726 AND 736 EAST 2ND AVENUE, AND 123 SOUTH ELM STREET  
City, State Zip: ESCONDIDO, CA 92025  
Phone: (760) 745-8478 Fax: (760) 745-6852  
Record ID: 370009AN  
Service Type: RES-DETOX  
Resident Capacity: 113  
Total Occupancy: 113  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 7/31/2016
**Program Name:** VETERANS VILLAGE OF SAN DIEGO REHABILITATION CENTER  
**Legal Name:** VIETNAM VETERANS OF SAN DIEGO  
**Address:** 4115, 4125, 4137, & 4141 PACIFIC HIGHWAY AND 3670 COUTS STREET  
**City, State Zip:** SAN DIEGO, CA 92110  
**Phone:** (619) 497-0142  
**Fax:** (619) 497-0263  
**Record ID:** 370010BN  
**Service Type:** RES  
**Resident Capacity:** 166  
**Total Occupancy:** 185  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 6/30/2018

**Program Name:** THE WAY BACK  
**Legal Name:** THE WAY BACK  
**Address:** 2516 A STREET  
**City, State Zip:** SAN DIEGO, CA 92102-2199  
**Phone:** (619) 235-0592  
**Fax:** (619) 235-0593  
**Record ID:** 370011AN  
**Service Type:** RES  
**Resident Capacity:** 27  
**Total Occupancy:** 29  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/28/2018

**Program Name:** TRADITION ONE-MEN  
**Legal Name:** TRADITION ONE  
**Address:** 4104, 4114 AND 4124 DELTA STREET  
**City, State Zip:** SAN DIEGO, CA 92113  
**Phone:** (619) 264-0141  
**Fax:** (619) 264-7274  
**Record ID:** 370012AN  
**Service Type:** RES  
**Resident Capacity:** 46  
**Total Occupancy:** 49  
**Target Population:** 1.2 --- MEN ONLY  
**Expiration Date:** 2/28/2018

**Program Name:** TURNING POINT  
**Legal Name:** THE TURNING POINT HOME OF SAN DIEGO  
**Address:** 1315 25TH STREET  
**City, State Zip:** SAN DIEGO, CA 92102  
**Phone:** (619) 233-0067  
**Fax:** (619) 233-3990  
**Record ID:** 370013AN  
**Service Type:** RES  
**Resident Capacity:** 20  
**Total Occupancy:** 21  
**Target Population:** 1.3 --- WOMEN ONLY  
**Expiration Date:** 7/31/2017

**Program Name:** CASA DE MILAGROS  
**Legal Name:** METROPOLITAN AREA ADVISORY COMMITTEE ON ANTI-POVERTY OF SAN DIEGO COUNTY, INC.  
**Address:** 1127 SOUTH 38TH STREET  
**City, State Zip:** SAN DIEGO, CA 92113  
**Phone:** (619) 262-4002  
**Record ID:** 370014AN  
**Service Type:** RES  
**Resident Capacity:** 18  
**Total Occupancy:** 18  
**Target Population:** 1.3 --- WOMEN ONLY  
**Expiration Date:** 9/30/2017
Program Name: NOSOTROS
Legal Name: METROPOLITAN AREA ADVISORY COMMITTEE ON ANTI-POVERTY OF SAN DIEGO COUNTY, INC.
Address: 73 NORTH 2ND AVENUE
City, State Zip: CHULA VISTA, CA 91910
Phone: (619) 426-4801     Fax: (619) 426-0034
Record ID: 370014BN
Service Type: RES
Resident Capacity: 17
Total Occupancy: 17
Target Population: 1.2 --- MEN ONLY
Expiration Date: 9/30/2017

Program Name: HOUSE OF METAMORPHOSIS
Legal Name: HOUSE OF METAMORPHOSIS, INC.
Address: 2970 MARKET STREET
City, State Zip: SAN DIEGO, CA 92102
Phone: (619) 236-9217     Fax: (619) 236-9127
Record ID: 370021AN
Service Type: RES
Resident Capacity: 64
Total Occupancy: 64
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2017

Program Name: HOUSE OF METAMORPHOSIS TRANSITIONAL LIVING FACILITY
Legal Name: HOUSE OF METAMORPHOSIS, INC.
Address: 2867 C STREET AND 2871 C STREET
City, State Zip: SAN DIEGO, CA 92102
Phone: (619) 236-9217     Fax: (619) 232-0855
Record ID: 370021KN
Service Type: RES
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2017

Program Name: SHORT TERM I--MARLBOROUGH
Legal Name: CRASH, INC.
Address: 4161 MARLBOROUGH AVENUE
City, State Zip: SAN DIEGO, CA 92105
Phone: (619) 282-7274
Record ID: 370024IN
Service Type: RES
Resident Capacity: 50
Total Occupancy: 50
Target Population: 1.2 --- MEN ONLY
Expiration Date: 3/31/2017

Program Name: GOLDEN HILL HOUSE II
Legal Name: CRASH, INC.
Address: 726 F STREET
City, State Zip: SAN DIEGO, CA 92101
Phone: (619) 239-9691     Fax: (619) 239-0909
Record ID: 370024KN
Service Type: RES
Resident Capacity: 63
Total Occupancy: 63
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2018

Program Name: GOLDEN HILL HOUSE
Legal Name: CRASH, INC.
Address: 2410 E STREET
City, State Zip: SAN DIEGO, CA 92102
Phone: (619) 234-3346     Fax: (619) 234-3357
Record ID: 370024LN
Service Type: RES
Resident Capacity: 43
Total Occupancy: 43
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 4/30/2017
Program Name: PEMARRO
Legal Name: GROUP CONSCIENCE
Address: 1482 KINGS VILLA ROAD
City, State Zip: RAMONA, CA 92065
Phone: (760) 789-8070   Fax: (760) 789-8073
Record ID: 370025AN
Service Type: RES-DETOX
Resident Capacity: 10
Total Occupancy: 10
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2018

Program Name: PHOENIX HOUSE SAN DIEGO
Legal Name: PHOENIX HOUSE SAN DIEGO, INC.
Address: 23981 SHERILTON VALLEY ROAD
City, State Zip: DESCANSO, CA 91916
Phone: (619) 445-0405 Ext: 4654   Fax: (619) 445-9028
Record ID: 370030BN
Service Type: DSS
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 2/28/2017

Program Name: PHOENIX HOUSE CARLSBAD TEEN RECOVERY CENTER
Legal Name: PHOENIX HOUSE SAN DIEGO, INC.
Address: 785 GRAND AVENUE, SUITE 212, 214, 216 & 220 CARLSBAD, CA 92008
Phone: (760) 729-2830   Fax: (760) 729-2798
Record ID: 370030CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2017

Program Name: CHOICES IN RECOVERY/FOUNDATION HOUSE
Legal Name: THE BETHESDA RECOVERY CENTER
Address: 619 CIVIC CENTER DRIVE
City, State Zip: VISTA, CA 92083
Phone: (760) 945-5290
Record ID: 370039IN
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2016

Program Name: CHOICES IN RECOVERY - ALCOHOL AND DRUG ABUSE OUTPATIENT TREATMENT PROGRAM
Legal Name: THE BETHESDA RECOVERY CENTER
Address: 733 SOUTH SANTA FE AVENUE
City, State Zip: VISTA, CA 92083
Phone: (760) 945-5290
Record ID: 370039JN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2017

Program Name: CHOICES IN RECOVERY/NEW HOUSE
Legal Name: THE BETHESDA RECOVERY CENTER
Address: 747 MELROSE PLACE
City, State Zip: VISTA, CA 92083
Phone: (760) 945-5290
Record ID: 370039KN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2017
Program Name: CHOICES IN RECOVERY/HILL HOUSE  
Legal Name: THE BETHESDA RECOVERY CENTER  
Address: 1135 NORTH DRIVE  
City, State Zip: VISTA, CA 92083  
Phone: (760) 945-5290  
Record ID: 370039LN  
Service Type: RES  
Resident Capacity: 6  
Total Occupancy: 8  
Target Population: 1.1 --- CO-ED  
Expiration Date: 4/30/2017

Program Name: CHOICES IN RECOVERY/HUMBLE HOUSE  
Legal Name: THE BETHESDA RECOVERY CENTER  
Address: 248 HILL DRIVE  
City, State Zip: VISTA, CA 92083  
Phone: (760) 945-5290  
Fax: (760) 945-7765  
Record ID: 370039MN  
Service Type: RES  
Resident Capacity: 6  
Total Occupancy: 8  
Target Population: 1.1 --- CO-ED  
Expiration Date: 4/30/2017

Program Name: MCALISTER INSTITUTE SOUTH BAY REGIONAL RECOVERY CENTER  
Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.  
Address: 1180 3RD AVENUE, SUITES C-3, C-4 AND C-5  
City, State Zip: CHULA VISTA, CA 91911  
Phone: (619) 691-8164  
Record ID: 370045ABN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 2/28/2017

Program Name: SOUTH TEEN RECOVERY CENTER  
Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.  
Address: 629 THIRD AVENUE, SUITE C  
City, State Zip: CHULA VISTA, CA 91910-5741  
Phone: (619) 691-1045  
Fax: (619) 691-1491  
Record ID: 370045ACN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 4/30/2018

Program Name: NORTH CENTRAL TEEN RECOVERY CENTER  
Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.  
Address: 7625 MESA COLLEGE DRIVE, SUITE 115B  
City, State Zip: SAN DIEGO, CA 92111  
Phone: (858) 277-4633  
Fax: (858) 277-4933  
Record ID: 370045AEN  
Service Type: NON  
Target Population: 1.5 --- YOUTH/ADOLESCENT  
Expiration Date: 8/31/2017

Program Name: MCALISTER INSTITUTE EAST TEEN RECOVERY CENTER  
Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.  
Address: 550 FLESLER STREET, SUITE G1 AND G2  
City, State Zip: EL CAJON, CA 92020  
Phone: (619) 588-5361  
Fax: (619) 588-5421  
Record ID: 370045AMN  
Service Type: NON  
Target Population: 1.5 --- YOUTH/ADOLESCENT  
Expiration Date: 4/30/2017
Program Name: NORTH COASTAL REGIONAL RECOVERY CENTER
Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.
Address: 2821 OCEANSIDE BOULEVARD
City, State Zip: OCEANSIDE, CA 92054
Phone: (760) 721-2781
Record ID: 370045AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2018

Program Name: NEW HOPE TEEN RECOVERY CENTER
Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.
Address: 1212 S. 43RD STREET, SUITE C, D, AND E
City, State Zip: SAN DIEGO, CA 92113
Phone: (619) 690-9904 Fax: (619) 263-1793
Record ID: 370045APN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 11/30/2017

Program Name: NORTH INLAND WOMEN/ADOLESCENT RECOVERY CENTER
Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.
Address: 751 RANCHEROS DRIVE, SUITE 3, 4, AND 5
City, State Zip: SAN MARCOS, CA 92069
Phone: (760) 761-0515 Fax: (760) 761-0464
Record ID: 370045AQN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 10/31/2017

Program Name: NORTH COASTAL TEEN RECOVERY CENTER
Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.
Address: 3923 WARING ROAD, SUITE D
City, State Zip: OCEANSIDE, CA 92056
Phone: (760) 726-4451 Fax: (760) 726-4465
Record ID: 370045ARN
Service Type: NON
Target Population: 1.10 --- CO-ED/YOUTH
Expiration Date: 1/31/2018

Program Name: MCALISTER INSTITUTE SOUTH BAY WOMEN’S RECOVERY CENTER
Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.
Address: 2414 HOOVER AVENUE, SUITES A, B, C
City, State Zip: NATIONAL CITY, CA 91950
Phone: (619) 336-1226 Fax: (619) 477-1052
Record ID: 370045BN
Service Type: NON
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 4/30/2018

Program Name: EAST COUNTY REGIONAL RECOVERY CENTER
Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.
Address: 1365 NORTH JOHNSON AVENUE, SUITES 111 AND 113
City, State Zip: EL CAJON, CA 92020
Phone: (619) 440-4801 Ext: 1592 Fax: (619) 442-1592
Record ID: 370045DN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2018

Program Name: MCALISTER INSTITUTE - LEMON GROVE FACILITY
Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.
Address: 2049 SKYLINE DRIVE
City, State Zip: LEMON GROVE, CA 91945
Phone: (619) 465-7303
Record ID: 370045FN
Service Type: RES-DETOX
Resident Capacity: 155
Total Occupancy: 180
Target Population: 1.9 --- CO-ED/CHILDREN
Expiration Date: 4/30/2018
Program Name: MCALISTER INSTITUTE GROUP HOME-EAST  
Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.  
Address: 2219 ODESSA COURT  
City, State Zip: LEMON GROVE, CA 91945  
Phone: (619) 498-0827  
Record ID: 370045MN  
Service Type: DSS  
Target Population: 1.5 --- YOUTH/ADOLESCENT  
Expiration Date: 11/30/2016

Program Name: MCALISTER INSTITUTE GROUP HOME NORTH  
Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.  
Address: 323 HUNTER STREET  
City, State Zip: RAMONA, CA 92065  
Phone: (760) 806-1495  
Fax: (619) 442-1101  
Record ID: 370045QN  
Service Type: DSS  
Target Population: 1.5 --- YOUTH/ADOLESCENT  
Expiration Date: 4/30/2017

Program Name: EAST COUNTY REGIONAL RECOVERY CENTER  
Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.  
Address: 1385 NORTH JOHNSON AVENUE, SUITES 102/103  
City, State Zip: EL CAJON, CA 92020  
Phone: (619) 441-2493  
Record ID: 370045TN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 2/28/2017

Program Name: MCALISTER INSTITUTE GROUP HOME - SOUTH  
Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.  
Address: 2315 BAR BIT ROAD  
City, State Zip: SPRING VALLEY, CA 91978  
Phone: (619) 442-0277  
Fax: (619) 337-3610  
Record ID: 370045VN  
Service Type: DSS  
Target Population: 1.5 --- YOUTH/ADOLESCENT  
Expiration Date: 5/31/2018

Program Name: SCRIPPS DRUG AND ALCOHOL TREATMENT PROGRAM  
Legal Name: SCRIPPS HEALTH  
Address: 9609 WAPLES STREET  
City, State Zip: SAN DIEGO, CA 92121  
Phone: (858) 626-4300  
Record ID: 370057CN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 3/31/2018

Program Name: AMITY FOUNDATION OF CALIFORNIA  
Legal Name: EPIDAURUS  
Address: 2260 WATSON WAY  
City, State Zip: VISTA, CA 92083  
Phone: (760) 599-1892  
Fax: (760) 599-1884  
Record ID: 370059AN  
Service Type: RES  
Resident Capacity: 60  
Total Occupancy: 68  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 12/31/2016
Program Name: EAST COUNTY CENTER FOR CHANGE  
Legal Name: MENTAL HEALTH SYSTEMS, INC.  
Address: 545 NORTH MAGNOLIA AVENUE  
City, State Zip: EL CAJON, CA 92020-3608  
Phone: (619) 588-1989  Fax: (619) 579-0947  
Record ID: 370069BN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 2/28/2017

Program Name: NORTH COUNTY CENTER FOR CHANGE  
Legal Name: MENTAL HEALTH SYSTEMS, INC.  
Address: 504 WEST VISTA WAY  
City, State Zip: VISTA, CA 92083  
Phone: (760) 940-1836  Fax: (760) 940-1274  
Record ID: 370069CN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 2/28/2017

Program Name: NORTH INLAND REGIONAL RECOVERY CENTER  
Legal Name: MENTAL HEALTH SYSTEMS, INC.  
Address: 200 EAST WASHINGTON AVE., SUITE 100  
City, State Zip: ESCONDIDO, CA 92025-1806  
Phone: (760) 741-7708  Fax: (760) 741-5421  
Record ID: 370069DN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 2/28/2017

Program Name: TEEN RECOVERY PROGRAM - NORTH INLAND  
Legal Name: MENTAL HEALTH SYSTEMS, INC.  
Address: 340 RANCHEROS DRIVE, SUITE 166  
City, State Zip: SAN MARCOS, CA 92069  
Phone: (760) 744-3672  Fax: (760) 744-6182  
Record ID: 370069FN  
Service Type: NON  
Target Population: 1.5 --- YOUTH/ADOLESCENT  
Expiration Date: 2/28/2017

Program Name: MID-COAST REGIONAL RECOVERY CENTER  
Legal Name: MENTAL HEALTH SYSTEMS, INC.  
Address: 3340 KEMPER STREET, SUITES 105 AND 207  
City, State Zip: SAN DIEGO, CA 92110  
Phone: (619) 276-1207  Fax: (619) 276-1207  
Record ID: 370069IN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 1/31/2017

Program Name: HARMONY WOMEN'S RECOVERY CENTER  
Legal Name: MENTAL HEALTH SYSTEMS, INC.  
Address: 3645 ROUFFIN ROAD, SUITE 100  
City, State Zip: SAN DIEGO, CA 92123-1875  
Phone: (858) 384-6284  Fax: (619) 461-3920  
Record ID: 370069MN  
Service Type: NON  
Target Population: 1.3 --- WOMEN ONLY  
Expiration Date: 1/31/2017
Program Name: SOUTH COUNTY CENTER FOR CHANGE
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 1172 3RD AVENUE, SUITE D1
City, State Zip: SAN DIEGO, CA 91911
Phone: (858) 573-2600 Fax: (858) 573-5144
Record ID: 370069QN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2017

Program Name: FAMILY RECOVERY CENTER
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 1100 SPORTFISHER DRIVE
City, State Zip: OCEANSIDE, CA 92054
Phone: (858) 573-2600 Fax: (760) 439-4779
Record ID: 370069TN
Service Type: RES
Resident Capacity: 55
Total Occupancy: 90
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 5/31/2018

Program Name: CENTRAL EAST REGIONAL RECOVERY CENTER
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 6244 EL CAJON BOULEVARD, SUITES 15, 16, 17, 18 & 21
City, State Zip: SAN DIEGO, CA 92115
Phone: (619) 287-8225 Fax: (619) 287-4146
Record ID: 370069XN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2017

Program Name: SAN DIEGO CENTER FOR CHANGE
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 3340 KEMPER STREET, SUITE 101, 103 AND 104
City, State Zip: SAN DIEGO, CA 92110
Phone: (619) 758-1433 Fax: (619) 758-9823
Record ID: 370069YN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2018

Program Name: MHS RE-ENTRY TREATMENT PROGRAM
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 2136 EL CAJON BOULEVARD
City, State Zip: SAN DIEGO, CA 92104
Phone: (619) 291-1881 Fax: (619) 291-7347
Record ID: 370069ZN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2017

Program Name: UPAC, ADULT AND ADOLESCENT ALCOHOL AND DRUG TREATMENT PROGRAMS
Legal Name: UNION OF PAN ASIAN COMMUNITIES
Address: 3288 EL CAJON BOULEVARD, SUITE 3, 6, 10, 11, 12, AND 13
City, State Zip: SAN DIEGO, CA 92104
Phone: (619) 521-5720 Fax: (619) 521-5728
Record ID: 370071AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2016
<table>
<thead>
<tr>
<th>Program Name</th>
<th>Legal Name</th>
<th>Address</th>
<th>City, State Zip</th>
<th>Phone</th>
<th>Fax</th>
<th>Record ID</th>
<th>Service Type</th>
<th>Target Population</th>
<th>Total Occupancy</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>DKA PARENTCARE FAMILY RECOVERY CENTER</td>
<td>VISTA HILL FOUNDATION</td>
<td>4990 WILLIAMS AVENUE</td>
<td>LA MESA, CA 91942</td>
<td>(619) 698-1663</td>
<td>(619) 698-1665</td>
<td>370072AN</td>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td>150</td>
<td>3/31/2017</td>
</tr>
<tr>
<td>PARENTCARE CENTRAL FAMILY RECOVERY CENTER</td>
<td>VISTA HILL FOUNDATION</td>
<td>4125 ALPHA STREET</td>
<td>SAN DIEGO, CA 92113</td>
<td>(619) 266-0166</td>
<td>(619) 698-1665</td>
<td>370072CN</td>
<td>NON</td>
<td>1.3 --- WOMEN ONLY</td>
<td>150</td>
<td>8/31/2017</td>
</tr>
<tr>
<td>VISTA HILL BRIDGES TEEN RECOVERY CENTER</td>
<td>VISTA HILL FOUNDATION</td>
<td>220 EUCLID AVENUE, SUITE 40 AND 50</td>
<td>SAN DIEGO, CA 92114</td>
<td>(858) 518-2192</td>
<td>(858) 874-1849</td>
<td>370072DN</td>
<td>NON</td>
<td>1.5 --- YOUTH/ADOLESCENT</td>
<td>150</td>
<td>9/30/2017</td>
</tr>
<tr>
<td>CASA RAPHAEL</td>
<td>ALPHA PROJECT FOR THE HOMELESS</td>
<td>975 AND 993 POSTAL WAY</td>
<td>VISTA, CA 92083</td>
<td>(760) 630-9922</td>
<td>(760) 630-9996</td>
<td>370073AN</td>
<td>RES</td>
<td>1.2 --- MEN ONLY</td>
<td>150</td>
<td>6/30/2017</td>
</tr>
<tr>
<td>UCSD CO-OCCURRING DISORDERS TREATMENT AND RECOVERY PROGRAM</td>
<td>UNIVERSITY OF CALIFORNIA, SAN DIEGO</td>
<td>140 ARBOR DRIVE</td>
<td>SAN DIEGO, CA 92103</td>
<td>(619) 543-6309</td>
<td>(619) 298-6723</td>
<td>370077AN</td>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td>150</td>
<td>5/31/2017</td>
</tr>
<tr>
<td>SAN DIEGO RESCUE MISSION MEN'S CENTER RECOVERY PROGRAM</td>
<td>SAN DIEGO RESCUE MISSION, INC.</td>
<td>120 ELM STREET, 3RD AND 4TH FLOOR</td>
<td>SAN DIEGO, CA 92101</td>
<td>(619) 687-3720</td>
<td>(619) 234-4101</td>
<td>370080CN</td>
<td>RES</td>
<td>1.2 --- MEN ONLY</td>
<td>150</td>
<td>1/31/2017</td>
</tr>
</tbody>
</table>
Program Name: NEW ENTRA CASA  
Legal Name: NEW ENTRA CASA CORPORATION  
Address: 3575 PERSHING AVENUE  
City, State Zip: SAN DIEGO, CA 92104  
Phone: (619) 294-4526  
Fax: (619) 294-4526  
Record ID: 370083AN  
Service Type: RES  
Resident Capacity: 6  
Total Occupancy: 7  
Target Population: 1.3 --- WOMEN ONLY  
Expiration Date: 4/30/2018

