
Approved Entities

Waiver Number **1075**

Primary Entity Name **Rockland Jewish Family Service**

Primary Address *450 West Nyack Road*

Primary Phone *(845) 354-2121*
Number

West Nyack

Current Waiver Issued Beginning Period
11/1/2013

NY

10994-

Current Waiver Ending Period
10/31/2016

County *Rockland*

Professional Services to be Offered by Qualified Individuals:

<input checked="" type="checkbox"/> Licensed Master Social Work	<input checked="" 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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