Approved Entities

Waiver Number	**427**
Primary Entity Name	**Jewish Board of Family and Children's Services, Inc.**
Primary Address	*135 West 50th Street* *6th Floor* *New York* *New York* *10020-*
County	*New York*
Primary Phone Number	*(212) 582-9100*
Current Waiver Issued Beginning Period	*7/1/2013*
Current Waiver Ending Period	*6/30/2016*

☑ LMSW	☑ CAT	☑ Physical Therapy	☑ Nursing (RN or Nurse Practitioner)
☑ LCSW	☑ Psychology	☑ Occupational Therapy	☑ Medicine (Physician, Physician Asst., Specialist Asst.)
☑ Mental Health Counseling	☐ Optometry	☑ Audiology/Speech Lang.	☐ Other:

Additional Sites if any - with Certificate Number

Certificate Number - -