Program Name: NARCONON JLB RANCH  
Legal Name: NARCONON FRESH START  
Address: 35955 HIGHWAY 79  
City, State Zip: WARNER SPRINGS, CA 92086  
Phone: (760) 782-0471  
Fax: (760) 782-0695  
Record ID: 370087BN  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 8  
Target Population: 1.1 --- CO-ED  
Expiration Date: 11/30/2016

Program Name: NARCONON SUNSHINE SUMMIT LODGE  
Legal Name: NARCONON FRESH START  
Address: 35025 HIGHWAY 79  
City, State Zip: WARNER SPRINGS, CA 92086  
Phone: (760) 418-0030  
Fax: (888) 680-2730  
Record ID: 370087CN  
Service Type: RES-DETOX  
Resident Capacity: 30  
Total Occupancy: 45  
Target Population: 1.1 --- CO-ED  
Expiration Date: 8/31/2018

Program Name: ESCONDIDO COMMUNITY SOBERING SERVICES  
Legal Name: INTERFAITH COMMUNITY SERVICES, INC.  
Address: 1717, 1719 EAST WASHINGTON AVENUE  
City, State Zip: ESCONDIDO, CA 92057  
Phone: (760) 520-0306  
Fax: (760) 745-5467  
Record ID: 370093BN  
Service Type: RES  
Resident Capacity: 8  
Total Occupancy: 8  
Target Population: 1.1 --- CO-ED  
Expiration Date: 7/31/2017

Program Name: THE LIGHTHOUSE COMMUNITY  
Legal Name: HEALTHCARE SERVICES, INC.  
Address: 3880 ROSECRAINS STREET  
City, State Zip: SAN DIEGO, CA 92110  
Phone: (619) 515-0243  
Fax: (619) 235-0678  
Record ID: 370094AP  
Service Type: RES  
Resident Capacity: 98  
Total Occupancy: 98  
Target Population: 1.1 --- CO-ED  
Expiration Date: 6/30/2017

Program Name: CALVARY RANCH CHRISTIAN DRUG AND ALCOHOL RECOVERY FACILITY  
Legal Name: GOD'S HOUSE MINISTRIES, INCORPORATED  
Address: 13610 WILLOW ROAD  
City, State Zip: LAKESIDE, CA 92040  
Phone: (619) 561-2599  
Fax: (619) 561-4673  
Record ID: 370098AN  
Service Type: RES  
Resident Capacity: 20  
Total Occupancy: 20  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 5/31/2018
Program Name: LASTING RECOVERY
Legal Name: FARKAS & SAALINGER, PSYCHOLOGY CORP
City, State Zip: SAN DIEGO, CA 92121
Phone: (858) 453-4315 Fax: (858) 453-5690
Record ID: 370101AP
Service Type: NON
Target Population: 1.8 --- DUAL DIAGNOSIS
Expiration Date: 1/31/2017

Program Name: THE TRAINING CENTER
Legal Name: TRAINING CENTER EPHESIANS 4:11-16
Address: 525 GRAND AVENUE
City, State Zip: SPRING VALLEY, CA 91977
Phone: (619) 327-5400 Fax: (619) 327-5410
Record ID: 370104AN
Service Type: RES
Resident Capacity: 56
Total Occupancy: 56
Target Population: 1.2 --- MEN ONLY
Expiration Date: 11/30/2017

Program Name: REJUVE-NATIONS OUTPATIENTS FACILITY, INC.
Legal Name: REJUVE-NATIONS OUTPATIENTS FACILITY, INC.
Address: 4101 UNIVERSITY AVENUE, SUITES E204-E205
City, State Zip: SAN DIEGO, CA 92195
Phone: (619) 602-9405 Fax: (951) 657-7180
Record ID: 370105AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2017

Program Name: PALOMAR FAMILY COUNSELING SERVICE, INC. DRUG AND ALCOHOL PROGRAM
Legal Name: PALOMAR FAMILY COUNSELING SERVICE, INC.
Address: 1002 EAST GRAND AVENUE
City, State Zip: ESCONDIDO, CA 92025
Phone: (760) 741-2660 Fax: (760) 741-2647
Record ID: 370107AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2017

Program Name: CAPALINA CLINIC
Legal Name: SAN DIEGO HEALTH ALLIANCE
Address: 1560 CAPALINA STREET
City, State Zip: SAN MARCOS, CA 92069
Phone: (760) 744-2104 Fax: (760) 744-1382
Record ID: 370108AP
Service Type: NON-DETOX
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2016

Program Name: FASHION VALLEY CLINIC
Legal Name: SAN DIEGO HEALTH ALLIANCE
Address: 7020 FRIARS ROAD
City, State Zip: SAN DIEGO, CA 92108
Phone: (619) 718-9890 Fax: (619) 718-9897
Record ID: 370108CP
Service Type: NON-DETOX
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2018
Program Name: ST. VINCENT DE PAUL VILLAGE RECOVERY SERVICES
Legal Name: ST. VINCENT DE PAUL VILLAGE, INC.
Address: 16 15TH STREET, PAUL MIRALB CENTER, ROOMS 200, 207, 233, AND 234
City, State Zip: SAN DIEGO, CA 92101
Phone: (619) 233-8500    Fax: (619) 231-9542
Record ID: 370110AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2016

Program Name: SAN DIEGO TREATMENT AND RECOVERY CENTER
Legal Name: JC SERVICE AND ENTERPRISES, INC.
Address: 6244 EL CAJON BOULEVARD, SUITE 26
City, State Zip: SAN DIEGO, CA 92115
Phone: (619) 559-8242
Record ID: 370111AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2017

Program Name: SOLEDAD HOUSE
Legal Name: ABC SOBER LIVING., LLC
Address: 5330 SOLEDAD MOUNTAIN ROAD
City, State Zip: SAN DIEGO, CA 92109
Phone: (619) 925-1879    Fax: (858) 274-8700
Record ID: 370116AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 5/31/2017

Program Name: SOLEDAD HOUSE II
Legal Name: ABC SOBER LIVING., LLC
Address: 5214 SOLEDAD MOUNTAIN ROAD
City, State Zip: SAN DIEGO, CA 92109
Phone: (858) 204-1304    Fax: (858) 274-8700
Record ID: 370116BP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 8/31/2017

Program Name: SAN DIEGO AMERICAN INDIAN HEALTH CENTER
Legal Name: SAN DIEGO AMERICAN INDIAN HEALTH CENTER
Address: 2602 FIRST AVENUE, SUITE 100
City, State Zip: SAN DIEGO, CA 92103
Phone: 6192342158X123    Fax: (619) 234-1979
Record ID: 370120AN
Service Type: NON
Target Population: 1.5 --- YOUTH/adolescent
Expiration Date: 4/30/2017

Program Name: THE ATON CENTER
Legal Name: ATON CENTER, INC.
Address: 3250 COUNTRY ROSE CIRCLE
City, State Zip: ENCINITAS, CA 92024
Phone: (858) 759-5017    Fax: (858) 759-5016
Record ID: 370122AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2016
Program Name: ATON CENTER
Legal Name: ATON CENTER, INC.
Address: 3238 COUNTRY ROSE CIRCLE
City, State Zip: ENCINITAS, CA 92024
Phone: (858) 759-5017 Fax: (858) 759-5016
Record ID: 370122CP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2018

Program Name: ATON CENTER
Legal Name: ATON CENTER, INC.
Address: 3462 WESTERN SPRINGS ROAD
City, State Zip: ENCINITAS, CA 92024
Phone: (858) 759-5017 Fax: (858) 759-5016
Record ID: 370122DP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2017

Program Name: ATON CENTER
Legal Name: ATON CENTER, INC.
Address: 3262 COUNTRY ROSE CIRCLE
City, State Zip: ENCINITAS, CA 92024
Phone: (858) 759-5017 Fax: (858) 759-5016
Record ID: 370122EP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2018

Program Name: SAN DIEGO ADDICTION TREATMENT CENTER, INC.
Legal Name: SAN DIEGO ADDICTION TREATMENT CENTER, INC.
Address: 2456 E STREET
City, State Zip: SAN DIEGO, CA 92102
Phone: (619) 233-3367 Fax: (619) 233-3327
Record ID: 370129AP
Service Type: RES-DETOX
Resident Capacity: 36
Total Occupancy: 36
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2016

Program Name: NEW HORIZON RECOVERY
Legal Name: MARTINA COFFELT
Address: 417 SANDALWOOD COURT
City, State Zip: ENCINITAS, CA 92024
Phone: (760) 652-5835
Record ID: 370130AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2017

Program Name: WEST COAST RECOVERY CENTERS
Legal Name: WEST COAST MEN'S, LLC
Address: 516 SOUTH THE STRAND, UNIT B
City, State Zip: OCEANSIDE, CA 92054
Phone: (855) 927-2687 Fax: (760) 434-2238
Record ID: 370135AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 7/31/2018
Program Name: WEST COAST RECOVERY CENTERS  
Legal Name: WEST COAST MEN'S, LLC  
Address: 785 GRAND AVENUE
SUITES 214, 216, & 220  
City, State Zip: CARLSBAD, CA 92008  
Phone: (442) 500-8236  
Fax: (442) 500-8479  
Record ID: 370135BP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 11/30/2017

Program Name: PACIFIC BAY RECOVERY  
Legal Name: PACIFIC BAY RECOVERY INC  
Address: 1501 5TH AVENUE, SUITE 100,101 AND 201  
City, State Zip: SAN DIEGO, CA 92101  
Phone: (619) 456-0811  
Fax: (619) 456-0832  
Record ID: 370136AP  
Service Type: NON  
Target Population: 1.8 --- DUAL DIAGNOSIS  
Expiration Date: 5/31/2018

Program Name: TRUE LIFE CENTER FOR WELLBEING, INC.  
Legal Name: TRUE LIFE CENTER FOR WELLBEING, INC.  
Address: 4520 EXECUTIVE DRIVE, SUITE 225  
City, State Zip: SAN DIEGO, CA 92121  
Phone: (858) 349-4116  
Record ID: 370137AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 4/30/2018

Program Name: APEX RECOVERY  
Legal Name: APEX RECOVERY, LLC  
Address: 4452 PARK BLVD, # 302  
City, State Zip: SAN DIEGO, CA 92116  
Phone: (619) 303-0211  
Record ID: 370138AP  
Service Type: RES  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 7/31/2016

Program Name: APEX RECOVERY  
Legal Name: APEX RECOVERY, LLC  
Address: 9952 GRANDVIEW DRIVE  
City, State Zip: LA MESA, CA 91941  
Phone: (619) 756-6424  
Fax: (619) 243-7211  
Record ID: 370138BP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 10/31/2017

Program Name: GENESIS RECOVERY, INC.  
Legal Name: GENESIS RECOVERY, INC.  
Address: 24352 FEATHERSTONE CANYON ROAD  
City, State Zip: LAKESIDE, CA 92040  
Phone: (619) 797-7319  
Fax: (619) 367-9737  
Record ID: 370139AN  
Service Type: RES  
Resident Capacity: 24  
Total Occupancy: 26  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 9/30/2018
Program Name: CONFIDENTIAL RECOVERY
Legal Name: COMMUNITY BEHAVIORAL HEALTH SOLUTIONS, INC.
Address: 7071 CONSOLIDATED WAY
City, State Zip: SAN DIEGO, CA 92121
Phone: (858) 449-3898
Record ID: 370140AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2016

Program Name: PRACTICAL RECOVERY IOP
Legal Name: PRACTICAL RECOVERY PSYCHOLOGY GROUP, INC.
Address: 8950 VILLA LA JOLLA DRIVE, SUITE B214
City, State Zip: LA JOLLA, CA 92037-1708
Phone: (858) 546-1100 Fax: (858) 455-0141
Record ID: 370141AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2016

Program Name: SOLUTIONS FOR RECOVERY
Legal Name: FAMILY HEALTH CENTERS OF SAN DIEGO, INC.
Address: 3928 ILLINOIS STREET, SUITES 101 & 103
City, State Zip: SAN DIEGO, CA 92104
Phone: (619) 876-4462 Fax: (619) 269-8349
Record ID: 370142AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2016

Program Name: SOLUTIONS FOR RECOVERY
Legal Name: FAMILY HEALTH CENTERS OF SAN DIEGO, INC.
Address: 1250 6TH AVENUE
City, State Zip: SAN DIEGO, CA 92101
Phone: (619) 876-4462 Fax: (619) 450-6267
Record ID: 370142BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2017

Program Name: SOUTHERN CALIFORNIA RECOVERY CENTER - ENCINITAS
Legal Name: DR RECOVERY ENCINITAS, LLC
Address: 609 S. VULCAN AVENUE, SUITE 301
City, State Zip: ENCINITAS, CA 92024
Phone: (800) 410-6552 Fax: (949) 542-3878
Record ID: 370143AP
Service Type: NON
Target Population: 1.2 --- MEN ONLY
Expiration Date: 9/30/2018

Program Name: RECOVERY WORKS SAN DIEGO
Legal Name: CLARK E. SMITH, M.D., A MEDICAL CORPORATION
Address: 9820 WILLOW CREEK ROAD, #295
City, State Zip: SAN DIEGO, CA 92131
Phone: (858) 530-9112
Record ID: 370144AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2017

Program Name: FOUNDATIONS OF SAN DIEGO
Legal Name: FOUNDATIONS SAN DIEGO, LLC
Address: 3930 FOURTH AVENUE, SUITE 301
City, State Zip: SAN DIEGO, CA 92103
Phone: (619) 849-6010
Record ID: 370146AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2017
Program Name: SHERIDAN GARDENS
Legal Name: SIERRA ASSET MANAGEMENT, LLC
Address: 2021 SHERIDAN ROAD
City, State Zip: ENCINITAS, CA 92024
Phone: (949) 285-7616         Fax: (949) 660-0632
Record ID: 370147AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.2 --- MEN ONLY
Expiration Date: 4/30/2017

Program Name: PRESENT MOMENTS RECOVERY
Legal Name: WINDRIVER ROCOVERY, LLC
Address: 1809 WINDRIVER STREET
City, State Zip: SAN MARCOS, CA 92078
Phone: (619) 363-4767
Record ID: 370148AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.2 --- MEN ONLY
Expiration Date: 4/30/2017

Program Name: PACIFIC TREATMENT SERVICES
Legal Name: W. WOOTON, INC.
Address: 333 SOUTH JUNIPER STREET, SUITE 114
City, State Zip: ESCONDIDO, CA 92025
Phone: (858) 610-0438
Record ID: 370150AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2017

Program Name: CROWNVIEW CO-OCCURRING INSTITUTE INCORPORATED
Legal Name: CROWNVIEW CO-OCCURING INSTITUTE, INCORPORATED
Address: 2892 JEFFERSON STREET
City, State Zip: CARLSBAD, CA 92008
Phone: (760) 434-9500         Fax: (760) 434-3550
Record ID: 370151AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2017

Program Name: AFFINITY TREATMENT CENTERS
Legal Name: CAMELOT AT AFFINITY TREATMENT CENTERS, INC.
Address: 2035 ALTA VISTA DRIVE
City, State Zip: VISTA, CA 92084
Phone: (760) 917-1112         Fax: (760) 414-9127
Record ID: 370152AP
Service Type: RES
Resident Capacity: 5
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2018

Program Name: OCEAN RANCH RECOVERY
Legal Name: SOCAL DETOX LLC
Address: 20555 FORTUNA DEL SUR
City, State Zip: ELFIN FOREST, CA 92029
Phone: (888) 590-0777         Fax: (360) 323-7285
Record ID: 370153AP
Service Type: RES-DETOX
Resident Capacity: 10
Total Occupancy: 10
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2017
Program Name: VILLA KALI MA  
Legal Name: KALI WEST LLC  
Address: 2912 MANAGUA PLACE  
City, State Zip: CARLSBAD, CA 92009  
Phone: (619) 246-8862  
Fax: (760) 683-5157  
Record ID: 370154AP  
Service Type: RES  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.3 --- WOMEN ONLY  
Expiration Date: 7/31/2018

Program Name: SAN DIEGO STUDENT RECOVERY  
Legal Name: SAN DIEGO STUDENT RECOVERY, LLC  
Address: 5440 MOREHOUSE DRIVE, #4500  
City, State Zip: SAN DIEGO, CA 92121  
Phone: (310) 363-2415  
Fax: (858) 750-3205  
Record ID: 370155AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 2/28/2018

Program Name: DIEGO PALMS RECOVERY  
Legal Name: DIEGO PALMS RECOVERY, INC.  
Address: 700 GARDEN VIEW COURT, SUITE 202  
City, State Zip: ENCINITAS, CA 92024  
Phone: (760) 479-6163  
Record ID: 370156AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 3/31/2018

Program Name: TRUE NORTH RECOVERY SERVICES  
Legal Name: TRUE NORTH BEHAVIORAL, APC  
Address: 543 ENCINITAS BOULEVARD, SUITE 109  
City, State Zip: ENCINITAS, CA 92024  
Phone: (760) 517-6544  
Fax: (888) 850-3284  
Record ID: 370157AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 4/30/2018

Program Name: SOUTHERN CALIFORNIA RECOVERY CENTERS  
Legal Name: SOUTHERN CALIFORNIA RECOVERY CENTERS OCEANSIDE, LLC  
Address: 2850 PIO PICO DRIVE, SUITES A, B, C, & D  
City, State Zip: CARLSBAD, CA 92008  
Phone: (760) 607-3038  
Fax: (760) 607-3038  
Record ID: 370158AP  
Service Type: NON  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 8/31/2018
| Program Name                     | Legal Name                                                      | Address                                                                 | City, State Zip                  | Phone                  | Fax                  | Record ID   | Service Type | Resident Capacity | Total Occupancy | Target Population | Expiration Date |
|---------------------------------|-----------------------------------------------------------------|------------------------------------------------------------------------|---------------------------------|------------------------|----------------------|-------------|--------------|-------------------|-----------------|------------------|-----------------|---------------|
| ACCEPTANCE PLACE                 | BAKER PLACES, INC.                                              | 1326 4TH AVENUE                                                        | SAN FRANCISCO, CA 94122        | (415) 682-2000         | (415) 626-2398      | 380001BN    | RES          | 10                | 10              | 1.2 --- MEN ONLY | 1/31/2018       |
| FERGUSON PLACE                   | BAKER PLACES, INC.                                              | 1249 SCOTT STREET                                                     | SAN FRANCISCO, CA 94115        | (415) 922-9104         | (415) 922-1427      | 380001CN    | RES          | 12                | 12              | 1.1 --- CO-ED    | 1/31/2017       |
| JOE HEALY DETOXIFICATION PROGRAM | BAKER PLACES, INC.                                              | 101 GOUGH/120 PAGE STREET, 2ND AND 3RD FLOOR                          | SAN FRANCISCO, CA 94102        | (415) 553-4490         |                      | 380001IN    | RES-DETOX    | 31                | 31              | 1.1 --- CO-ED    | 9/30/2016       |
| ARA FIRST STEP HOME              | ALCOHOLICS REHABILITATION ASSOCIATION OF SAN FRANCISCO, INC.    | 1035 HAIGHT STREET                                                    | SAN FRANCISCO, CA 94117        | (415) 863-3661         | (415) 863-3670      | 380003AN    | RES          | 45                | 45              | 1.1 --- CO-ED    | 2/28/2018       |
| FRIENDSHIP HOUSE                 | THE FRIENDSHIP HOUSE ASSOCIATION OF AMERICAN INDIANS            | 56 JULIAN AVENUE, 1ST, 2ND AND 3RD AND 4TH FLOORS                      | SAN FRANCISCO, CA 94103        | (415) 865-0964         | (415) 865-5428      | 380004AN    | RES          | 80                | 80              | 1.1 --- CO-ED    | 10/31/2017      |
Program Name: GOLDEN GATE FOR SENIORS  
Legal Name: COMMUNITY AWARENESS & TREATMENT SERVICES, INC.  
Address: 637 SOUTH VAN NESS AVENUE  
City, State Zip: SAN FRANCISCO, CA 94110  
Phone: (415) 626-7553  
Record ID: 380005AN  
Service Type: RES  
Resident Capacity: 19  
Total Occupancy: 20  
Target Population: 1.1 --- CO-ED  
Expiration Date: 7/31/2018

Program Name: HARBOR LIGHT ALCOHOL SERVICES CENTER  
Legal Name: THE SALVATION ARMY  
Address: 1275 HARRISON STREET  
City, State Zip: SAN FRANCISCO, CA 94103  
Phone: (415) 503-3000  
Record ID: 380006AN  
Service Type: RES-DETOX  
Resident Capacity: 118  
Total Occupancy: 118  
Target Population: 1.1 --- CO-ED  
Expiration Date: 4/30/2018

Program Name: THE SALVATION ARMY - HARBOR HOUSE  
Legal Name: THE SALVATION ARMY  
Address: 407 NINTH STREET  
City, State Zip: SAN FRANCISCO, CA 94103  
Phone: (415) 503-3029 Fax: (415) 252-6159  
Record ID: 380006EN  
Service Type: RES  
Resident Capacity: 30  
Total Occupancy: 82  
Target Population: 1.1 --- CO-ED  
Expiration Date: 8/31/2016

Program Name: LATINO FAMILY ALCOHOLISM COUNSELING CENTER  
Legal Name: THE MISSION COUNCIL ON ALCOHOL ABUSE FOR THE SPANISH SPEAKING  
Address: 154-A CAPP STREET  
City, State Zip: SAN FRANCISCO, CA 94110  
Phone: (415) 826-6767 Fax: (415) 826-1408  
Record ID: 380008AN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 8/31/2017

