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## *Approved Entities*

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**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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