
Approved Entities

Waiver Number **1030**

Primary Entity Name **Immigrant Social Services**

Primary Address *137 Henry Street*

Primary Phone *(212) 571-1840*
Number

New York

Current Waiver Issued Beginning Period

NY

7/9/2015

10002-

Current Waiver Ending Period

County *New York*

7/8/2018

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 checked="" 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

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