Program Name: FAMILY DAY TREATMENT PROGRAM  
Legal Name: THE MISSION COUNCIL ON ALCOHOL ABUSE FOR THE SPANISH SPEAKING  
Address: 154-A CAPP STREET  
City, State Zip: SAN FRANCISCO, CA 94110  
Phone: (415) 826-6767 Fax: (415) 701-1868  
Record ID: 380008BN  
Service Type: NON  
Target Population: 1.7 --- FAMILIES  
Expiration Date: 1/31/2017

Program Name: HENRY OHLHOFF HOUSE  
Legal Name: HENRY OHLHOFF HOUSE  
Address: 601 STEINER STREET AND 625 STEINER STREET  
City, State Zip: SAN FRANCISCO, CA 94117  
Phone: (415) 621-4388 Fax: (415) 626-0170  
Record ID: 380013AN  
Service Type: RES  
Resident Capacity: 52  
Total Occupancy: 52  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 10/31/2017
Program Name: HENRY OHLHOFF OUTPATIENT PROGRAMS
Legal Name: HENRY OHLHOFF HOUSE
Address: 2191 MARKET STREET, SUITE A
City, State Zip: SAN FRANCISCO, CA 94114
Phone: (415) 575-1100 Fax: (415) 575-1106
Record ID: 380013BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2018

Program Name: HEALTHRIGHT 360
Legal Name: HEALTHRIGHT 360
Address: 1735 MISSION STREET
City, State Zip: SAN FRANCISCO, CA 94103
Phone: (415) 970-7500 Fax: (415) 746-1968
Record ID: 380016ACN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2017

Program Name: HEALTHRIGHT 360
Legal Name: HEALTHRIGHT 360
Address: 1318 GATEVIEW STREET, TREASURE ISLAND UNITS A-F
City, State Zip: SAN FRANCISCO, CA 94130
Phone: (415) 970-7500 Fax: (415) 437-6823
Record ID: 380016ADN
Service Type: RES
Resident Capacity: 54
Total Occupancy: 54
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2018

Program Name: HEALTHRIGHT 360
Legal Name: HEALTHRIGHT 360
Address: 890 HAYES STREET
City, State Zip: SAN FRANCISCO, CA 94117
Phone: (415) 970-7500
Record ID: 380016AFN
Service Type: RES
Resident Capacity: 115
Total Occupancy: 115
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2018

Program Name: HEALTHRIGHT 360
Legal Name: HEALTHRIGHT 360
Address: 1442 CHINOOK COURT, UNITS A, B, C AND D
City, State Zip: SAN FRANCISCO, CA 94130
Phone: (415) 503-2338
Record ID: 380016AGN
Service Type: RES
Resident Capacity: 15
Total Occupancy: 15
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2018

Program Name: HEALTHRIGHT 360
Legal Name: HEALTHRIGHT 360
Address: 214 HAIGHT STREET
City, State Zip: SAN FRANCISCO, CA 94102
Phone: (415) 762-3700 Fax: (415) 989-4910
Record ID: 380016AHN
Service Type: RES
Resident Capacity: 64
Total Occupancy: 64
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 3/31/2017
Program Name: HEALTHRIGHT 360
Legal Name: HEALTHRIGHT 360
Address: 1601 DONNER AVENUE #3
City, State Zip: SAN FRANCISCO, CA 94124
Phone: (415) 970-7500  Fax: (415) 970-7518
Record ID: 380016AJN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2017

Program Name: HEALTHRIGHT 360
Legal Name: HEALTHRIGHT 360
Address: 1601 DONNER AVENUE #3
City, State Zip: SAN FRANCISCO, CA 94124
Phone: (415) 970-7500  Fax: (415) 970-7518
Record ID: 380016AKN
Service Type: RES
Resident Capacity: 16
Total Occupancy: 25
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 7/31/2017

Program Name: HEALTHRIGHT 360
Legal Name: HEALTHRIGHT 360
Address: 1601 DONNER AVENUE #3
City, State Zip: SAN FRANCISCO, CA 94124
Phone: (415) 970-7500  Fax: (415) 970-7518
Record ID: 380016ALN
Service Type: RES-DETOX
Resident Capacity: 108
Total Occupancy: 108
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2018

Program Name: YOUTH SERVICES OF SAN FRANCISCO
Legal Name: HEALTHRIGHT 360
Address: 2166 HAYES STREET, SUITE 302
City, State Zip: SAN FRANCISCO, CA 94117
Phone: (415) 776-1001  Fax: (415) 776-1066
Record ID: 380016ANN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 1/31/2018

Program Name: ASIAN AMERICAN RESIDENTIAL RECOVERY SERVICES
Legal Name: HEALTHRIGHT 360
Address: 2024 HAYES STREET
City, State Zip: SAN FRANCISCO, CA 94117
Phone: (415) 750-5111
Record ID: 380016AON
Service Type: RES
Resident Capacity: 26
Total Occupancy: 26
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2018

Program Name: AARS-PROJECT ADAPT
Legal Name: HEALTHRIGHT 360
Address: 2020 HAYES STREET
City, State Zip: SAN FRANCISCO, CA 94117
Phone: (415) 750-5125
Record ID: 380016AQN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2016
Program Name: LEE WOODWARD COUNSELING CENTER FOR WOMEN
Legal Name: HEALTHRIGHT 360
Address: 2166 HAYES STREET, SUITE 303 & 303-A
City, State Zip: SAN FRANCISCO, CA 94117
Phone: (415) 776-1001 Fax: (415) 776-1066
Record ID: 380016ARN
Service Type: NON
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 6/30/2018

Program Name: HEALTHRIGHT 360 - OUTPATIENT PROGRAM
Legal Name: HEALTHRIGHT 360
Address: 1735 MISSION STREET, SUITE 3280
City, State Zip: SAN FRANCISCO, CA 94103
Phone: 4157623700X301
Record ID: 380016ASN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2018

Program Name: FATHER ALFRED CENTER
Legal Name: ST. ANTHONY FOUNDATION
Address: 291 10TH STREET
City, State Zip: SAN FRANCISCO, CA 94103
Phone: (415) 592-2880 Fax: (415) 252-0537
Record ID: 380017CN
Service Type: RES
Resident Capacity: 80
Total Occupancy: 80
Target Population: 1.2 --- MEN ONLY
Expiration Date: 3/31/2018

Program Name: STEPPING STONE
Legal Name: SAN FRANCISCO WOMEN'S REHABILITATION FOUNDATION, INCORPORATED
Address: 255 10TH AVENUE
City, State Zip: SAN FRANCISCO, CA 94118
Phone: (415) 751-5921 Fax: (415) 751-5130
Record ID: 380032AN
Service Type: RES
Resident Capacity: 14
Total Occupancy: 14
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 8/31/2016

Program Name: GOOD SHEPHERD GRACENTER
Legal Name: THE GOOD SHEPHERD GRACENTER OF SAN FRANCISCO
Address: 250 AMHERST STREET
City, State Zip: SAN FRANCISCO, CA 94134
Phone: (415) 337-1938 Fax: (415) 586-0355
Record ID: 380040BN
Service Type: RES
Resident Capacity: 13
Total Occupancy: 13
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 6/30/2018

Program Name: JELANI HOUSE
Legal Name: JELANI, INC.
Address: 1601 QUESADA AVENUE
City, State Zip: SAN FRANCISCO, CA 94124
Phone: (415) 822-5977 Fax: (415) 822-5943
Record ID: 380045AN
Service Type: RES
Resident Capacity: 16
Total Occupancy: 42
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 6/30/2016
Program Name: JELANI, INC.'S FAMILY PROGRAM
Legal Name: JELANI, INC.
Address: 1638 AND 1640 KIRKWOOD STREET
City, State Zip: SAN FRANCISCO, CA 94124
Phone: (415) 468-5100 Fax: (415) 822-5943
Record ID: 380045DN
Service Type: RES
Resident Capacity: 12
Total Occupancy: 24
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2017

Program Name: CASA QUETZAL RECOVERY HOME
Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES OF SAN MATEO COUNTY, INC.
Address: 635 BRUNSWICK STREET
City, State Zip: SAN FRANCISCO, CA 94112
Phone: (415) 337-4065
Record ID: 380055AN
Service Type: RES
Resident Capacity: 9
Total Occupancy: 9
Target Population: 1.2 --- MEN ONLY
Expiration Date: 10/31/2017

Program Name: AVIVA HOUSE
Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES OF SAN MATEO COUNTY, INC.
Address: 1724-1726 BRYANT STREET
City, State Zip: SAN FRANCISCO, CA 94110
Phone: (415) 558-9125 Fax: (650) 244-1447
Record ID: 380055BN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 9
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 3/31/2018

Program Name: HORIZONS UNLIMITED OF SAN FRANCISCO, INC.
Legal Name: HORIZONS UNLIMITED OF SAN FRANCISCO, INC.
Address: 440 POTRERO AVENUE
City, State Zip: SAN FRANCISCO, CA 94110
Phone: (415) 487-6700
Record ID: 380059AN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 2/28/2017

Program Name: STIMULANT TREATMENT OUTPATIENT PROGRAM (STOP)
Legal Name: UNIVERISTY OF CALIFORNIA, SAN FRANCISCO
Address: 982 MISSION STREET
City, State Zip: SAN FRANCISCO, CA 94103
Phone: (415) 597-8000 Fax: (415) 597-8004
Record ID: 380061AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2017

Program Name: EPITHAPHY HOUSE
Legal Name: MOUNT ST. JOSEPH - ST. ELIZABETH
Address: 1615 BRODERICK STREET
City, State Zip: SAN FRANCISCO, CA 94115
Phone: (415) 409-6003 Fax: (415) 351-4051
Record ID: 380081BN
Service Type: RES
Resident Capacity: 14
Total Occupancy: 22
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 11/30/2017
Program Name: EPIPHANY RESIDENTIAL PROGRAM
Legal Name: MOUNT ST. JOSEPH - ST. ELIZABETH
Address: 100 MASONIC AVENUE
City, State Zip: SAN FRANCISCO, CA 94118
Phone: (415) 567-8370 Fax: (415) 292-5531
Record ID: 380081CN
Service Type: RES
Resident Capacity: 14
Total Occupancy: 26
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 11/30/2017

Program Name: HARM REDUCTION THERAPY CENTER
Legal Name: THE HARM REDUCTION THERAPY CENTER
Address: 45 FRANKLIN STREET, SUITE 320
City, State Zip: SAN FRANCISCO, CA 94102
Phone: (415) 252-0669 Fax: (415) 252-0669
Record ID: 380082AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2017

Program Name: POST RELEASE EDUCATION PROGRAM (P.R.E.P.)
Legal Name: SAN FRANCISCO SHERIFF'S DEPARTMENT
Address: 70 OAK GROVE
City, State Zip: SAN FRANCISCO, CA 94107
Phone: (415) 575-6450 Fax: (415) 575-6452
Record ID: 380083BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2017

Program Name: SUBSTANCE ABUSE PROGRAM
Legal Name: CURRY SENIOR CENTER
Address: 315 TURK STREET
City, State Zip: SAN FRANCISCO, CA 94102
Phone: (415) 885-2274 Fax: (415) 885-2344
Record ID: 380091AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2017

Program Name: NATIVE AMERICAN HEALTH CENTER
Legal Name: NATIVE AMERICAN HEALTH CENTER, INC.
Address: 160 CAPP STREET, 2ND FLOOR
City, State Zip: SAN FRANCISCO, CA 94110
Phone: (415) 503-1046 Fax: (415) 503-7081
Record ID: 380094AN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 5/31/2018

Program Name: THE STONEWALL PROJECT
Legal Name: THE SAN FRANCISCO AIDS FOUNDATION
Address: 1035 MARKET STREET, SUITE 400
City, State Zip: SAN FRANCISCO, CA 94103
Phone: (415) 487-3100 Fax: (415) 558-9657
Record ID: 380096AN
Service Type: NON
Target Population: 1.2 --- MEN ONLY
Expiration Date: 3/31/2018
Program Name: ASIAN AND PACIFIC ISLANDER WELLNESS CENTER, INC.  
Legal Name: ASIAN AND PACIFIC ISLANDER WELLNESS CENTER, INC.  
Address: 730 POLK STREET, 4TH FLOOR  
City, State Zip: SAN FRANCISCO, CA 94109  
Phone: (415) 292-3400  
Fax: (415) 292-3404  
Record ID: 380098AN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 7/31/2017

Program Name: BAYVIEW HUNTERS POINT FOUNDATION YOUTH SERVICES PROGRAM  
Legal Name: BAYVIEW HUNTERS POINT FOUNDATION FOR COMMUNITY IMPROVEMENT  
Address: 5015 THIRD STREET  
City, State Zip: SAN FRANCISCO, CA 94124  
Phone: (415) 822-1585  
Fax: (415) 822-6443  
Record ID: 380101DN  
Service Type: NON  
Target Population: 1.5 --- YOUTH/ADOLESCENT  
Expiration Date: 11/30/2016

Program Name: BAYSIDE SAN FRANCISCO  
Legal Name: BAYSIDE MARIN, INC.  
Address: 450 SUTTER STREET, SUITE 300  
City, State Zip: SAN FRANCISCO, CA 94108  
Phone: (415) 721-2000  
Record ID: 380102AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 1/31/2018

Program Name: NCADA-BA OUTPATIENT TREATMENT PROGRAM  
Legal Name: NATIONAL COUNCIL ON ALCOHOLISM AND OTHER DRUG ADDICTIONS - BAY AREA, INC.  
Address: 1170 MARKET STREET, 6TH FLOOR  
City, State Zip: SAN FRANCISCO, CA 94102  
Phone: (415) 296-9900  
Fax: (415) 296-0626  
Record ID: 380103AN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 11/30/2016

Program Name: FOUNDATIONS SAN FRANCISCO  
Legal Name: FRN OUTPATIENT SAN FRANCISCO LLC  
Address: 55 FRANCISCO STREET, SUITE 405  
City, State Zip: SAN FRANCISCO, CA 94133  
Phone: (415) 293-1370  
Record ID: 380104AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 10/31/2017

Program Name: UCSF ALLIANCE HEALTH PROJECT  
Legal Name: THE REGENTS OF THE UNIVERSITY OF CALIFORNIA  
Address: 1930 MARKET STREET  
City, State Zip: SAN FRANCISCO, CA 94102  
Phone: (415) 476-3902  
Fax: (415) 476-3655  
Record ID: 380105AN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 7/31/2016
Program Name: RECOVERY HOUSE  
Legal Name: SAN JOAQUIN COUNTY BEHAVIORAL HEALTH/SUBSTANCE ABUSE SERVICES  
Address: 500 WEST HOSPITAL ROAD  
City, State Zip: FRENCH CAMP, CA 95231  
Phone: (209) 468-6857  
Fax: (209) 468-6739  
Record ID: 390002AN  
Service Type: RES-DETOX  
Resident Capacity: 69  
Total Occupancy: 69  
Target Population: 1.1 --- CO-ED  
Expiry Date: 4/30/2018

Program Name: CHEMICAL DEPENDENCY COUNSELING CENTER  
Legal Name: SAN JOAQUIN COUNTY OFFICE OF SUBSTANCE ABUSE  
Address: 620 NORTH AURORA STREET, SUITES 1, 3, 3A, AND S2-9  
City, State Zip: STOCKTON, CA 95202  
Phone: (209) 468-3720  
Fax: (209) 468-8640  
Record ID: 390002DN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiry Date: 9/30/2016

Program Name: FAMILY TIES  
Legal Name: SAN JOAQUIN COUNTY OFFICE OF SUBSTANCE ABUSE  
Address: 500 WEST HOSPITAL ROAD  
City, State Zip: FRENCH CAMP, CA 95231  
Phone: (209) 468-6213  
Fax: (209) 468-7032  
Record ID: 390002EN  
Service Type: RES  
Resident Capacity: 28  
Total Occupancy: 53  
Target Population: 1.3 --- WOMEN ONLY  
Expiry Date: 1/31/2018

Program Name: THREE RIVERS INDIAN LODGE  
Legal Name: NATIVE DIRECTIONS, INC.  
Address: 13505 SOUTH UNION ROAD  
City, State Zip: MANTECA, CA 95336  
Phone: (209) 858-2421  
Record ID: 390003AN  
Service Type: RES  
Resident Capacity: 20  
Total Occupancy: 20  
Target Population: 1.2 --- MEN ONLY  
Expiry Date: 5/31/2017

Program Name: NEW DIRECTIONS  
Legal Name: ALCOHOL AND DRUG AWARENESS PROGRAM  
Address: 1981 CHEROKEE ROAD  
City, State Zip: STOCKTON, CA 95205  
Phone: (209) 870-6506  
Fax: (209) 982-1216  
Record ID: 390007BN  
Service Type: RES-DETOX  
Resident Capacity: 90  
Total Occupancy: 95  
Target Population: 1.1 --- CO-ED  
Expiry Date: 2/28/2018
Program Name:       NEW DIRECTIONS
Legal Name:         ALCOHOL AND DRUG AWARENESS PROGRAM
Address:             1981 CHEROKEE ROAD,
                     OP MEETING ROOM
City, State Zip:    STOCKTON, CA 95205
Phone:               (209) 870-6506         Fax:    (209) 870-6521
Record ID:           390007CN
Service Type:       NON
Target Population:  1.1 --- CO-ED
Expiration Date:    2/28/2018

Program Name:       SERVICE FIRST OUTPATIENT PROGRAM
Legal Name:         SERVICE FIRST OF NORTHERN CALIFORNIA
Address:             1222 MONACO COURT, SUITE 28
City, State Zip:    STOCKTON, CA 95207
Phone:               (209) 644-6327         Fax:    (209) 644-6327
Record ID:           390017AN
Service Type:       NON
Target Population:  1.1 --- CO-ED
Expiration Date:    11/30/2017

Program Name:       SERVICE FIRST OUTPATIENT PROGRAM
Legal Name:         SERVICE FIRST OF NORTHERN CALIFORNIA
Address:             445 W. WEBER AVENUE, SUITE 129
City, State Zip:    STOCKTON, CA 95203
Phone:               (209) 644-4829
Record ID:           390017BN
Service Type:       NON
Target Population:  1.1 --- CO-ED
Expiration Date:    3/31/2018

Program Name:       VALLEY COMMUNITY COUNSELING SERVICES
Legal Name:         VALLEY COMMUNITY COUNSELING SERVICES, INC.
Address:             129 E. CENTER STREET
City, State Zip:    MANTECA, CA 95336
Phone:               (209) 823-1911
Record ID:           390029AN
Service Type:       NON
Target Population:  1.1 --- CO-ED
Expiration Date:    1/31/2017

Program Name:       VALLEY COMMUNITY COUNSELING SERVICES
Legal Name:         VALLEY COMMUNITY COUNSELING SERVICES, INC.
Address:             1300 WEST LODI AVENUE, SUITE G1+ G2
City, State Zip:    LODI, CA 95242
Phone:               (209) 334-2126         Fax:    (209) 369-8406
Record ID:           390029BN
Service Type:       NON
Target Population:  1.1 --- CO-ED
Expiration Date:    1/31/2017

Program Name:       VALLEY COMMUNITY COUNSELING SERVICES
Legal Name:         VALLEY COMMUNITY COUNSELING SERVICES, INC.
Address:             19 EAST 6TH STREET
City, State Zip:    TRACY, CA 95376
Phone:               (209) 835-8583         Fax:    (209) 835-2910
Record ID:           390029CN
Service Type:       NON
Target Population:  1.1 --- CO-ED
Expiration Date:    1/31/2017
Program Name: PACIFIC VALLEY RECOVERY CENTER, INCORPORATED
Legal Name: PACIFIC VALLEY RECOVERY CENTER, INCORPORATED
Address: 1125 N. HUNTER STREET, SUITE 14-A
City, State Zip: STOCKTON, CA 95202
Phone: (209) 817-5720 Fax: (209) 468-8342
Record ID: 390030AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2017

Program Name: FRESH BEGINNING, INC.
Legal Name: FRESH BEGINNING, INC.
Address: 72 WEST 11TH STREET, SUITE A
City, State Zip: TRACY, CA 95376
Phone: (209) 830-7400 Fax: (209) 833-8386
Record ID: 390031AN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 11/30/2017

Program Name: STOCKTON CIRCLE OF FRIENDS ADULT PROGRAM
Legal Name: STOCKTON CIRCLE OF FRIENDS ADULT PROGRAMS
Address: 501 AND 503 SOUTH PERSHING STREET
City, State Zip: STOCKTON, CA 95203
Phone: (209) 513-5042
Record ID: 390032AN
Service Type: RES
Resident Capacity: 18
Total Occupancy: 18
Target Population: 1.2 --- MEN ONLY
Expiration Date: 6/30/2017

Program Name: PACIFIC CENTER FOR ADDICTION SERVICES, INC.
Legal Name: PACIFIC CENTER FOR ADDICTION SERVICES, INC.
Address: 808 NORTH CENTER STREET
City, State Zip: STOCKTON, CA 95202
Phone: (209) 482-5671
Record ID: 390036AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2016

