

# Approved Entities

**Waiver Number** **427**

**Primary Entity Name** **Jewish Board of Family and Children's Services, Inc.**

**Primary Address** *135 West 50th Street* **Primary Phone** *(212) 582-9100*  
*6th Floor* **Number**  
*New York*  
*New York* **Current Waiver Issued Beginning Period**  
*10020-* *7/1/2013*  
**Current Waiver Ending Period**  
**County** *New York* *6/30/2016*

<input checked="" type="checkbox"/> LMSW	<input checked="" type="checkbox"/> CAT	<input checked="" type="checkbox"/> Physical Therapy	<input checked="" type="checkbox"/> Nursing (RN or Nurse Practitioner)
<input checked="" type="checkbox"/> LCSW	<input checked="" type="checkbox"/> Psychology	<input checked="" type="checkbox"/> Occupational Therapy	<input checked="" type="checkbox"/> Medicine (Physician, Physician Asst., Specialist Asst.)
<input checked="" type="checkbox"/> Mental Health Counseling	<input type="checkbox"/> Optometry	<input checked="" type="checkbox"/> Audiology/Speech Lang.	<input type="checkbox"/> Other: <input style="width: 150px;" type="text"/>

*Additional Sites if any - with Certificate Number*

**Certificate Number** - -