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## *Approved Entities*

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**Waiver Number**                    **1035**

**Primary Entity Name**            **McCoy Center for Family and Youth Services Inc.**

**Primary Address**                *570 Main Street*

**Primary Phone Number**        *(516) 385-1724*

*Westbury*

*New York*

*11590-*

**Current Waiver Issued Beginning Period**  
*11/1/2013*

**Current Waiver Ending Period**  
*10/31/2016*

**County**                            *Nassau*

**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 type="checkbox"/> Psychology
<input type="checkbox"/> Licensed Mental Health Counseling		

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

**Certificate Number**

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