Program Name: SOUTH STOCKTON CIRCLE OF FRIENDS ADULT ALCOHOL AND DRUG TREATMENT FACILITY
Legal Name: WAYNE B. RICHARDSON
Address: 1484 CARPENTER ROAD
City, State Zip: STOCKTON, CA 95206
Phone: (209) 513-5042 Fax: (209) 513-5042
Record ID: 390037AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 7/31/2017
<table>
<thead>
<tr>
<th>Program Name</th>
<th>Legal Name</th>
<th>Address</th>
<th>City, State Zip</th>
<th>Phone</th>
<th>Fax</th>
<th>Record ID</th>
<th>Service Type</th>
<th>Target Population</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAN LUIS OBISPO COUNTY DRUG AND ALCOHOL SERVICES</td>
<td>SAN LUIS OBISPO COUNTY DRUG AND ALCOHOL SERVICES</td>
<td>2180 JOHNSON AVENUE, ROOMS 101-148 AND BLUE ROOM</td>
<td>SAN LUIS OBISPO, CA 93401</td>
<td>(805) 781-4275</td>
<td></td>
<td>400003AN</td>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td>1/31/2018</td>
</tr>
<tr>
<td>SAN LUIS OBISPO COUNTY DRUG AND ALCOHOL SERVICES</td>
<td>SAN LUIS OBISPO COUNTY DRUG AND ALCOHOL SERVICES</td>
<td>3556 EL CAMINO REAL</td>
<td>ATASCADERO, CA 93422</td>
<td>(805) 461-6080</td>
<td>(805) 461-6114</td>
<td>400003BN</td>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td>6/30/2016</td>
</tr>
<tr>
<td>SAN LUIS OBISPO COUNTY DRUG AND ALCOHOL SERVICES</td>
<td>SAN LUIS OBISPO COUNTY DRUG AND ALCOHOL SERVICES</td>
<td>1523 LONGBRANCH AVENUE</td>
<td>GROVER BEACH, CA 93433</td>
<td>(805) 473-7080</td>
<td>(805) 473-7188</td>
<td>400003DN</td>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td>6/30/2018</td>
</tr>
<tr>
<td>CENTRAL COAST FREEDOM CENTER</td>
<td>ARTEMIS HILL RECOVERY INC.</td>
<td>6005 CAPISTRANO AVENUE, SUITE C, D, E, F, G &amp; H</td>
<td>ATASCADERO, CA 93422</td>
<td>(805) 461-1519</td>
<td></td>
<td>400005AP</td>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td>7/31/2017</td>
</tr>
<tr>
<td>CENTRAL COAST FREEDOM HOUSE</td>
<td>ARTEMIS HILL RECOVERY INC.</td>
<td>5755 DOLORES AVENUE</td>
<td>ATASCADERO, CA 93422</td>
<td>(805) 460-7313</td>
<td>(562) 598-4386</td>
<td>400005BP</td>
<td>RES-DETOX</td>
<td>6</td>
<td>10/31/2017</td>
</tr>
</tbody>
</table>
Program Name: BRYAN'S HOUSE
Legal Name: BRYAN'S HOUSE
Address: 6480 NORTH STAR LANE
City, State Zip: PASO ROBLES, CA 93446-7639
Phone: (805) 591-9233 Fax: (805) 238-6309
Record ID: 400008AP
Service Type: RES
Resident Capacity: 5
Total Occupancy: 16
Target Population: 1.12 --- WOMEN/YOUTH
Expiration Date: 4/30/2018

Program Name: THE HAVEN AT PISMO
Legal Name: TIKVA TREATMENT, LLC
Address: 929 HIDDEN PINE LANE
City, State Zip: ARROYO GRANDE, CA 93420
Phone: (805) 202-3440
Record ID: 400009AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2018

Program Name: THE HAVEN AT PISMO
Legal Name: TIKVA TREATMENT, LLC
Address: 107 NELSON STREET,
SUITE 102
City, State Zip: ARROYO GRANDE, CA 93420
Phone: (805) 202-3440
Record ID: 400009BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2018

Program Name: THE HAVEN AT PISMO
Legal Name: TIKVA TREATMENT, LLC
Address: 2030 IDYLLWILD PLACE
City, State Zip: ARROYO GRANDE, CA 93420
Phone: (805) 202-3440
Record ID: 400009CP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2018

Program Name: THE HAVEN AT PISMO
Legal Name: TIKVA TREATMENT, LLC
Address: 944 VIA SOLANA
City, State Zip: ARROYO GRANDE, CA 93420
Phone: (805) 202-3440
Record ID: 400009DP
Service Type: RES-DETOX
Resident Capacity: 10
Total Occupancy: 10
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2018
<table>
<thead>
<tr>
<th>Program Name</th>
<th>Service Type</th>
<th>Resident Capacity</th>
<th>Total Occupancy</th>
<th>Target Population</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>PALM AVENUE SOCIAL MODEL DETOXIFICATION</td>
<td>RES-DETOX</td>
<td>22</td>
<td>22</td>
<td>1.1 --- CO-ED</td>
<td>2/28/2018</td>
</tr>
<tr>
<td>JAMES O'TOOLE CENTER</td>
<td>RES</td>
<td>26</td>
<td>26</td>
<td>1.2 --- MEN ONLY</td>
<td>10/31/2017</td>
</tr>
<tr>
<td>BETTS HOUSE</td>
<td>RES</td>
<td>10</td>
<td>11</td>
<td>1.2 --- MEN ONLY</td>
<td>10/31/2017</td>
</tr>
<tr>
<td>ELLIOTT CENTER</td>
<td>RES</td>
<td>8</td>
<td>10</td>
<td>1.2 --- MEN ONLY</td>
<td>10/31/2016</td>
</tr>
<tr>
<td>BRENNER HOUSE</td>
<td>RES</td>
<td>6</td>
<td>8</td>
<td>1.2 --- MEN ONLY</td>
<td>10/31/2016</td>
</tr>
</tbody>
</table>
Program Name: PROJECT NINETY
Legal Name: PROJECT NINETY
Address: 416 2ND AVENUE
City, State Zip: SAN MATEO, CA 94401
Phone: (650) 579-7881 Fax: (650) 579-2640
Record ID: 410005VN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2017

Program Name: PYRAMID ALTERNATIVES
Legal Name: PYRAMID ALTERNATIVES COUNSELING AND EDUCATION, INC.
Address: 480 MANOR PLAZA
City, State Zip: PACIFICA, CA 94044
Phone: (650) 355-8787
Record ID: 410006AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2017

Program Name: PYRAMID ALTERNATIVES
Legal Name: PYRAMID ALTERNATIVES COUNSELING AND EDUCATION, INC.
Address: 1590 EL CAMINO REAL
City, State Zip: SAN BRUNO, CA 94066
Phone: (650) 355-8787
Record ID: 410006CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2017

Program Name: OUR COMMON GROUND EPA
Legal Name: OUR COMMON GROUND, INC.
Address: 2560 PULGAS AVENUE
City, State Zip: EAST PALO ALTO, CA 94303
Phone: (650) 325-6466 Fax: (650) 364-7987
Record ID: 410012CN
Service Type: RES
Resident Capacity: 32
Total Occupancy: 32
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2018

Program Name: HOPE HOUSE
Legal Name: SERVICES LEAGUE OF SAN MATEO COUNTY
Address: 3789 HOOVER STREET
City, State Zip: REDWOOD CITY, CA 94063
Phone: (650) 363-8735 Fax: (650) 363-8701
Record ID: 410013AN
Service Type: RES
Resident Capacity: 16
Total Occupancy: 20
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 5/31/2017

Program Name: CASA MARIA RECOVERY HOME
Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES
OF SAN MATEO COUNTY, INC.
Address: 300 ROLLING HILLS AVENUE
City, State Zip: SAN MATEO, CA 94403
Phone: (650) 244-1444
Record ID: 410020AN
Service Type: RES
Resident Capacity: 9
Total Occupancy: 5
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 4/30/2017
Program Name: CASA AZTLAN RECOVERY HOME  
Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES OF SAN MATEO COUNTY, INC.  
Address: 660 MACARTHUR AVENUE  
City, State Zip: REDWOOD CITY, CA 94063  
Phone: (650) 355-7573  
Record ID: 410020DN  
Service Type: RES  
Resident Capacity: 9  
Total Occupancy: 9  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 4/30/2017

Program Name: LATINO COMMISSION-ENTRE FAMILIA OUTPATIENT  
Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES OF SAN MATEO COUNTY, INC.  
Address: 301 GRAND AVENUE, SUITE 301  
City, State Zip: SOUTH SAN FRANCISCO, CA 94080  
Phone: (650) 244-1444  
Fax: (650) 244-1447  
Record ID: 4100201N  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 11/30/2017

Program Name: SITIKE COUNSELING CENTER  
Legal Name: SITIKE  
Address: 306 SPRUCE AVENUE  
City, State Zip: SOUTH SAN FRANCISCO, CA 94080  
Phone: (650) 589-9305  
Record ID: 410023AN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 10/31/2016

Program Name: THE FREEDOM CENTER  
Legal Name: EL CENTRO DE LIBERTAD/THE FREEDOM CENTER, INC.  
Address: 500 ALLERTON STREET  
City, State Zip: REDWOOD CITY, CA 94063  
Phone: (650) 599-9955  
Fax: (950) 599-9273  
Record ID: 410026CN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 2/28/2017

Program Name: EL CENTRO DE LIBERTAD/THE FREEDOM CENTER  
Legal Name: EL CENTRO DE LIBERTAD/THE FREEDOM CENTER, INC.  
Address: 225 SOUTH CABRILLO HIGHWAY, BUILDING D, SUITE # 105  
City, State Zip: HALF MOON BAY, CA 94019  
Phone: (650) 560-9995  
Fax: (650) 560-9991  
Record ID: 410026DN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 1/31/2017

Program Name: WALKER HOUSE/ WILLIAMS HOUSE I AND II  
Legal Name: FREE AT LAST: COMMUNITY RECOVERY AND REHABILITATION SERVICES  
Address: 1085-A, 1085-B AND 1095 WEEKS STREET  
City, State Zip: EAST PALO ALTO, CA 94303  
Phone: (650) 462-4603  
Fax: (650) 462-3589  
Record ID: 410027AN  
Service Type: RES  
Resident Capacity: 18  
Total Occupancy: 18  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 8/31/2017
Program Name: MALAIKA HOUSE
Legal Name: FREE AT LAST: COMMUNITY RECOVERY AND REHABILITATION SERVICES
Address: 819 & 823 JAMIE LANE
City, State Zip: EAST PALO ALTO, CA 94303
Phone: (650) 462-6983
Record ID: 410027BN
Service Type: RES
Resident Capacity: 10
Total Occupancy: 14
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 8/31/2017

Program Name: FREE AT LAST
Legal Name: FREE AT LAST: COMMUNITY RECOVERY AND REHABILITATION SERVICES
Address: 1796 BAY ROAD
City, State Zip: EAST PALO ALTO, CA 94303
Phone: (650) 462-6999
Record ID: 410027IN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2017

Program Name: ARCHWAY
Legal Name: STARVISTA
Address: 609 PRICE AVENUE, ROOMS 107, 201, 205, AND 206 REWOOD CITY, CA 94063
City, State Zip: REDWOOD CITY, CA 94063
Phone: (650) 366-8433 Fax: (650) 366-8455
Record ID: 410038AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2018

Program Name: INSIGHTS
Legal Name: STARVISTA
Address: 333 GELLERT BOULEVARD #206
City, State Zip: DALY CITY, CA 94015
Phone: (650) 755-0858 Fax: (650) 755-1754
Record ID: 410038BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2018

Program Name: FIRST CHANCE SOUTH
Legal Name: STARVISTA
Address: 826 MAHLER ROAD
City, State Zip: BURLINGAME, CA 94010
Phone: (650) 595-8165 Fax: (650) 595-8167
Record ID: 410038DN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2018

Program Name: WOMEN'S ENRICHMENT CENTER
Legal Name: STARVISTA
Address: 335 QUARRY ROAD
City, State Zip: SAN CARLOS, CA 94070
Phone: (650) 591-3636 Fax: (650) 591-3600
Record ID: 410038EN
Service Type: NON
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 1/31/2018
Program Name: JERICHO PROJECT
Legal Name: JERICHO PROJECT
Address: 163 AND 193 DEL PRADO DRIVE
City, State Zip: DALY CITY, CA 94015
Phone: (650) 994-9832 Fax: (650) 994-1191
Record ID: 410041BN
Service Type: RES
Resident Capacity: 24
Total Occupancy: 24
Target Population: 1.2 --- MEN ONLY
Expiration Date: 3/31/2017

Program Name: JERICHO PROJECT
Legal Name: JERICHO PROJECT
Address: 470 VALLEY DRIVE
City, State Zip: BRISBANE, CA 94005
Phone: (415) 656-1700
Record ID: 410041DN
Service Type: NON
Target Population: 1.2 --- MEN ONLY
Expiration Date: 10/31/2016

Program Name: OUTPATIENT DRUG AND ALCOHOL SERVICES FOR ASIANS (ODASA)
Legal Name: HEALTHRIGHT 360
Address: 6181 MISSION STREET
City, State Zip: DALY CITY, CA 94014
Phone: (415) 337-0140
Record ID: 410043AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2016

Program Name: HEALTHRIGHT 360 - AARS YOUTH SERVICES OF SAN MATEO
Legal Name: HEALTHRIGHT 360
Address: 1115 MISSION ROAD
City, State Zip: SOUTH SAN FRANCISCO, CA 94080
Phone: (650) 243-4850 Fax: (650) 243-4851
Record ID: 410043BN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 5/31/2018

Program Name: WRA, HILLSIDE HOUSE ONE
Legal Name: HEALTHRIGHT 360
Address: 27 NORTH HUMBOLDT STREET, UNIT A & UNIT B
City, State Zip: SAN MATEO, CA 94401
Phone: (415) 762-1559
Record ID: 410043DN
Service Type: RES
Resident Capacity: 5
Total Occupancy: 11
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 9/30/2017

Program Name: WRA, THE ELMS
Legal Name: HEALTHRIGHT 360
Address: 202 EAST BELLEVUE AVENUE
City, State Zip: SAN MATEO, CA 94401
Phone: (650) 348-6603
Record ID: 410043EN
Service Type: RES
Resident Capacity: 15
Total Occupancy: 16
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 2/28/2018
Program Name: WRA, LAUREL HOUSE
Legal Name: HEALTHRIGHT 360
Address: 900 LAUREL AVENUE
City, State Zip: SAN MATEO, CA 94401
Phone: (650) 347-8808
Record ID: 410043FN
Service Type: RES
Resident Capacity: 12
Total Occupancy: 13
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 2/28/2018

Program Name: HEALTHRIGHT 360
Legal Name: HEALTHRIGHT 360
Address: 2015 PIONEER COURT, SUITE B
City, State Zip: SAN MATEO, CA 94403
Phone: (415) 762-3700
Record ID: 410043GN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2018

Program Name: STILLPATH RETREAT CENTER PROGRAM
Legal Name: STILLPATH RETREAT CENTER LLC
Address: 16350 SKYLINE BOULEVARD
City, State Zip: WOODSIDE, CA 94062
Phone: (415) 233-0178 Fax: (888) 866-1940
Record ID: 410044BP
Service Type: RES-DETOX
Resident Capacity: 52
Total Occupancy: 52
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2017
<table>
<thead>
<tr>
<th>Program Name</th>
<th>RECOVERY POINT ACUTE CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>GOOD SAMARITAN SHELTER</td>
</tr>
<tr>
<td>Address:</td>
<td>401 'B' W. MORRISON AVENUE</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>SANTA MARIA, CA 93458</td>
</tr>
<tr>
<td>Phone:</td>
<td>(805) 347-3338</td>
</tr>
<tr>
<td>Record ID:</td>
<td>420010BN</td>
</tr>
<tr>
<td>Service Type:</td>
<td>RES-DETOX</td>
</tr>
<tr>
<td>Resident Capacity:</td>
<td>12</td>
</tr>
<tr>
<td>Total Occupancy:</td>
<td>12</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>10/31/2016</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name</th>
<th>ANOTHER ROAD DETOX PROGRAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>GOOD SAMARITAN SHELTER</td>
</tr>
<tr>
<td>Address:</td>
<td>113 SOUTH M STREET</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>LOMPOC, CA 93436</td>
</tr>
<tr>
<td>Phone:</td>
<td>8057360357X207 Fax: (805) 346-8656</td>
</tr>
<tr>
<td>Record ID:</td>
<td>420010DN</td>
</tr>
<tr>
<td>Service Type:</td>
<td>RES-DETOX</td>
</tr>
<tr>
<td>Resident Capacity:</td>
<td>6</td>
</tr>
<tr>
<td>Total Occupancy:</td>
<td>6</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>10/31/2016</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name</th>
<th>TURNING POINT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>GOOD SAMARITAN SHELTER</td>
</tr>
<tr>
<td>Address:</td>
<td>604 WEST OCEAN AVENUE</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>LOMPOC, CA 93436</td>
</tr>
<tr>
<td>Phone:</td>
<td>(805) 736-0357 Fax: (805) 737-0389</td>
</tr>
<tr>
<td>Record ID:</td>
<td>420010EN</td>
</tr>
<tr>
<td>Service Type:</td>
<td>NON</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.3 --- WOMEN ONLY</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>11/30/2016</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name</th>
<th>RECOVERY POINT OUTPATIENT PROGRAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>GOOD SAMARITAN SHELTER</td>
</tr>
<tr>
<td>Address:</td>
<td>245 E. INGER DRIVE, SUITE 103B</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>SANTA MARIA, CA 93454</td>
</tr>
<tr>
<td>Phone:</td>
<td>(805) 346-8185 Fax: (805) 346-8656</td>
</tr>
<tr>
<td>Record ID:</td>
<td>420010FN</td>
</tr>
<tr>
<td>Service Type:</td>
<td>NON</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>11/30/2016</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name</th>
<th>CASA DE FAMILIA TREATMENT CENTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>GOOD SAMARITAN SHELTER</td>
</tr>
<tr>
<td>Address:</td>
<td>403 'B' WEST MORRISON</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>SANTA MARIA, CA 93454</td>
</tr>
<tr>
<td>Phone:</td>
<td>(805) 354-0815</td>
</tr>
<tr>
<td>Record ID:</td>
<td>420010GN</td>
</tr>
<tr>
<td>Service Type:</td>
<td>NON</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>5/31/2018</td>
</tr>
</tbody>
</table>
**LOMPOC RECOVERY CENTER**

*Legal Name*: GOOD SAMARITAN SHELTER  
*Address*: 104 SOUTH C STREET, SUITE A  
*City, State Zip*: LOMPOC, CA 93436  
*Phone*: (805) 332-3647  
*Record ID*: 420010HN  
*Service Type*: NON  
*Target Population*: 1.1 --- CO-ED  
*Expiration Date*: 9/30/2016

**SANTA BARBARA RESCUE MISSION - RECOVERY PROGRAM**

*Legal Name*: SANTA BARBARA RESCUE MISSION  
*Address*: 535 EAST YANONALI STREET, A  
*City, State Zip*: SANTA BARBARA, CA 93103  
*Phone*: (805) 966-1316  
*Fax*: (805) 966-7495  
*Record ID*: 420016AN  
*Service Type*: RES  
*Resident Capacity*: 49  
*Total Occupancy*: 49  
*Target Population*: 1.2 --- MEN ONLY  
*Expiration Date*: 2/28/2017

**BETHEL HOUSE**

*Legal Name*: SANTA BARBARA RESCUE MISSION  
*Address*: 24 WEST ARRELLEGA STREET  
*City, State Zip*: SANTA BARBARA, CA 93101  
*Phone*: (805) 966-1316  
*Fax*: (805) 966-7495  
*Record ID*: 420016BN  
*Service Type*: RES  
*Resident Capacity*: 24  
*Total Occupancy*: 25  
*Target Population*: 1.3 --- WOMEN ONLY  
*Expiration Date*: 2/28/2017

**RECOVERY SANTA BARBARA OUTPATIENT SERVICES**

*Legal Name*: SANTA BARBARA RESCUE MISSION  
*Address*: 535 EAST YANONALI STREET, B  
*City, State Zip*: SANTA BARBARA, CA 93103  
*Phone*: (805) 966-1316  
*Fax*: (805) 966-7495  
*Record ID*: 420016CN  
*Service Type*: NON  
*Target Population*: 1.1 --- CO-ED  
*Expiration Date*: 3/31/2018

**COTTAGE RESIDENTIAL CENTER**

*Legal Name*: SANTA BARBARA COTTAGE HOSPITAL  
*Address*: 316 MONTECITO STREET  
*City, State Zip*: SANTA BARBARA, CA 93101  
*Phone*: (805) 569-7815  
*Fax*: (805) 569-8314  
*Record ID*: 420017AN  
*Service Type*: RES  
*Resident Capacity*: 24  
*Total Occupancy*: 24  
*Target Population*: 1.1 --- CO-ED  
*Expiration Date*: 6/30/2017

**PROJECT RECOVERY - ADULT OUTPATIENT TREATMENT PROGRAM**

*Legal Name*: COUNCIL ON ALCOHOLISM AND DRUG ABUSE  
*Address*: 133 EAST HALEY STREET  
*City, State Zip*: SANTA BARBARA, CA 93101  
*Phone*: (805) 564-6057  
*Record ID*: 420022AN  
*Service Type*: NON  
*Target Population*: 1.1 --- CO-ED  
*Expiration Date*: 5/31/2017
Program Name: DANIEL BRYANT YOUTH AND FAMILY TREATMENT CENTER
Legal Name: COUNCIL ON ALCOHOLISM AND DRUG ABUSE
Address: 1111 GARDEN STREET
City, State Zip: SANTA BARBARA, CA 93101
Phone: (805) 730-7575 Fax: (805) 730-7503
Record ID: 420022BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2017

Program Name: PC1000
Legal Name: COUNCIL ON ALCOHOLISM AND DRUG ABUSE
Address: 232 EAST CANON PERDIDO STREET
City, State Zip: SANTA BARBARA, CA 93101
Phone: (805) 963-1433 Fax: (805) 963-1720
Record ID: 420022DN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2017

Program Name: PROJECT RECOVERY RESIDENTIAL DETOX PROGRAM
Legal Name: COUNCIL ON ALCOHOLISM AND DRUG ABUSE
Address: 1020 PLACIDO AVENUE
City, State Zip: SANTA BARBARA, CA 93103
Phone: (805) 963-1836 Fax: (805) 963-8849
Record ID: 420022EN
Service Type: RES-DETOX
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2017

Program Name: CASA SERENA RESIDENTIAL RECOVERY PROGRAM
Legal Name: CASA SERENA
Address: 1515 BATH STREET
City, State Zip: SANTA BARBARA, CA 93101
Phone: (805) 564-8701 Fax: (805) 966-6695
Record ID: 420024AN
Service Type: RES
Resident Capacity: 18
Total Occupancy: 18
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 6/30/2017

