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## *Approved Entities*

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**Waiver Number**                    **1021**

**Primary Entity Name**            **Seventh Avenue Center for Family Services**

**Primary Address**                    *1646 Montgomery Avenue*

**Primary Phone Number**            *(718) 901-0140*

*Bronx*

**Current Waiver Issued Beginning Period**

*NY*

*8/7/2015*

*10453-*

**Current Waiver Ending Period**

**County**                                *New York*

*8/6/2018*

**Professional Services to be Offered by Qualified Individuals:**

<input checked="" type="checkbox"/> Licensed Master Social Work	<input type="checkbox"/> Licensed Marriage and Family Therapy	<input type="checkbox"/> Licensed Psychoanalysis
<input checked="" type="checkbox"/> Licensed Clinical Social Work	<input type="checkbox"/> Licensed Creative Arts Therapy	<input checked="" type="checkbox"/> Psychology
<input checked="" type="checkbox"/> Licensed Mental Health Counseling	<input type="checkbox"/> Licensed Behavior Analyst	<input type="checkbox"/> Certified Behavior Analyst Assistant

**Additional Sites if any - with Certificate Number**

**Certificate Number**

**CW - 1021 - 4025**

**Seventh Avenue Center for Family Services**