Program Name: CASA SERENA RESIDENTIAL RECOVERY PROGRAM
Legal Name: CASA SERENA
Address: 1922 AND 1924 CASTILLO STREET
City, State Zip: SANTA BARBARA, CA 93101
Phone: (805) 687-6318 Fax: (805) 966-6695
Record ID: 420024BN
Service Type: RES
Resident Capacity: 8
Total Occupancy: 8
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 6/30/2017

Program Name: CASA SERENA RESIDENTIAL RECOVERY PROGRAM
Legal Name: CASA SERENA
Address: 147 OLIVER ROAD
City, State Zip: SANTA BARBARA, CA 93105
Phone: (805) 965-1625 Fax: (805) 966-6695
Record ID: 420024CN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 12
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 6/30/2017
Program Name: SANCTUARY CENTERS OF SANTA BARBARA, INC.
Legal Name: SANCTUARY CENTERS OF SANTA BARBARA, INC.
Address: 222 WEST VALERIO, REAR BUILDING
City, State Zip: SANTA BARBARA, CA 93101
Phone: (805) 569-2785 Fax: (805) 563-1977
Record ID: 420026AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2017

Program Name: COAST VALLEY SUBSTANCE ABUSE TREATMENT CENTER
Legal Name: COAST VALLEY WORSHIP CENTER
Address: 1414 S. MILLER STREET, SUITE 11
City, State Zip: SANTA MARIA, CA 93454
Phone: (805) 739-1512 Fax: (805) 739-2855
Record ID: 420030AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2017

Program Name: COAST VALLEY SUBSTANCE ABUSE TREATMENT CENTER
Legal Name: COAST VALLEY WORSHIP CENTER
Address: 133 NORTH F STREET
City, State Zip: SANTA MARIA, CA 93436
Phone: (805) 735-7525
Record ID: 420030BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2016

Program Name: RECOVERY ROAD MEDICAL CENTER
Legal Name: RECOVERY ROAD MEDICAL CENTER, INC.
Address: 3891 STATE STREET, SUITE 205
City, State Zip: SANTA BARBARA, CA 93105
Phone: (805) 962-7800 Fax: (805) 962-9002
Record ID: 420034AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2016

Program Name: THE TIDES SANTA BARBARA
Legal Name: THE TIDES SANTA BARBARA, LLC
Address: 5277 AUSTIN ROAD
City, State Zip: SANTA BARBARA, CA 93111
Phone: (805) 203-6211 Fax: (888) 552-0299
Record ID: 420035AP
Service Type: RES-DETOX
Resident Capacity: 6 Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2017

Program Name: THE OAKS - A RESIDENTIAL TREATMENT PROGRAM AT THE CHAMPION CENTER
Legal Name: THE OAKS - A RESIDENTIAL TREATMENT PROGRAM AT THE CHAMPION CENTER
Address: 303 SOUTH C STREET
City, State Zip: LOMPOC, CA 93436
Phone: (805) 737-3321 Fax: (805) 737-3304
Record ID: 420036AP
Service Type: RES
Resident Capacity: 16 Total Occupancy: 16
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2017
Program Name: CHANGES
Legal Name: AMERICAN RIVIERA LLC
Address: 403 EAST MONTECITO STREET, SUITE A
City, State Zip: SANTA BARBARA, CA 93101
Phone: (805) 883-1155 Fax: (805) 883-1188
Record ID: 420037AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2017
Program Name: LYRIC RECOVERY SERVICES, INC.
Legal Name: LYRIC RECOVERY SERVICES, INC.
Address: 1210 SOUTH BASCOM AVENUE, SUITE 205
City, State Zip: SAN JOSE, CA 95128
Phone: (408) 216-9826 Fax: (408) 982-3272
Record ID: 430013AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2017

Program Name: PATHWAY HOUSE
Legal Name: PATHWAY SOCIETY
Address: 102 SOUTH 11TH STREET
City, State Zip: SAN JOSE, CA 95112
Phone: (408) 998-5191 Fax: (408) 506-1194
Record ID: 430016AN
Service Type: RES
Resident Capacity: 65
Total Occupancy: 65
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2017

Program Name: PATHWAY OUTPATIENT CENTER
Legal Name: PATHWAY SOCIETY
Address: 1659 SCOTT BOULEVARD, SUITE 9, 220, AND 270
City, State Zip: SANTA CLARA, CA 95050
Phone: (408) 244-1834 Fax: (408) 244-5123
Record ID: 430016BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2017

Program Name: PATHWAY SOCIETY
Legal Name: PATHWAY SOCIETY
Address: 16433 MONTEREY STREET, SUITE 140
City, State Zip: MORGAN HILL, CA 95037
Phone: (408) 782-6300 Fax: (408) 782-6363
Record ID: 430016DN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2018

Program Name: MARIPOSA LODGE
Legal Name: PATHWAY SOCIETY
Address: 9500 MALECH ROAD
City, State Zip: SAN JOSE, CA 95151
Phone: (408) 281-6542 Fax: (408) 463-0794
Record ID: 430016FN
Service Type: RES
Resident Capacity: 64
Total Occupancy: 64
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2017
**Program Name:** HORIZON SOUTH  
**Legal Name:** HORIZON SERVICES, INCORPORATED  
**Address:** 650 SOUTH BASCOM AVENUE  
**City, State Zip:** SAN JOSE, CA 95128  
**Phone:** (408) 295-6675  
**Fax:** (408) 295-8544  
**Record ID:** 430021AN  
**Service Type:** RES-DETOX  
**Resident Capacity:** 41  
**Total Occupancy:** 41  
**Target Population:** 1.2 --- MEN ONLY  
**Expiration Date:** 8/31/2016

**Program Name:** SUPPORT SYSTEMS HOMES OUTPATIENT AND DAY TREATMENT PROGRAM  
**Legal Name:** SUPPORT SYSTEMS HOMES, INC.  
**Address:** 173 NORTH MORRISON AVENUE  
**City, State Zip:** SAN JOSE, CA 95126  
**Phone:** (408) 370-9688  
**Fax:** (408) 370-3487  
**Record ID:** 430027GP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 5/31/2017

**Program Name:** SUPPORT SYSTEMS HOMES ALCOHOL AND DRUG TREATMENT CENTER  
**Legal Name:** SUPPORT SYSTEMS HOMES, INC.  
**Address:** 264 NORTH MORRISON AVENUE  
**City, State Zip:** SAN JOSE, CA 95126  
**Phone:** (408) 370-9688  
**Fax:** (408) 370-3487  
**Record ID:** 430027HP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 32  
**Total Occupancy:** 32  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 1/31/2017

**Program Name:** SUPPORT SYSTEMS HOMES, INC.  
**Legal Name:** SUPPORT SYSTEMS HOMES, INC.  
**Address:** 398 S. 12TH STREET  
**City, State Zip:** SAN JOSE, CA 95112  
**Phone:** (408) 370-9688  
**Fax:** (408) 370-3487  
**Record ID:** 430027IP  
**Service Type:** RES  
**Resident Capacity:** 22  
**Total Occupancy:** 22  
**Target Population:** 1.2 --- MEN ONLY  
**Expiration Date:** 8/31/2017

**Program Name:** SUPPORT SYSTEMS HOMES, INC.  
**Legal Name:** SUPPORT SYSTEMS HOMES, INC.  
**Address:** 1271 & 1281 FLEMING AVENUE  
**City, State Zip:** SAN JOSE, CA 95127  
**Phone:** (408) 370-9688  
**Fax:** (408) 370-3487  
**Record ID:** 430027JP  
**Service Type:** RES  
**Resident Capacity:** 27  
**Total Occupancy:** 27  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 10/31/2017

**Program Name:** ADOLESCENT COUNSELING SERVICES  
**Legal Name:** ADOLESCENT COUNSELING SERVICES  
**Address:** 1717 EMBARCADERO ROAD, SUITE 4000  
**City, State Zip:** PALO ALTO, CA 94303  
**Phone:** (650) 424-0852  
**Record ID:** 430032AN  
**Service Type:** NON  
**Target Population:** 1.7 --- FAMILIES  
**Expiration Date:** 1/31/2017
Program Name: THE CAMP - OUTPATIENT SERVICES  
Legal Name: THE CAMP RECOVERY CENTER, LLC  
Address: 256 EAST HAMILTON AVENUE, SUITE I  
City, State Zip: CAMPBELL, CA 95008  
Phone: (408) 866-8167  
Record ID: 430034AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 9/30/2017

Program Name: SUMMIT RANCH  
Legal Name: ADVENT GROUP MINISTRIES, INC.  
Address: 1200 WEST EDMUNDSON AVENUE  
City, State Zip: MORGAN HILL, CA 95037  
Phone: (408) 779-1492  
Fax: (408) 604-0162  
Record ID: 430038CN  
Service Type: DSS  
Target Population: 1.5 --- YOUTH/ADOLESCENT  
Expiration Date: 11/30/2016

Program Name: LAUREL HOME  
Legal Name: ADVENT GROUP MINISTRIES, INC.  
Address: 865 BLACK WALNUT COURT  
City, State Zip: MORGAN HILL, CA 95037  
Phone: (408) 779-5841  
Fax: (408) 604-0162  
Record ID: 430038DN  
Service Type: DSS  
Target Population: 1.5 --- YOUTH/ADOLESCENT  
Expiration Date: 11/30/2016

Program Name: GATEWAY HOME  
Legal Name: ADVENT GROUP MINISTRIES, INC.  
Address: 1960 CHURCH AVENUE  
City, State Zip: SAN MARTIN, CA 95046  
Phone: (408) 683-2099  
Fax: (425) 686-0776  
Record ID: 430038EN  
Service Type: DSS  
Target Population: 1.5 --- YOUTH/ADOLESCENT  
Expiration Date: 11/30/2016

Program Name: AMICUS HOUSE, INC.  
Legal Name: AMICUS HOUSE, INC.  
Address: 466 SOUTH BUENA VISTA AVENUE  
City, State Zip: SAN JOSE, CA 95126  
Phone: (408) 294-2277  
Record ID: 430041AP  
Service Type: RES  
Resident Capacity: 14  
Total Occupancy: 14  
Target Population: 1.1 --- CO-ED  
Expiration Date: 8/31/2018

Program Name: ASIAN AMERICANS FOR COMMUNITY INVOLVEMENT  
Legal Name: THE ASIAN AMERICANS FOR COMMUNITY INVOLVEMENT OF SANTA CLARA COUNTY, INC.  
Address: 2400 MOORPARK AVENUE, SUITES 111, 205, 210, 300, AND, 301  
City, State Zip: SAN JOSE, CA 95128  
Phone: (408) 975-2730  
Fax: (408) 975-2745  
Record ID: 430042AN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 1/31/2017

Program Name: CALWORKS DUAL DIAGNOSIS PROGRAM  
Legal Name: THE GARDNER FAMILY CARE CORPORATION  
Address: 160 EAST VIRGINIA STREET, SUITE 280  
City, State Zip: SAN JOSE, CA 95112  
Phone: (408) 287-6200  
Fax: (408) 998-1535  
Record ID: 430045AN  
Service Type: NON  
Target Population: 1.8 --- DUAL DIAGNOSIS  
Expiration Date: 5/31/2017
Program Name: PROYECTO PRIMAVERA ADULT OUTPATIENT PROGRAM
Legal Name: THE GARDNER FAMILY CARE CORPORATION
Address: 614 TULLY ROAD
City, State Zip: SAN JOSE, CA 95111
Phone: (408) 977-1591 Fax: (408) 977-1136
Record ID: 430045BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2017

Program Name: FAMILY AND CHILDREN SERVICES--SUBSTANCE ABUSE TREATMENT PROGRAM
Legal Name: FAMILY AND CHILDREN SERVICES
Address: 950 WEST JULIAN STREET
City, State Zip: SAN JOSE, CA 95126
Phone: (408) 292-9353 Fax: (408) 288-6201
Record ID: 430046AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2017

Program Name: FAMILY & CHILDREN SERVICES
Legal Name: FAMILY AND CHILDREN SERVICES
Address: 375 CAMBRIDGE AVENUE
City, State Zip: PALO ALTO, CA 94306
Phone: (650) 326-6576 Fax: (650) 326-1340
Record ID: 430046BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2017

Program Name: FAMILY & CHILDREN SERVICES - SUBSTANCE ABUSE TREATMENT PROGRAM
Legal Name: FAMILY AND CHILDREN SERVICES
Address: 2226 N. FIRST STREET
City, State Zip: SAN JOSE, CA 95131
Phone: (650) 326-6576 Fax: (650) 326-1340
Record ID: 430046CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2017

Program Name: FAMILY & CHILDREN SERVICES - SUBSTANCE ABUSE TREATMENT PROGRAM
Legal Name: FAMILY AND CHILDREN SERVICES
Address: 2218 NORTH 1ST STREET
City, State Zip: SAN JOSE, CA 95131-2007
Phone: (650) 326-6576 Fax: (408) 943-8155
Record ID: 430046DN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2017

Program Name: INDIAN HEALTH CENTER OF SANTA CLARA VALLEY-OUTPATIENT ALCOHOL & OTHER DRUG PROGR
Legal Name: INDIAN HEALTH CENTER OF SANTA CLARA VALLEY
Address: 602 EAST SANTA CLARA STREET, SUITE 230
City, State Zip: SAN JOSE, CA 95112
Phone: (408) 350-2400 Fax: (408) 350-2411
Record ID: 430047CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2016

Program Name: NINTH STREET HOUSE
Legal Name: PROJECT NINETY
Address: 561 SOUTH 9TH STREET
City, State Zip: SAN JOSE, CA 95112
Phone: (650) 579-7881 Fax: (650) 579-2640
Record ID: 430051AN
Service Type: RES
Resident Capacity: 16
Total Occupancy: 18
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2016
Program Name: NEW LIFE RECOVERY CENTERS
Legal Name: NEW LIFE RECOVERY CENTERS, INC.
Address: 473 NORTH SAN PEDRO
City, State Zip: SAN JOSE, CA 95110-2229
Phone: (408) 297-1182 Fax: (408) 297-7450
Record ID: 430053AP
Service Type: RES-DETOX
Resident Capacity: 18
Total Occupancy: 18
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2018

Program Name: NEW LIFE RECOVERY CENTERS, INC.
Legal Name: NEW LIFE RECOVERY CENTERS, INC.
Address: 1101 PARK AVENUE
City, State Zip: SAN JOSE, CA 95126
Phone: (408) 271-0199 Fax: (408) 297-7450
Record ID: 430053BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2017

Program Name: NEW LIFE RECOVERY CENTERS, INC.
Legal Name: NEW LIFE RECOVERY CENTERS, INC.
Address: 166 CLAYTON AVENUE
City, State Zip: SAN JOSE, CA 95110-2210
Phone: (408) 975-0454 Fax: (408) 230-0395
Record ID: 430053CP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2018

Program Name: HOUSE OF DAWN
Legal Name: OPERATION DAWN
Address: 5034 PAGE MILL DRIVE
City, State Zip: SAN JOSE, CA 95111-4055
Phone: (408) 362-0121
Record ID: 430059AN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.2 --- MEN ONLY
Expiration Date: 11/30/2016

Program Name: POSITIVE PROGRESSION, INC.
Legal Name: POSITIVE PROGRESSIONS RESIDENTIAL TREATMENT CENTERS, INC
Address: 1721 LOLLIE COURT
City, State Zip: SAN JOSE, CA 95124
Phone: (408) 476-4888
Record ID: 430065AN
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2017

Program Name: ADI-OUTPATIENT
Legal Name: ADI- OP, INC.
Address: 1900 CAMDEN AVENUE, SUITE 202 AND 205
City, State Zip: SAN JOSE, CA 95124
Phone: (408) 879-7581 Fax: (408) 879-7587
Record ID: 430068AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2018
Program Name: EMQ FAMILIESFIRST OUTPATIENT ADOLESCENT SUBSTANCE ABUSE
Legal Name: FAMILIESFIRST, INC.
Address: 251 LLEWELLYN AVENUE
City, State Zip: CAMPBELL, CA 95008
Phone: (408) 379-3796
Record ID: 430070AN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 11/30/2017

Program Name: PARISI HOUSE ON THE HILL, INC.
Legal Name: PARISI HOUSE ON THE HILL, INC.
Address: 9501 AND 9505 MALECH ROAD
City, State Zip: SAN JOSE, CA 95138
Phone: (408) 281-6570 Fax: (408) 463-1116
Record ID: 430071AN
Service Type: RES
Resident Capacity: 20
Total Occupancy: 42
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 5/31/2017

Program Name: LIONROCK RECOVERY
Legal Name: LIONROCK BEHAVIORAL HEALTH, INC.
Address: 621 E CAMPBELL AVENUE #17
City, State Zip: CAMPBELL, CA 95008
Phone: (760) 994-4990 Fax: (866) 899-8670
Record ID: 430074AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2017

Program Name: GREENDALE HOUSE
Legal Name: GREENDALE HOUSE LLC
Address: 401 GREENDALE WAY
City, State Zip: SAN JOSE, CA 95129
Phone: (408) 455-2944 Fax: (408) 248-0972
Record ID: 430076AP
Service Type: RES
Resident Capacity: 14
Total Occupancy: 16
Target Population: 1.2 --- MEN ONLY
Expiration Date: 3/31/2018

Program Name: SUMMIT ESTATE RECOVERY CENTER
Legal Name: SUMMIT ESTATE, INC.
Address: 399 OLD MILL POND ROAD
City, State Zip: LOS GATOS, CA 95033
Phone: (650) 733-4711 Fax: (877) 230-5007
Record ID: 430077AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2017

Program Name: SUMMIT ESTATE OUTPATIENT
Legal Name: SUMMIT ESTATE, INC.
Address: 20640 3RD STREET
City, State Zip: SARATOGA, CA 95070
Phone: (408) 469-4734 Fax: (408) 469-4734
Record ID: 430077BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2018
Program Name: CENTRAL TREATMENT & RECOVERY
Legal Name: SANTA CLARA COUNTY, DEPARTMENT OF ALCOHOL AND DRUG SERVICES
Address: 976 LENZEN AVENUE, 1ST FLOOR, SUITE 1900
City, State Zip: SAN JOSE, CA 95126-2737
Phone: (408) 792-5656     Fax: (408) 947-8719
Record ID: 430078AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2016

Program Name: ASIAN AMERICAN RECOVERY SERVICES, A HEALTHRIGHT 360 PROGRAM
Legal Name: HEALTHRIGHT 360
Address: 1340 TULLY ROAD, SUITE 301 & 304
City, State Zip: SAN JOSE, CA 95122-3056
Phone: (408) 271-3900     Fax: (415) 865-0119
Record ID: 430079AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2018

Program Name: GENESIS PROJECT
Legal Name: TRUTH RECOVERY FOUNDATION, INC.
Address: 810 PALM STREET
City, State Zip: SAN JOSE, CA 95110
Phone: (408) 500-6229
Record ID: 430080AN
Service Type: RES
Resident Capacity: 16
Total Occupancy: 16
Target Population: 1.2 --- MEN ONLY
Expiration Date: 4/30/2017

Program Name: BILL WILSON HOUSE
Legal Name: BILL WILSON CENTER
Address: 3490 THE ALAMEDA
City, State Zip: SANTA CLARA, CA 95050-4333
Phone: (408) 243-0222     Fax: (408) 246-5752
Record ID: 430082AN
Service Type: DSS
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 2/28/2018

Program Name: LOS GATOS DRUG AND ALCOHOL RECOVERY CENTER
Legal Name: LOS GATOS MEDICAL CENTER, INC.
Address: 16400 LARK AVENUE, 350
City, State Zip: LOS GATOS, CA 95032
Phone: (408) 384-9717     Fax: (408) 358-2810
Record ID: 430083AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2018
### Program Name: ALTO COUNSELING CENTER-SOUTH
Legal Name: ENCOMPASS COMMUNITY SERVICES  
Address: 585 AUTO CENTER DRIVE  
City, State Zip: WASTONVILLE, CA 95076  
Phone: (831) 722-5915  
Fax: (831) 722-8311  
Record ID: 440001EN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 12/31/2016

### Program Name: OUT-PATIENT CLIENT SERVICES
Legal Name: JANUS OF SANTA CRUZ  
Address: 200 SEVENTH AVENUE, SUITE 150  
City, State Zip: SANTA CRUZ, CA 95062  
Phone: (831) 462-1060  
Record ID: 440003AN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 8/31/2016

### Program Name: RESIDENTIAL TREATMENT CENTER & SPECIAL CARE UNIT
Legal Name: JANUS OF SANTA CRUZ  
Address: 200 SEVENTH AVENUE  
City, State Zip: SANTA CRUZ, CA 95062  
Phone: (831) 462-1060  
Record ID: 440003BN  
Service Type: RES-DETOX  
Resident Capacity: 24  
Total Occupancy: 24  
Target Population: 1.1 --- CO-ED  
Expiration Date: 8/31/2016

### Program Name: MONDANARO-BASKIN CENTER FOR WOMEN & CHILDREN
Legal Name: JANUS OF SANTA CRUZ  
Address: 516 CHESTNUT STREET  
City, State Zip: SANTA CRUZ, CA 95060  
Phone: (831) 423-9015  
Record ID: 440003DN  
Service Type: RES  
Resident Capacity: 10  
Total Occupancy: 24  
Target Population: 1.4 --- WOMEN/CHILDREN  
Expiration Date: 8/31/2016

### Program Name: SANTA CRUZ RESIDENTIAL RECOVERY
Legal Name: ENCOMPASS COMMUNITY SERVICES  
Address: 125 RIGG STREET  
City, State Zip: SANTA CRUZ, CA 95060  
Phone: (831) 423-3890  
Record ID: 440008AN  
Service Type: RES  
Resident Capacity: 30  
Total Occupancy: 30  
Target Population: 1.1 --- CO-ED  
Expiration Date: 6/30/2018
Program Name: ALTO COUNSELING CENTER - NORTH
Legal Name: ENCOMPASS COMMUNITY SERVICES
Address: 716 OCEAN STREET, SUITES 170, 200, 230
City, State Zip: SANTA CRUZ, CA 95060-2126
Phone: (831) 423-2003
Record ID: 440008HN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2018

Program Name: SI SE PUDE
Legal Name: ENCOMPASS COMMUNITY SERVICES
Address: 161 MILES LANE
City, State Zip: WATSONVILLE, CA 95076
Phone: (831) 423-3890
Record ID: 440008LN
Service Type: RES
Resident Capacity: 23
Total Occupancy: 23
Target Population: 1.2 --- MEN ONLY
Expiration Date: 6/30/2016

Program Name: ELEVATE ADDICTION SERVICES-SANTA CRUZ
Legal Name: HALCYON HORIZONS, INCORPORATED
Address: 9C MAREA AVENUE
City, State Zip: LA SELVA BEACH, CA 95076
Phone: (831) 768-7190  Fax: (831) 768-7194
Record ID: 440009CN
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2016

Program Name: ELEVATE ADDICTION SERVICES-SANTA CRUZ
Legal Name: HALCYON HORIZONS, INCORPORATED
Address: 125 FUCHSIA COURT
City, State Zip: FREEDOM, CA 95019
Phone: (831) 768-7190  Fax: (831) 768-7194
Record ID: 440009CN
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2016

Program Name: ELEVATE ADDICTION SERVICES-SANTA CRUZ
Legal Name: HALCYON HORIZONS, INCORPORATED
Address: 262 GAFFEY ROAD, 80 BISTA VERDE CIRCLE, AND 65 KING FISHER DRIVE
City, State Zip: LA SELVA BEACH, CA 95076
Phone: (831) 768-7190  Fax: (831) 768-7194
Record ID: 440009CN
Service Type: RES-DETOX
Resident Capacity: 61
Total Occupancy: 61
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2016

Program Name: ELEVATE ADDICTION SERVICES-SANTA CRUZ OUTPATIENT
Legal Name: HALCYON HORIZONS, INCORPORATED
Address: 9057 SOQUEL DRIVE, BUILDING B, SUITE EE
City, State Zip: APOTOS, CA 95003
Phone: (831) 768-7190  Fax: (831) 768-7194
Record ID: 440009DN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2016
Program Name: NEW LIFE CENTER  
Legal Name: NEW LIFE COMMUNITY SERVICES, INC.  
Address: 707 AND 717 FAIR AVENUE  
City, State Zip: SANTA CRUZ, CA 95060  
Phone: (831) 427-1007  
Record ID: 440010AN  
Service Type: RES  
Resident Capacity: 38  
Total Occupancy: 52  
Target Population: 1.7 --- FAMILIES  
Expiration Date: 4/30/2017

Program Name: CAMP RECOVERY CENTER  
Legal Name: THE CAMP RECOVERY CENTER, LLC  
Address: 3192 GLEN CANYON ROAD  
City, State Zip: SCOTTS VALLEY, CA 95066  
Phone: (831) 438-1868  
Record ID: 440011AP  
Service Type: RES-DETOX  
Resident Capacity: 56  
Total Occupancy: 60  
Target Population: 1.1 --- CO-ED  
Expiration Date: 9/30/2017

Program Name: THE CAMP RECOVERY CENTERS-SECTION II  
Legal Name: THE CAMP RECOVERY CENTER, LLC  
Address: 3192 GLEN CANYON ROAD  
City, State Zip: SCOTTS VALLEY, CA 95066-4916  
Phone: (831) 438-1868  
Record ID: 440011BP  
Service Type: DSS  
Target Population: 1.5 --- YOUTH/ADOLESCENT  
Expiration Date: 2/28/2017

Program Name: SOBRIETY WORKS  
Legal Name: RIKKI RAP, INC.  
Address: 8030 SOQUEL AVENUE, SUITE 103  
City, State Zip: SANTA CRUZ, CA 95062-2096  
Phone: (831) 476-1747 Fax: (831) 476-1125  
Record ID: 440014AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 3/31/2018

Program Name: COASTAL TURNING POINT  
Legal Name: COASTAL TURNING POINT INC  
Address: 147 SOUTH RIVER STREET, SUITE 234A  
City, State Zip: SANTA CRUZ, CA 95060-4556  
Phone: (831) 234-2010 Fax: (831) 226-2123  
Record ID: 440018AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 4/30/2018
As of 9/6/2016 Shasta County

Program Name: EMPIRE RECOVERY CENTER
Legal Name: EMPIRE HOTEL, EHARC, INC.
Address: 1237 CALIFORNIA STREET
City, State Zip: REDDING, CA 96001
Phone: (530) 243-7470 Fax: (530) 243-7477
Record ID: 450001AN
Service Type: RES-DETOX
Resident Capacity: 42
Total Occupancy: 42
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2017

Program Name: EMPIRE OUTPATIENT SERVICES
Legal Name: EMPIRE HOTEL, EHARC, INC.
Address: 1616 WEST STREET
City, State Zip: REDDING, CA 96001
Phone: (530) 244-7074 Fax: (530) 244-7065
Record ID: 450001CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2018

Program Name: WILDERNESS RECOVERY CENTER
Legal Name: HILLCREST COMMUNITY SERVICES, INC.
Address: 19650 COVE ROAD
City, State Zip: MONTGOMERY CREEK, CA 96065
Phone: (530) 337-6724
Record ID: 450004AN
Service Type: DSS
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 1/31/2018

Program Name: REDEEMED RECOVERY SERVICES
Legal Name: CHURCH OF THE REDEEMED OF REDDING, CALIFORNIA
Address: 844 BUTTE STREET
City, State Zip: REDDING, CA 96001
Phone: (530) 241-5518 Fax: (530) 244-4086
Record ID: 450008AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2017

Program Name: CHEMICAL DEPENDENCY INTENSIVE OUTPATIENT PROGRAM
Legal Name: THOMAS J. ANDREWS, M.D., INC.
Address: 2885 CHURN CREEK ROAD, SUITE A
City, State Zip: REDDING, CA 96002
Phone: (530) 221-7474 Fax: (530) 226-6329
Record ID: 450011AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2017

Program Name: ANDERSON OUTPATIENT PROGRAM
Legal Name: RIGHT ROAD RECOVERY PROGRAMS, INC.
Address: 2110 FERRY STREET
City, State Zip: ANDERSON, CA 96007
Phone: (530) 365-8523
Record ID: 450012AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2017
Program Name: VOTC, INC. RESIDENTIAL TREATMENT PROGRAM  
Legal Name: VOTC, INC.  
Address: 3640, 3642, 3644, 3646, 3650, 3652 EL PORTAL DRIVE AND 3647 RICARDO AVENUE  
City, State Zip: REDDING, CA 96002  
Phone: (530) 722-1114  Fax: (530) 722-1115  
Record ID: 450020AN  
Service Type: RES  
Resident Capacity: 24  
Total Occupancy: 36  
Target Population: 1.4 --- WOMEN/CHILDREN  
Expiration Date: 9/30/2016

Program Name: VOTC, INC.  
Legal Name: VOTC, INC.  
Address: 3617 RICARDO AVENUE, SUITE #1 & 9  
City, State Zip: REDDING, CA 96002  
Phone: (530) 722-1114  Fax: (530) 722-1115  
Record ID: 450020BN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 10/31/2016

Program Name: VISIONS OF THE CROSS  
Legal Name: VOTC, INC.  
Address: 2066 PLACER STREET  
City, State Zip: REDDING, CA 96001  
Phone: (530) 722-1114  
Record ID: 450020CN  
Service Type: RES  
Resident Capacity: 18  
Total Occupancy: 18  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 3/31/2018

Program Name: VISIONS OF THE CROSS  
Legal Name: VOTC, INC.  
Address: 3617 RICARDO AVENUE, #6, 7 & 8  
City, State Zip: REDDING, CA 96002  
Phone: (530) 722-1114  Fax: (530) 722-1115  
Record ID: 450020DN  
Service Type: RES  
Resident Capacity: 10  
Total Occupancy: 16  
Target Population: 1.4 --- WOMEN/CHILDREN  
Expiration Date: 11/30/2017
<table>
<thead>
<tr>
<th><strong>Program Name:</strong></th>
<th>SIERRA COUNTY HUMAN SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Legal Name:</strong></td>
<td>SIERRA COUNTY HUMAN SERVICES</td>
</tr>
<tr>
<td><strong>Address:</strong></td>
<td>704 MILL STREET</td>
</tr>
<tr>
<td><strong>City, State Zip:</strong></td>
<td>LOYALTON, CA 96118</td>
</tr>
<tr>
<td><strong>Phone:</strong></td>
<td>(530) 993-6748</td>
</tr>
<tr>
<td><strong>Fax:</strong></td>
<td>(530) 993-6759</td>
</tr>
<tr>
<td><strong>Record ID:</strong></td>
<td>460001AN</td>
</tr>
<tr>
<td><strong>Service Type:</strong></td>
<td>NON</td>
</tr>
<tr>
<td><strong>Target Population:</strong></td>
<td>1.1 --- CO-ED</td>
</tr>
<tr>
<td><strong>Expiration Date:</strong></td>
<td>5/31/2017</td>
</tr>
</tbody>
</table>
Program Name: SISKIYOU COUNTY BEHAVIORAL HEALTH
Legal Name: SISKIYOU COUNTY HEALTH & HUMAN SERVICES AGENCY
Address: 2060 CAMPUS DRIVE
City, State Zip: YREKA, CA 96097-9538
Phone: (530) 841-4890 Fax: (530) 841-4881
Record ID: 470002AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2017

Program Name: KARUK HEALTH CLINIC
Legal Name: KARUK TRIBE
Address: 1515 SOUTH OREGON STREET
City, State Zip: YREKA, CA 96097
Phone: (530) 842-9200 Fax: (530) 841-5150
Record ID: 470003AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2018
<table>
<thead>
<tr>
<th>Program Name:</th>
<th>SOUTHERN SOLANO ALCOHOL COUNCIL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>BI-BETT</td>
</tr>
<tr>
<td>Address:</td>
<td>419 PENNSYLVANIA STREET</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>VALLEJO, CA 94590</td>
</tr>
<tr>
<td>Phone:</td>
<td>(707) 643-2715</td>
</tr>
<tr>
<td>Fax:</td>
<td>(707) 643-8536</td>
</tr>
<tr>
<td>Record ID:</td>
<td>480002BN</td>
</tr>
<tr>
<td>Service Type:</td>
<td>RES</td>
</tr>
<tr>
<td>Resident Capacity:</td>
<td>9</td>
</tr>
<tr>
<td>Total Occupancy:</td>
<td>9</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>12/31/2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>SHAMIA RECOVERY CENTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>BI-BETT</td>
</tr>
<tr>
<td>Address:</td>
<td>126, 126-1/2, AND 128 OHIO STREET</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>VALLEJO, CA 94590</td>
</tr>
<tr>
<td>Phone:</td>
<td>(707) 644-2577</td>
</tr>
<tr>
<td>Fax:</td>
<td>(707) 644-2577</td>
</tr>
<tr>
<td>Record ID:</td>
<td>480002CN</td>
</tr>
<tr>
<td>Service Type:</td>
<td>RES</td>
</tr>
<tr>
<td>Resident Capacity:</td>
<td>16</td>
</tr>
<tr>
<td>Total Occupancy:</td>
<td>16</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.4 --- WOMEN/CHILDREN</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>11/30/2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>RECOVERY CONNECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>BI-BETT</td>
</tr>
<tr>
<td>Address:</td>
<td>604 BROADWAY STREET</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>VALLEJO, CA 94590</td>
</tr>
<tr>
<td>Phone:</td>
<td>(707) 643-2748</td>
</tr>
<tr>
<td>Fax:</td>
<td>(707) 558-8047</td>
</tr>
<tr>
<td>Record ID:</td>
<td>480002GN</td>
</tr>
<tr>
<td>Service Type:</td>
<td>NON</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>5/31/2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>GENESIS HOUSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>GENESIS HOUSE, INC.</td>
</tr>
<tr>
<td>Address:</td>
<td>1149 WARREN AVENUE</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>VALLEJO, CA 94591</td>
</tr>
<tr>
<td>Phone:</td>
<td>(707) 552-5295</td>
</tr>
<tr>
<td>Record ID:</td>
<td>480005AN</td>
</tr>
<tr>
<td>Service Type:</td>
<td>RES</td>
</tr>
<tr>
<td>Resident Capacity:</td>
<td>19</td>
</tr>
<tr>
<td>Total Occupancy:</td>
<td>19</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>6/30/2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>GENESIS HOUSE II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>GENESIS HOUSE, INC.</td>
</tr>
<tr>
<td>Address:</td>
<td>133 RENIDA STREET</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>VALLEJO, CA 94591</td>
</tr>
<tr>
<td>Phone:</td>
<td>(707) 552-5295</td>
</tr>
<tr>
<td>Record ID:</td>
<td>480005BN</td>
</tr>
<tr>
<td>Service Type:</td>
<td>RES</td>
</tr>
<tr>
<td>Resident Capacity:</td>
<td>12</td>
</tr>
<tr>
<td>Total Occupancy:</td>
<td>12</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.2 --- MEN ONLY</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>6/30/2017</td>
</tr>
</tbody>
</table>
Program Name:       THE HOUSE OF ACTS/SUBSTANCE ABUSE PROGRAM
Legal Name:       THE HOUSE OF ACTS/SUBSTANCE ABUSE PROGRAM
Address: 627 GRANT STREET
City, State Zip: VALLEJO, CA 94590-7228
Phone: (707) 553-1042       Fax: (707) 553-8146
Record ID: 480010AN
Service Type: RES
Resident Capacity: 10
Total Occupancy: 10
Target Population: 1.2 --- MEN ONLY
Expiration Date: 2/28/2017

Program Name:       THE HOUSE OF ACTS II
Legal Name:       THE HOUSE OF ACTS/SUBSTANCE ABUSE PROGRAM
Address: 115 TERI COURT
City, State Zip: VALLEJO, CA 94589
Phone: (707) 553-1042       Fax: (707) 553-8146
Record ID: 480010BN
Service Type: RES
Resident Capacity: 10
Total Occupancy: 10
Target Population: 1.2 --- MEN ONLY
Expiration Date: 6/30/2018

Program Name:       THE HOUSE OF ACTS ALCOHOL & SUBSTANCE ABUSE TREATMENT PROGRAM
Legal Name:       THE HOUSE OF ACTS/SUBSTANCE ABUSE PROGRAM
Address: 844 5TH STREET
City, State Zip: VALLEJO, CA 94589
Phone: (707) 553-1042       Fax: (707) 553-8146
Record ID: 480010DN
Service Type: RES
Resident Capacity: 8
Total Occupancy: 8
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 8/31/2018

Program Name:       RIO VISTA CARE
Legal Name:       RIO VISTA CARE, INC.
Address: 125 SACRAMENTO STREET
City, State Zip: RIO VISTA, CA 94571-1848
Phone: (707) 374-5243       Fax: (707) 374-5381
Record ID: 480012AN
Service Type: NON
Target Population: 1.10 --- CO-ED/YOUTH
Expiration Date: 8/31/2016

Program Name:       ARCHWAY RECOVERY SERVICES, INC.
Legal Name: ARCHWAY RECOVERY SERVICES, INC.
Address: 1525 UNION AVENUE
City, State Zip: FAIRFIELD, CA 94533
Phone: (707) 435-1804       Fax: (707) 435-9807
Record ID: 480022AN
Service Type: RES
Resident Capacity: 13
Total Occupancy: 13
Target Population: 1.2 --- MEN ONLY
Expiration Date: 3/31/2017

Program Name:       ANKA BEHAVIORAL HEALTH, INC.
Legal Name: ANKA BEHAVIORAL HEALTH, INCORPORATED
Address: 251 GEORGIA STREET
City, State Zip: VALLEJO, CA 94590
Phone: (925) 265-6055       Fax: (707) 558-8196
Record ID: 480023AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2017
Program Name: A WISE RETREAT
Legal Name: LOCKLIND AND ASSOCIATES, LLC
Address: 4749 GEORGIA STREET
City, State Zip: VALLEJO, CA 94591
Phone: (707) 712-7733 Fax: (916) 647-0510
Record ID: 480034AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 5/31/2016
<table>
<thead>
<tr>
<th>Program Name</th>
<th>Legal Name</th>
<th>Address</th>
<th>Phone/Fax</th>
<th>Record ID</th>
<th>Service Type</th>
<th>Resident Capacity</th>
<th>Total Occupancy</th>
<th>Target Population</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAMPOBELLO CHEMICAL DEPENDENCY RECOVERY CENTER</td>
<td>CAMPOBELLO CHEMICAL DEPENDENCY RECOVERY CENTER, INC.</td>
<td>3250 GUERNEVILLE ROAD, SANTA ROSA, CA 95401</td>
<td>(707) 579-4066 / (707) 579-1603</td>
<td>490002AP</td>
<td>RES-DETOX</td>
<td>25</td>
<td>25</td>
<td>1.1 --- CO-ED</td>
<td>8/31/2018</td>
</tr>
<tr>
<td>CAMPOBELLO OUTPATIENT CENTER</td>
<td>CAMPOBELLO CHEMICAL DEPENDENCY RECOVERY CENTER, INC.</td>
<td>2448 GUERNEVILLE ROAD, SUITE 400, SANTA ROSA, CA 95403-7227</td>
<td>(707) 546-1547 / (707) 546-1557</td>
<td>490002BP</td>
<td>NON</td>
<td></td>
<td></td>
<td>1.1 --- CO-ED</td>
<td>2/28/2018</td>
</tr>
<tr>
<td>WOMEN'S RECOVERY SERVICES, A UNIQUE PLACE</td>
<td>WOMEN'S RECOVERY SERVICES, A UNIQUE PLACE</td>
<td>98, 112, 122, AND 140 HENDLEY STREET, SANTA ROSA, CA 95404</td>
<td>(707) 527-0412 / (707) 527-6048</td>
<td>490004EN</td>
<td>RES</td>
<td>20</td>
<td>32</td>
<td>1.4 --- WOMEN/CHILDREN</td>
<td>2/28/2018</td>
</tr>
<tr>
<td>OUTPATIENT TREATMENT PROGRAM</td>
<td>DRUG ABUSE ALTERNATIVES CENTER</td>
<td>2403 PROFESSIONAL DRIVE, SUITE 101, SANTA ROSA, CA 95403</td>
<td>(707) 571-2233 / (707) 571-2238</td>
<td>490009BN</td>
<td>NON</td>
<td></td>
<td></td>
<td>1.1 --- CO-ED</td>
<td>12/31/2017</td>
</tr>
<tr>
<td>PERINATAL DAY TREATMENT</td>
<td>DRUG ABUSE ALTERNATIVES CENTER</td>
<td>2400 COUNTY CENTER DRIVE SUITE B, SANTA ROSA, CA 95403</td>
<td>(707) 566-0170 / (707) 526-3155</td>
<td>490009EN</td>
<td>NON</td>
<td></td>
<td></td>
<td>1.4 --- WOMEN/CHILDREN</td>
<td>4/30/2018</td>
</tr>
</tbody>
</table>
Program Name: DRUG ABUSE ALTERNATIVES CENTER - DRUG COURT
Legal Name: DRUG ABUSE ALTERNATIVES CENTER
Address: 2400 COUNTY CENTER DRIVE, SUITE B
City, State Zip: SANTA ROSA, CA 95403
Phone: (707) 566-0170 Fax: (707) 568-5445
Record ID: 490009LN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2018

Program Name: TURNING POINT - ARROWOOD
Legal Name: DRUG ABUSE ALTERNATIVES CENTER
Address: 440 ARROWOOD DRIVE
City, State Zip: SANTA ROSA, CA 95407
Phone: (707) 571-2233 Fax: (707) 284-2955
Record ID: 490009RN
Service Type: RES
Resident Capacity: 112
Total Occupancy: 112
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2017

Program Name: TURNING POINT ORENDA DETOX
Legal Name: DRUG ABUSE ALTERNATIVES CENTER
Address: 1430 NEOTOMAS AVENUE
City, State Zip: SANTA ROSA, CA 95405
Phone: (707) 565-7460 Fax: (707) 565-7488
Record ID: 490009SN
Service Type: RES-DETOX
Resident Capacity: 30
Total Occupancy: 30
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2018

Program Name: ATHENA HOUSE
Legal Name: CALIFORNIA HUMAN DEVELOPMENT CORPORATION
Address: 3555 SONOMA HIGHWAY
City, State Zip: SANTA ROSA, CA 95409
Phone: (707) 526-3150 Fax: (707) 526-3250
Record ID: 490010AN
Service Type: RES
Resident Capacity: 40
Total Occupancy: 44
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 6/30/2017

Program Name: CALIFORNIA HUMAN DEVELOPMENT CORPORATION EARLY INTERVENTION AND OUT-PATIENT TREA
Legal Name: CALIFORNIA HUMAN DEVELOPMENT CORPORATION
Address: 3315 AIRWAY DRIVE
City, State Zip: SANTA ROSA, CA 95403
Phone: (707) 523-2242
Record ID: 490010EN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2017

Program Name: BOYS FACILITY
Legal Name: 'R' HOUSE
Address: 429 SPEERS ROAD
City, State Zip: SANTA ROSA, CA 95409
Phone: (707) 322-5895
Record ID: 490011AN
Service Type: DSS
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 9/30/2016
Program Name: WINDING CREEK GIRLS' FACILITY
Legal Name: 'R' HOUSE
Address: 152 MIDDLE RINCON ROAD
City, State Zip: SANTA ROSA, CA 95409
Phone: (707) 539-2948
Record ID: 490011EN
Service Type: DSS
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 9/30/2016

Program Name: R HOUSE OUTPATIENT DRUG FREE MEDI-CAL
Legal Name: 'R' HOUSE
Address: 2626 DUTTON MEADOW
City, State Zip: SANTA ROSA, CA 95407
Phone: (707) 571-2215 Fax: (707) 568-3792
Record ID: 490011GN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2017

Program Name: AZURE ACRES
Legal Name: THE CAMP RECOVERY CENTER, LLC
Address: 2264 GREEN HILL ROAD
City, State Zip: SEBASTOPOL, CA 95472
Phone: (707) 823-3385
Record ID: 490021AP
Service Type: RES
Resident Capacity: 28
Total Occupancy: 28
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2017

Program Name: AZURE ACRES IOP
Legal Name: THE CAMP RECOVERY CENTER, LLC
Address: 420 MENDOCINO AVENUE, SUITE 101
City, State Zip: SANTA ROSA, CA 95401
Phone: (707) 823-3385 Fax: (707) 823-7519
Record ID: 490021BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2018

Program Name: MOUNTAIN VISTA FARM
Legal Name: NEW VISTAS RECOVERY, INC.
Address: 3020 WARM SPRINGS ROAD
City, State Zip: GLEN ELLEN, CA 95442
Phone: (707) 996-6716 Fax: (707) 996-6647
Record ID: 490025AP
Service Type: RES-DETOX
Resident Capacity: 30
Total Occupancy: 31
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2018

Program Name: SONOMA COUNTY INDIAN HEALTH PROJECT/BEHAVIOR HEALTH
Legal Name: SONOMA COUNTY INDIAN HEALTH PROJECT, INC.
Address: 144 STONY POINT ROAD, 2ND FLOOR
City, State Zip: SANTA ROSA, CA 95401
Phone: (707) 521-4550 Fax: (707) 544-1092
Record ID: 490032AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2017
Program Name: FIVE SISTERS RANCH, INC.
Legal Name: FIVE SISTERS RANCH, INC.
Address: 1000 LONGHORN LANE
City, State Zip: PETALUMA, CA 94952
Phone: (707) 776-0755 Fax: (415) 686-2263
Record ID: 490035AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 5/31/2017

Program Name: OLYMPIA HOUSE
Legal Name: SONOMA RECOVERY SERVICES, LLC
Address: 11207 VALLEY FORD ROAD
City, State Zip: PETALUMA, CA 94952
Phone: (415) 795-7609
Record ID: 490036AP
Service Type: RES-DETOX
Resident Capacity: 32
Total Occupancy: 32
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2018

Program Name: MUIR WOOD ADOLESCENT & FAMILY SERVICES
Legal Name: MUIR WOOD, LLC
Address: 1733 SKILLMAN LANE
City, State Zip: PETALUMA, CA 94952
Phone: (310) 903-1155 Fax: (707) 555-5401
Record ID: 490038AP
Service Type: DSS
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 8/31/2017

Program Name: SACRED SPACE HEALING AND RETREAT CENTERS
Legal Name: SACRED SPACE HEALING AND RETREAT CENTERS INTERNATIONAL
Address: 627 CHERRY CREEK ROAD
City, State Zip: CLOVERDALE, CA 95425
Phone: (707) 894-0673 Fax: (800) 914-6360
Record ID: 490039AP
Service Type: RES-DETOX
Resident Capacity: 4
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2018
Program Name: STANISLAUS RECOVERY CENTER
Legal Name: STANISLAUS COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVICES
Address: 1904 RICHLAND AVENUE, ADULT TREATMENT BUILDING
City, State Zip: CERES, CA 95307
Phone: (209) 541-2912
Record ID: 500002EN
Service Type: RES-DETOX
Resident Capacity: 44
Total Occupancy: 44
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2017

Program Name: STANISLAUS RECOVERY CENTER - ADULT NON-RESIDENTIAL
Legal Name: STANISLAUS COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVICES
Address: 1904 RICHLAND AVENUE
City, State Zip: CERES, CA 95307
Phone: (209) 541-2121 Fax: (209) 525-6291
Record ID: 500002FN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2017

Program Name: NEW HOPE RECOVERY HOUSE
Legal Name: GENE RADINO
Address: 823 EAST ORANGEBURG AVENUE
City, State Zip: MODESTO, CA 95350
Phone: (209) 527-9797 Fax: (209) 527-9825
Record ID: 500004AP
Service Type: RES-DETOX
Resident Capacity: 40
Total Occupancy: 40
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2016

Program Name: RECOVERY SYSTEMS ASSOCIATES
Legal Name: GENE RADINO
Address: 823 EAST ORANGEBURG AVENUE
City, State Zip: MODESTO, CA 95350
Phone: (209) 527-2046
Record ID: 500004BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2017

Program Name: NIRVANA DRUG AND ALCOHOL TREATMENT INSTITUTE
Legal Name: NIRVANA DRUG AND ALCOHOL TREATMENT PROGRAM
Address: 1100 KANSAS AVENUE, SUITE B-C
City, State Zip: MODESTO, CA 95351
Phone: (209) 579-1151 Fax: (209) 579-9605
Record ID: 500009CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2018
<table>
<thead>
<tr>
<th>Program Name</th>
<th>Legal Name</th>
<th>Address</th>
<th>City, State Zip</th>
<th>Phone</th>
<th>Fax</th>
</tr>
</thead>
<tbody>
<tr>
<td>NIRVANA DRUG AND ALCOHOL TREATMENT INSTITUTE</td>
<td>NIRVANA DRUG AND ALCOHOL TREATMENT PROGRAM</td>
<td>1028 RENO AVENUE</td>
<td>MODESTO, CA 95351</td>
<td>(209) 579-1103</td>
<td>(209) 578-1085</td>
</tr>
<tr>
<td>NIRVANA DRUG AND ALCOHOL WOMEN OF HOPE</td>
<td>NIRVANA DRUG AND ALCOHOL TREATMENT PROGRAM</td>
<td>1116 &amp; 1116 1/2 ALICE STREET &amp; 130 NELLIE STREET</td>
<td>MODESTO, CA 95350-5929</td>
<td>(209) 578-3132</td>
<td>(209) 578-3498</td>
</tr>
<tr>
<td>NIRVANA DRUG AND ALCOHOL TREATMENT INSTITUTE</td>
<td>NIRVANA DRUG AND ALCOHOL TREATMENT PROGRAM</td>
<td>1040 RENO AVENUE</td>
<td>MODESTO, CA 95351</td>
<td>(209) 579-1103</td>
<td>(209) 578-1085</td>
</tr>
<tr>
<td>NIRVANA DRUG AND ALCOHOL TREATMENT INSTITUTE</td>
<td>NIRVANA DRUG AND ALCOHOL TREATMENT PROGRAM</td>
<td>1100 KANSAS AVENUE, SUITE 'D'</td>
<td>MODESTO, CA 95351</td>
<td>(209) 579-1151</td>
<td>(209) 579-9605</td>
</tr>
<tr>
<td>THE LAST RESORT</td>
<td>ADOLESCENCE'S LAST RESORT</td>
<td>218 EAST ORANGEBURG AVENUE</td>
<td>MODESTO, CA 95350</td>
<td>(209) 523-6900</td>
<td>(209) 523-6909</td>
</tr>
<tr>
<td>THE LAST RESORT</td>
<td>ADOLESCENCE'S LAST RESORT</td>
<td>3125 MC HENRY AVENUE, SUITE D</td>
<td>MODESTO, CA 95350</td>
<td>(209) 523-6910</td>
<td>(209) 523-6912</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Record ID</th>
<th>Service Type</th>
<th>Resident Capacity</th>
<th>Total Occupancy</th>
<th>Target Population</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>500009EN</td>
<td>RES-DETOX</td>
<td>30</td>
<td>30</td>
<td>1.1 --- CO-ED</td>
<td>11/30/2016</td>
</tr>
<tr>
<td>500009GN</td>
<td>RES-DETOX</td>
<td>16</td>
<td>16</td>
<td>1.3 --- WOMEN ONLY</td>
<td>4/30/2018</td>
</tr>
<tr>
<td>500009IN</td>
<td>RES</td>
<td>6</td>
<td>6</td>
<td>1.2 --- MEN ONLY</td>
<td>10/31/2017</td>
</tr>
<tr>
<td>500009JN</td>
<td>NON</td>
<td></td>
<td></td>
<td>1.1 --- CO-ED</td>
<td>9/30/2017</td>
</tr>
<tr>
<td>500010AN</td>
<td>DSS</td>
<td></td>
<td></td>
<td>1.5 --- YOUTH/ADOLESCENT</td>
<td>2/28/2017</td>
</tr>
<tr>
<td>500010BN</td>
<td>NON</td>
<td></td>
<td></td>
<td>1.5 --- YOUTH/ADOLESCENT</td>
<td>12/31/2016</td>
</tr>
</tbody>
</table>
Program Name: BREAKTHROUGHS OUTPATIENT TREATMENT
 Legal Name: DOROTHY FRANKLIN
 Address: 2125 WYLIE DRIVE, SUITE 3
 City, State Zip: MODESTO, CA 95355
 Phone: (209) 529-1855
 Record ID: 500024AP
 Service Type: NON
 Target Population: 1.1 --- CO-ED
 Expiration Date: 8/31/2017

Program Name: ADDICTION FREE RECOVERY SERVICES
 Legal Name: OPIE GROUP, INC.
 Address: 2937 VENEMEN AVENUE UNIT A 105
 City, State Zip: MODESTO, CA 95356
 Phone: (209) 579-3301 Fax: (209) 579-3311
 Record ID: 500027AP
 Service Type: NON
 Target Population: 1.1 --- CO-ED
 Expiration Date: 10/31/2017

Program Name: ADDICTION FREE RECOVERY SERVICES
 Legal Name: OPIE GROUP, INC.
 Address: 5404 KIERNAN AVENUE
 City, State Zip: SALIDA, CA 95368
 Phone: (209) 579-3301 Fax: (209) 579-3311
 Record ID: 500027BP
 Service Type: RES-DETOX
 Resident Capacity: 15
 Total Occupancy: 15
 Target Population: 1.1 --- CO-ED
 Expiration Date: 1/31/2018
State of California, Department of Health Care Services  
Licensed Residential Facilities and/or  
Certified Alcohol and Drug Programs

As of 9/6/2016  
Sutter County

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Legal Name</th>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
<th>Record ID</th>
<th>Service Type</th>
<th>Target Population</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPTIONS FOR CHANGE SUBSTANCE ABUSE PROGRAM</td>
<td>SUTTER-YUBA MENTAL HEALTH SERVICES</td>
<td>1965 LIVE OAK BOULEVARD</td>
<td>(530) 822-7200</td>
<td>(530) 822-7108</td>
<td>510002BN</td>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td>6/30/2017</td>
</tr>
<tr>
<td>FIRST STEPS PERINATAL DAY TREATMENT PROGRAM</td>
<td>SUTTER-YUBA MENTAL HEALTH SERVICES</td>
<td>1251 EAST ONSTOTT ROAD</td>
<td>(530) 822-7263</td>
<td>(530) 822-7267</td>
<td>510002CN</td>
<td>NON</td>
<td>1.3 --- WOMEN ONLY</td>
<td>11/30/2016</td>
</tr>
<tr>
<td>FEATHER RIVER MEN'S CENTER</td>
<td>FEATHER RIVER MEN'S CENTER</td>
<td>2465 BIRCH STREET</td>
<td>(530) 695-8006</td>
<td></td>
<td>510006AN</td>
<td>RES</td>
<td>1.2 --- MEN ONLY</td>
<td>11/30/2017</td>
</tr>
</tbody>
</table>

Program Name: FEATHER RIVER MEN'S CENTER  
Legal Name: FEATHER RIVER MEN'S CENTER  
Address: 2465 BIRCH STREET  
City, State Zip: LIVE OAK, CA 95953-2609  
Phone: (530) 695-8006  
Record ID: 510006AN  
Service Type: RES  
Resident Capacity: 12  
Total Occupancy: 14  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 11/30/2017
<table>
<thead>
<tr>
<th>Program Name:</th>
<th>TEHAMA COUNTY HEALTH SERVICES AGENCY DRUG AND ALCOHOL DIVISION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>TEHAMA COUNTY HEALTH SERVICES AGENCY</td>
</tr>
<tr>
<td>Address:</td>
<td>1850 WALNUT STREET, BUILDING G</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>RED BLUFF, CA 96080</td>
</tr>
<tr>
<td>Phone:</td>
<td>(530) 527-7893</td>
</tr>
<tr>
<td>Fax:</td>
<td>(530) 527-0766</td>
</tr>
<tr>
<td>Record ID:</td>
<td>520002AN</td>
</tr>
<tr>
<td>Service Type:</td>
<td>NON</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>4/30/2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>TEHAMA COUNTY HEALTH SERVICES AGENCY DRUG AND ALCOHOL DIVISION - SOUTH COUNTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>TEHAMA COUNTY HEALTH SERVICES AGENCY</td>
</tr>
<tr>
<td>Address:</td>
<td>275 SOLANO STREET</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>CORNING, CA 96021</td>
</tr>
<tr>
<td>Phone:</td>
<td>(530) 824-4890</td>
</tr>
<tr>
<td>Fax:</td>
<td>(530) 824-8443</td>
</tr>
<tr>
<td>Record ID:</td>
<td>520002BN</td>
</tr>
<tr>
<td>Service Type:</td>
<td>NON</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>5/31/2017</td>
</tr>
<tr>
<td>Program Name:</td>
<td>TRINITY COUNTY ALCOHOL AND OTHER DRUG SERVICES</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>Legal Name:</td>
<td>TRINITY COUNTY ALCOHOL AND OTHER DRUG SERVICES</td>
</tr>
<tr>
<td>Address:</td>
<td>1450 MAIN STREET</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>WEAVERVILLE, CA 96093</td>
</tr>
<tr>
<td>Phone:</td>
<td>(530) 623-1362</td>
</tr>
<tr>
<td>Fax:</td>
<td>(530) 623-4448</td>
</tr>
<tr>
<td>Record ID:</td>
<td>530001AN</td>
</tr>
<tr>
<td>Service Type:</td>
<td>NON</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>2/28/2017</td>
</tr>
<tr>
<td>Program Name:</td>
<td>PAAR CENTER WEST</td>
</tr>
<tr>
<td>--------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Legal Name:</td>
<td>PORTERVILLE HALFWAY HOUSE</td>
</tr>
<tr>
<td>Address:</td>
<td>182 WEST BELLEVIEW AVENUE</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>PORTERVILLE, CA 93257</td>
</tr>
<tr>
<td>Phone:</td>
<td>(559) 781-0107</td>
</tr>
<tr>
<td>Record ID:</td>
<td>540001CN</td>
</tr>
<tr>
<td>Service Type:</td>
<td>RES</td>
</tr>
<tr>
<td>Resident Capacity:</td>
<td>12</td>
</tr>
<tr>
<td>Total Occupancy:</td>
<td>14</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.3 --- WOMEN ONLY</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>7/31/2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>THE PAAR CENTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>PORTERVILLE HALFWAY HOUSE</td>
</tr>
<tr>
<td>Address:</td>
<td>509 NORTH EL GRANITO STREET</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>PORTERVILLE, CA 93257</td>
</tr>
<tr>
<td>Phone:</td>
<td>(559) 781-0107 Fax: (559) 781-7521</td>
</tr>
<tr>
<td>Record ID:</td>
<td>540001FN</td>
</tr>
<tr>
<td>Service Type:</td>
<td>NON</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>2/28/2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>THE PAAR CENTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>PORTERVILLE HALFWAY HOUSE</td>
</tr>
<tr>
<td>Address:</td>
<td>218, 232 AND 237 W. BELLEVIEW AVENUE; 509 N. EL GRANITO</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>PORTERVILLE, CA 93257</td>
</tr>
<tr>
<td>Phone:</td>
<td>(559) 781-0107 Fax: (559) 781-7521</td>
</tr>
<tr>
<td>Record ID:</td>
<td>540001HN</td>
</tr>
<tr>
<td>Service Type:</td>
<td>RES-DETOX</td>
</tr>
<tr>
<td>Resident Capacity:</td>
<td>45</td>
</tr>
<tr>
<td>Total Occupancy:</td>
<td>48</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.2 --- MEN ONLY</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>11/30/2016</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>TULARE COUNTY HEALTH AND HUMAN SERVICES AGENCY - FAMILY CARE DIVISION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>TULARE COUNTY HEALTH AND HUMAN SERVICES AGENCY</td>
</tr>
<tr>
<td>Address:</td>
<td>942 S. SANTA FE STREET</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>VISALIA, CA 93292</td>
</tr>
<tr>
<td>Phone:</td>
<td>(559) 636-4000</td>
</tr>
<tr>
<td>Record ID:</td>
<td>540002HN</td>
</tr>
<tr>
<td>Service Type:</td>
<td>NON</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>2/28/2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>TULARE COUNTY HEALTH AND HUMAN SERVICES AGENCY - FAMILY CARE DIVISION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>TULARE COUNTY HEALTH AND HUMAN SERVICES AGENCY</td>
</tr>
<tr>
<td>Address:</td>
<td>1055 WEST HENDERSON STREET, SUITE 2</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>PORTERVILLE, CA 93257</td>
</tr>
<tr>
<td>Phone:</td>
<td>(559) 788-1200</td>
</tr>
<tr>
<td>Record ID:</td>
<td>540002IN</td>
</tr>
<tr>
<td>Service Type:</td>
<td>NON</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>2/28/2017</td>
</tr>
</tbody>
</table>
Program Name: TURNING POINT YOUTH SERVICES  
Legal Name: TURNING POINT OF CENTRAL CALIFORNIA, INC.  
Address: 220 NORTH LOCUST STREET  
City, State Zip: VISALIA, CA 93291  
Phone: (559) 627-1385 Fax: (559) 636-2105  
Record ID: 540005BN  
Service Type: NON  
Target Population: 1.5 --- YOUTH/ADOLESCENT  
Expiration Date: 6/30/2017

Program Name: TURNING POINT VISALIA RE-ENTRY CENTER  
Legal Name: TURNING POINT OF CENTRAL CALIFORNIA, INC.  
Address: 1845 SOUTH COURT STREET, DORMS 1, 2, 3, 4, 5 AND 6  
City, State Zip: VISALIA, CA 93277  
Phone: (559) 732-5550 Fax: (559) 732-5574  
Record ID: 540005DN  
Service Type: RES  
Resident Capacity: 32  
Total Occupancy: 32  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 3/31/2018

Program Name: COURAGE TO CHANGE, INC.  
Legal Name: COURAGE TO CHANGE  
Address: 1230 N. ANDERSON ROAD  
City, State Zip: EXETER, CA 93221  
Phone: (559) 594-4855 Fax: (559) 594-0086  
Record ID: 540014BN  
Service Type: NON  
Target Population: 1.5 --- YOUTH/ADOLESCENT  
Expiration Date: 7/31/2017

Program Name: RECOVERY RESOURCES  
Legal Name: RICK AND JERRI THOMPSON, D.B.A., RECOVERY RESOURCES  
Address: 4040 S. DEMAREE ROAD, SUITE A  
City, State Zip: VISALIA, CA 93277  
Phone: (559) 625-8176 Fax: (559) 625-8179  
Record ID: 540020AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 4/30/2017

Program Name: ALTERNATIVE SERVICES  
Legal Name: ALTERNATIVE SERVICES, INC.  
Address: 215 NORTH D STREET  
City, State Zip: PORTERVILLE, CA 93257  
Phone: (559) 783-2402 Fax: (559) 782-4601  
Record ID: 540024AP  
Service Type: NON  
Target Population: 1.5 --- YOUTH/ADOLESCENT  
Expiration Date: 2/28/2018

Program Name: ALTERNATIVE SERVICES  
Legal Name: ALTERNATIVE SERVICES, INC.  
Address: 2380 W. WHITENDALE AVENUE  
City, State Zip: VISALIA, CA 93227  
Phone: (559) 651-8090 Fax: (559) 651-8099  
Record ID: 540024DP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 5/31/2018
Program Name: ALTERNATIVE SERVICES
Legal Name: ALTERNATIVE SERVICES, INC.
Address: 125 SOUTH M STREET
City, State Zip: TULARE, CA 93274
Phone: (559) 685-8283
Record ID: 540024EP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2018

Program Name: SRS RECOVERY SERVICES
Legal Name: SRS RECOVERY SERVICES, LLC
Address: 130 EAST MILL AVENUE
City, State Zip: PORTERVILLE, CA 93257
Phone: (559) 789-9881 Fax: (559) 789-9877
Record ID: 540028BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2017

Program Name: NEW HOPE
Legal Name: CENTRAL VALLEY RECOVERY SERVICES, INC.
Address: 212 NORTH STEVENSON STREET
City, State Zip: VISALIA, CA 93291
Phone: (559) 625-2995 Fax: (559) 625-3808
Record ID: 540031AN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 6/30/2018

Program Name: PINE RECOVERY CENTER
Legal Name: CENTRAL VALLEY RECOVERY SERVICES, INC.
Address: 120 WEST SCHOOL AVENUE
City, State Zip: VISALIA, CA 93291
Phone: (559) 625-4100 Fax: (559) 625-3808
Record ID: 540031BN
Service Type: RES-DETOX
Resident Capacity: 27
Total Occupancy: 27
Target Population: 1.2 --- MEN ONLY
Expiration Date: 8/31/2017

Program Name: NEW VISIONS FOR WOMEN
Legal Name: CENTRAL VALLEY RECOVERY SERVICES, INC.
Address: 1425-A EAST WALNUT AVENUE
City, State Zip: VISALIA, CA 93277-6432
Phone: (559) 625-4072 Fax: (559) 625-3808
Record ID: 540031CN
Service Type: RES-DETOX
Resident Capacity: 23
Total Occupancy: 23
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 5/31/2018

Program Name: MOTHERING HEIGHTS
Legal Name: CENTRAL VALLEY RECOVERY SERVICES, INC.
Address: 705 SOUTH COURT STREET
City, State Zip: VISALIA, CA 93277
Phone: (559) 625-2995 Fax: (559) 625-3808
Record ID: 540031DN
Service Type: RES
Resident Capacity: 10
Total Occupancy: 23
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 10/31/2017
Program Name: NEW HEIGHTS
Legal Name: CENTRAL VALLEY RECOVERY SERVICES, INC.
Address: 1731 W. WALNUT AVENUE
City, State Zip: VISALIA, CA 93277
Phone: (559) 732-4885       Fax: (559) 625-3808
Record ID: 540031EN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2018

Program Name: ROBERTSON RECOVERY
Legal Name: CENTRAL VALLEY RECOVERY SERVICES, INC.
Address: 3107 EAST KAWEAH AVENUE
City, State Zip: VISALIA, CA 93292
Phone: (559) 754-2705       Fax: (559) 802-3097
Record ID: 540031GN
Service Type: RES-DETOX
Resident Capacity: 28
Total Occupancy: 29
Target Population: 1.2 --- MEN ONLY
Expiration Date: 8/31/2018

Program Name: LIVING RECOVERY SERVICES
Legal Name: LIVING RECOVERY SERVICES
Address: 625 N MAIN STREET
City, State Zip: PORTERVILLE, CA 93257
Phone: (559) 306-4589
Record ID: 540036AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2017
State of California, Department of Health Care Services
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of 9/6/2016

Tuolumne County

Program Name: THE RANCH
Legal Name: MAYNORD'S CHEMICAL DEPENDENCY RECOVERY CENTER
Address: 19320 CHEROKEE ROAD
City, State Zip: TUOLUMNE, CA 95379
Phone: (209) 928-3737    Fax: (209) 928-1152
Record ID: 550001AP
Service Type: RES-DETOX
Resident Capacity: 36
Total Occupancy: 37
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2017
<table>
<thead>
<tr>
<th>Program Name</th>
<th>Legal Name</th>
<th>Address</th>
<th>City, State Zip</th>
<th>Phone</th>
<th>Record ID</th>
<th>Service Type</th>
<th>Target Population</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>VENTURA COUNTY BEHAVIORAL HEALTH DEPARTMENT ALCOHOL &amp; DRUG PROGRAM-SIMI VALLEY C</td>
<td>VENTURA COUNTY BEHAVIORAL HEALTH DEPARTMENT ALCOHOL AND DRUG PROGRAMS</td>
<td>3150 EAST LOS ANGELES AVENUE</td>
<td>SIMI VALLEY, CA 93063</td>
<td>(805) 577-1724</td>
<td>560003AN</td>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td>11/30/2017</td>
</tr>
<tr>
<td>VENTURA COUNTY BEHAVIORAL HEALTH DEPARTMENT ALCOHOL &amp; DRUG PROGRAM-VENTURA CTR</td>
<td>VENTURA COUNTY BEHAVIORAL HEALTH DEPARTMENT ALCOHOL &amp; DRUG PROGRAMS</td>
<td>24 EAST MAIN STREET</td>
<td>VENTURA, CA 93001</td>
<td>(805) 652-6919</td>
<td>560003BN</td>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td>11/30/2017</td>
</tr>
<tr>
<td>OXNARD CENTER</td>
<td>VENTURA COUNTY BEHAVIORAL HEALTH DEPARTMENT ALCOHOL &amp; DRUG PROGRAMS</td>
<td>1911 WILLIAMS DRIVE</td>
<td>OXNARD, CA 93036</td>
<td>(805) 981-9200</td>
<td>560003CN</td>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td>10/31/2016</td>
</tr>
<tr>
<td>A NEW START FOR MOMS</td>
<td>VENTURA COUNTY BEHAVIORAL HEALTH DEPARTMENT ALCOHOL &amp; DRUG PROGRAMS</td>
<td>1911 WILLIAMS DRIVE, SUITE 140</td>
<td>OXNARD, CA 93036</td>
<td>(805) 981-9250</td>
<td>560003DN</td>
<td>NON</td>
<td>1.3 --- WOMEN ONLY</td>
<td>10/31/2016</td>
</tr>
<tr>
<td>FILLMORE ADP CENTER</td>
<td>VENTURA COUNTY BEHAVIORAL HEALTH DEPARTMENT ALCOHOL &amp; DRUG PROGRAMS</td>
<td>828 WEST VENTURA STREET, SUITE 250</td>
<td>FILLMORE, CA 93015</td>
<td>(805) 524-8644</td>
<td>560003GN</td>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td>11/30/2017</td>
</tr>
<tr>
<td>KHEPERA HOUSE</td>
<td>KHEPERA HOUSE</td>
<td>108 WEST HARRISON AVENUE</td>
<td>VENTURA, CA 93001</td>
<td>(805) 653-2596</td>
<td>560004DN</td>
<td>RES</td>
<td>1.2 --- MEN ONLY</td>
<td>9/30/2016</td>
</tr>
</tbody>
</table>
Program Name: KHEPERA HOUSE
Legal Name: KHEPERA HOUSE
Address: 277 A AND B WEST HARRISON AVENUE
City, State Zip: VENTURA, CA 93001
Phone: (805) 648-9762
Record ID: 560004EN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 9/30/2016

Program Name: KHEPERA HOUSE
Legal Name: KHEPERA HOUSE
Address: 125-A, 125-B, 125-C & 125-D WEST HARRISON STREET
City, State Zip: VENTURA, CA 93001
Phone: (805) 653-2596 Fax: (805) 648-9762
Record ID: 560004JN
Service Type: RES
Resident Capacity: 24
Total Occupancy: 24
Target Population: 1.2 --- MEN ONLY
Expiration Date: 5/31/2017

Program Name: PDAP OF VENTURA COUNTY, INCORPORATED
Legal Name: PDAP OF VENTURA COUNTY, INCORPORATED
Address: 450 ROSEWOOD AVENUE, SUITE 215
City, State Zip: CAMARILLO, CA 93010-5914
Phone: (805) 482-1265
Record ID: 560015BN
Service Type: NON
Target Population: 1.7 --- FAMILIES
Expiration Date: 6/30/2017

Program Name: PROTOTYPES WOMEN'S CENTER - VENTURA
Legal Name: PROTOTYPES, CENTERS FOR INNOVATION IN HEALTH, MENTAL HEALTH AND SOCIAL SERVICES
Address: 2150 NORTH VICTORIA AVENUE
City, State Zip: OXNARD, CA 93036
Phone: (805) 382-6296
Record ID: 560019CN
Service Type: RES-DETOX
Resident Capacity: 56
Total Occupancy: 85
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 9/30/2017

Program Name: ACTION FAMILY COUNSELING CENTERS - SIMI VALLEY
Legal Name: ACTION FAMILY COUNSELING, INC.
Address: 4380 APRICOT ROAD
City, State Zip: SIMI VALLEY, CA 93063
Phone: (805) 584-3258 Fax: (661) 297-9701
Record ID: 560026AP
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 11/30/2016

Program Name: ACTION FAMILY COUNSELING CENTERS - OXNARD
Legal Name: ACTION FAMILY COUNSELING, INC.
Address: 5850 THILLE STREET, SUITE # 108
City, State Zip: VENTURA, CA 93003
Phone: (805) 650-0084 Fax: (805) 650-0088
Record ID: 560026BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2016
Program Name: ACTION FAMILY COUNSELING, INC. ADULT RESIDENTIAL TREATMENT - PIRU
Legal Name: ACTION FAMILY COUNSELING, INC.
Address: 691 MAIN STREET
City, State Zip: PIRU, CA 93040
Phone: (805) 521-1250         Fax: (850) 521-1425
Record ID: 560026DP
Service Type: RES
Resident Capacity: 22
Total Occupancy: 22
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2016

Program Name: INTERVENTION INSTITUTE
Legal Name: LAURIE SANDERS
Address: 870 HAMPSHIRE ROAD, SUITE A
City, State Zip: THOUSAND OAKS, CA 91361
Phone: (805) 379-3611         Fax: (805) 446-4470
Record ID: 560027AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2017

Program Name: ALTERNATIVE ACTION PROGRAMS
Legal Name: DENNIS M. GIROUX & ASSOCIATES, INC.
Address: 314 WEST FOURTH STREET
City, State Zip: OXNARD, CA 93030
Phone: (805) 988-1112         Fax: (805) 988-4883
Record ID: 560028AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2016

Program Name: GENESIS PROGRAMS, INC.
Legal Name: GENESIS PROGRAMS, INC.
Address: 1732 PALMA DRIVE, SUITE 208
City, State Zip: VENTURA, CA 93003
Phone: (805) 650-3094         Fax: (805) 650-3097
Record ID: 560032AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2018

Program Name: GENESIS PROGRAMS, INC.
Legal Name: GENESIS PROGRAMS, INC.
Address: 145 HODENCAMP ROAD, SUITE 207
City, State Zip: THOUSAND OAKS, CA 91360
Phone: (805) 497-6169         Fax: (805) 497-6179
Record ID: 560032BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2018

Program Name: CASA DE VIDA, INC.
Legal Name: CASA DE VIDA INC.
Address: 531 WEST BARD ROAD
City, State Zip: OXNARD, CA 93033
Phone: (805) 486-8401         Fax: (805) 486-8401
Record ID: 560035AN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 6/30/2018
<table>
<thead>
<tr>
<th>Program Name</th>
<th>PASSAGES VENTURA</th>
<th>PASSAGES VENTURA</th>
<th>PASSAGES VENTURA</th>
<th>LA VENTANA TREATMENT PROGRAMS</th>
<th>LA VENTANA TREATMENT PROGRAMS</th>
<th>LA VENTANA TREATMENT PROGRAMS</th>
<th>LA VENTANA TREATMENT PROGRAMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name</td>
<td>PASSAGES SILVER STRAND LLC</td>
<td>PASSAGES SILVER STRAND LLC</td>
<td>PASSAGES SILVER STRAND LLC</td>
<td>RYLIST, INC.</td>
<td>RYLIST, INC.</td>
<td>RYLIST, INC.</td>
<td>RYLIST, INC.</td>
</tr>
<tr>
<td>Address</td>
<td>224 EAST CLARA STREET</td>
<td>241 MARKET STREET</td>
<td>THOUSAND OAKS, CA 91362</td>
<td>385 N. CONEJO SCHOOL ROAD</td>
<td>395 N. CONEJO SCHOOL ROAD</td>
<td>1154 CARDIFF CIRCLE</td>
<td></td>
</tr>
<tr>
<td>City, State Zip</td>
<td>PORT HUENEME, CA 93041</td>
<td>PORT HUENEME, CA 93041</td>
<td>THOUSAND OAKS, CA 91362</td>
<td>THOUSAND OAKS, CA 91362</td>
<td>THOUSAND OAKS, CA 91362</td>
<td>THOUSAND OAKS, CA 91362</td>
<td></td>
</tr>
<tr>
<td>Phone</td>
<td>(805) 283-4737</td>
<td>(805) 283-4737</td>
<td>(805) 644-5745</td>
<td>(805) 379-0565</td>
<td>(805) 379-2309</td>
<td>(805) 379-4883</td>
<td></td>
</tr>
<tr>
<td>Fax</td>
<td>(805) 488-9000</td>
<td>(805) 488-9000</td>
<td>(818) 975-5076</td>
<td>(818) 975-5076</td>
<td>(818) 975-5076</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Record ID</td>
<td>560036AP</td>
<td>560036BP</td>
<td>560038BP</td>
<td>560038DP</td>
<td>560038FP</td>
<td>560038GP</td>
<td></td>
</tr>
<tr>
<td>Service Type</td>
<td>RES-DETOX</td>
<td>NON</td>
<td>RES-DETOX</td>
<td>RES-DETOX</td>
<td>RES-DETOX</td>
<td>RES-DETOX</td>
<td></td>
</tr>
<tr>
<td>Resident Capacity</td>
<td>90</td>
<td></td>
<td></td>
<td>6</td>
<td>6</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Total Occupancy</td>
<td>90</td>
<td></td>
<td></td>
<td>6</td>
<td>6</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Target Population</td>
<td>1.1 --- CO-ED</td>
<td>1.1 --- CO-ED</td>
<td>1.1 --- CO-ED</td>
<td>1.1 --- CO-ED</td>
<td>1.1 --- CO-ED</td>
<td>1.1 --- CO-ED</td>
<td></td>
</tr>
<tr>
<td>Expiration Date</td>
<td>3/31/2017</td>
<td>10/31/2017</td>
<td>11/30/2017</td>
<td>9/30/2016</td>
<td>4/30/2016</td>
<td>4/30/2018</td>
<td></td>
</tr>
</tbody>
</table>
Program Name: LA VENTANA TREATMENT PROGRAMS
Legal Name: RYLIST, INC.
Address: 1771 COUNTRY OAKS LANE
City, State Zip: THOUSAND OAKS, CA 91362
Phone: (805) 370-5440  Fax: (805) 371-4038
Record ID: 560038HP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2017

Program Name: PSYCHOLOGICAL SERVICES FOR FAMILIES
Legal Name: PSYCHOLOGICAL SERVICES FOR FAMILIES
Address: 410 NORTH A STREET
City, State Zip: OXNARD, CA 93030
Phone: (805) 701-1040  Fax: (805) 487-2255
Record ID: 560039AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2017

Program Name: A WILDWOOD RECOVERY
Legal Name: A WILDWOOD RECOVERY
Address: 360 CAMINO DE CELESTE
City, State Zip: THOUSAND OAKS, CA 91360
Phone: (805) 493-5741  Fax: (805) 493-5047
Record ID: 560040AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2017

Program Name: A WILDWOOD RECOVERY IOP
Legal Name: A WILDWOOD RECOVERY
Address: 166 N. MOORPARK ROAD, SUITE 304
City, State Zip: THOUSAND OAKS, CA 91360
Phone: (805) 493-5741  Fax: (805) 493-5047
Record ID: 560040BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2017

Program Name: COMMUNITY RECOVERY CENTER
Legal Name: VENTURA RECOVERY CENTER, INC.
Address: 166 SIESTA AVENUE
City, State Zip: THOUSAND OAKS, CA 91360
Phone: (805) 499-8383  Fax: (805) 494-4898
Record ID: 560041AP
Service Type: RES-DETOX
Resident Capacity: 10
Total Occupancy: 10
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2018

Program Name: THE LAKE HOUSE
Legal Name: SHERWOOD CORPORATE HOUSING LLC
Address: 890 LAKE SHERWOOD DRIVE
City, State Zip: LAKE SHERWOOD, CA 91361
Phone: (805) 371-8870
Record ID: 560042AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2017
<table>
<thead>
<tr>
<th>Program Name</th>
<th>Legal Name</th>
<th>Address</th>
<th>City, State Zip</th>
<th>Phone</th>
<th>Fax</th>
<th>Record ID</th>
<th>Service Type</th>
<th>Target Population</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENGAGE RECOVERY, INC.</td>
<td>ENGAGE RECOVERY, INC.</td>
<td>650 HAMPShIRE ROAD SUITES 104, 204, 212</td>
<td>WESTLAKE VILLAGE, CA 91361</td>
<td>(805) 497-0605</td>
<td>(805) 371-4862</td>
<td>560043AP</td>
<td>NON</td>
<td>1.5 --- YOUTH/ADOLESCENT</td>
<td>4/30/2018</td>
</tr>
<tr>
<td>VANTAGE POINT RECOVERY</td>
<td>GATE OF RECOVERY INC.</td>
<td>123 HODENCAMP ROAD, SUITES 100, 103, 107, 205 &amp; 210</td>
<td>THOUSAND OAKS, CA 91360</td>
<td>(805) 777-7595</td>
<td>(805) 777-9249</td>
<td>560045AP</td>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td>3/31/2018</td>
</tr>
<tr>
<td>PCI - WESTLAKE CENTERS - IOP</td>
<td>MIRIAM HAMIDEH, PH.D, CLINICAL PSYCHOLOGIST, INC</td>
<td>5743 CORSA AVENUE, SUITE 223</td>
<td>WESTLAKE VILLAGE, CA 91362</td>
<td>(747) 222-7464</td>
<td></td>
<td>560046AP</td>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td>1/31/2017</td>
</tr>
<tr>
<td>DESTINATIONS TO RECOVERY</td>
<td>DESTINATIONS TO RECOVERY</td>
<td>1304 E. MAIN STREET</td>
<td>VENTURA, CA 93001</td>
<td>(818) 737-2221</td>
<td>(805) 256-3287</td>
<td>560047AP</td>
<td>NON</td>
<td>1.13 --- CO-ED/CHILD/DUAL</td>
<td>6/30/2017</td>
</tr>
<tr>
<td>NARCONON OJAI</td>
<td>NARCONON PACIFIC COAST</td>
<td>9950 SULPHUR MOUNTAIN ROAD</td>
<td>OJAI, CA 93023</td>
<td>(805) 798-8021</td>
<td></td>
<td>560048AN</td>
<td>RES-DETOX</td>
<td>1.1 --- CO-ED</td>
<td>8/31/2017</td>
</tr>
<tr>
<td>PURE RECOVERY</td>
<td>PURE RECOVERY CALIFORNIA, INC.</td>
<td>5427 REEF WAY</td>
<td>OXNARD, CA 93035</td>
<td>(805) 263-6296</td>
<td></td>
<td>560049AP</td>
<td>RES-DETOX</td>
<td>1.1 --- CO-ED</td>
<td>8/31/2017</td>
</tr>
</tbody>
</table>
Program Name: TRIBE INTEGRATIVE RECOVERY
Legal Name: NITOR, INC.
Address: 1317 DEL NORTE ROAD, SUITE 200
City, State Zip: CAMARILLO, CA 93010
Phone: (805) 991-7561 Fax: (805) 832-6786
Record ID: 560050AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2018

Program Name: "SET FREE" DRUG & ALCOHOL TREATMENT CENTERS OF AMERICA
Legal Name: "SET FREE" DRUG & ALCOHOL TREATMENT CENTERS OF AMERICA
Address: 3069 CISCO COURT
City, State Zip: SIMI VALLEY, CA 93063
Phone: (805) 404-9390
Record ID: 560051AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2018

Program Name: CHANGING TIDES TREATMENT CENTER
Legal Name: CHANGING TIDES TREATMENT, LLC
Address: 117 SANTA CRUZ AVENUE
City, State Zip: OXNARD, CA 93035
Phone: (805) 254-0619
Record ID: 560052AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2018

Program Name: CHANGING TIDES TREATMENT CENTER
Legal Name: CHANGING TIDES TREATMENT, LLC
Address: 2021 SPERRY AVENUE, 18
City, State Zip: VENTURA, CA 93003
Phone: (844) 883-3869
Record ID: 560052BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2018
<table>
<thead>
<tr>
<th>Program Name</th>
<th>Legal Name</th>
<th>Address</th>
<th>City, State Zip</th>
<th>Phone</th>
<th>Fax</th>
<th>Record ID</th>
<th>Service Type</th>
<th>Resident Capacity</th>
<th>Total Occupancy</th>
<th>Target Population</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>CACHE CREEK LODGE</td>
<td>CACHE CREEK LODGE, INC.</td>
<td>421, 435, AND 441 ASPEN STREET</td>
<td>WOODLAND, CA 95695-2665</td>
<td>(530) 662-5727</td>
<td>(530) 892-1831</td>
<td>570004BN</td>
<td>RES</td>
<td>40</td>
<td>40</td>
<td>1.2 --- MEN ONLY</td>
<td>7/31/2017</td>
</tr>
<tr>
<td>WALTER’S HOUSE</td>
<td>YOLO WAYFARER CENTER (CHRISTIAN MISSION)</td>
<td>285 4TH STREET</td>
<td>WOODLAND, CA 95695</td>
<td>(530) 662-2699</td>
<td>(530) 662-6918</td>
<td>570008AN</td>
<td>RES</td>
<td>44</td>
<td>44</td>
<td>1.1 --- CO-ED</td>
<td>8/31/2017</td>
</tr>
<tr>
<td>FOURTH AND HOPE OUTPATIENT PROGRAM</td>
<td>YOLO WAYFARER CENTER (CHRISTIAN MISSION)</td>
<td>207 FOURTH STREET</td>
<td>WOODLAND, CA 95695-3501</td>
<td>(530) 867-5010</td>
<td>(530) 662-6918</td>
<td>570008BN</td>
<td>NON</td>
<td>CO-ED</td>
<td>CO-ED</td>
<td>1.1 --- CO-ED</td>
<td>1/31/2017</td>
</tr>
<tr>
<td>PROGRESS HOUSE YOLO COUNTY WOMEN AND CHILDREN’S FACILITY</td>
<td>PROGRESS HOUSE, INC.</td>
<td>15450 COUNTY ROAD 99, BUILDING A AND 15430 COUNTY ROAD 99, BUILDING B</td>
<td>WOODLAND, CA 95695-9339</td>
<td>(530) 626-9240</td>
<td>(530) 668-8528</td>
<td>570009AN</td>
<td>RES</td>
<td>12</td>
<td>27</td>
<td>1.1 --- CO-ED</td>
<td>6/30/2018</td>
</tr>
<tr>
<td>Program Name:</td>
<td>PATHWAYS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------</td>
<td>----------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal Name:</td>
<td>MIDVALLEY RECOVERY FACILITIES, INCORPORATED</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td>2 9TH STREET</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>MARYSVILLE, CA 95901-5362</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>(530) 742-6670</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fax:</td>
<td>(530) 674-4544</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Record ID:</td>
<td>580001BN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Type:</td>
<td>RES-DETOX</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resident Capacity:</td>
<td>22</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Occupancy:</td>
<td>23</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>12/31/2017</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>FOR OUR RECOVERING FAMILIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>COUNTY OF YUBA PROBATION FOR OUR RECOVERY (F.O.R) FAMILIES</td>
</tr>
<tr>
<td>Address:</td>
<td>#8-7TH STREET</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>MARYSVILLE, CA 95901-5362</td>
</tr>
<tr>
<td>Phone:</td>
<td>(530) 749-7316</td>
</tr>
<tr>
<td>Fax:</td>
<td>(530) 743-7042</td>
</tr>
<tr>
<td>Record ID:</td>
<td>580002AN</td>
</tr>
<tr>
<td>Service Type:</td>
<td>NON</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.13 --- CO-ED/CHILD/DUAL</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>6/30/2017</td>
</tr>
</tbody>
</table>