

## Approved Entities

**Waiver Number**                    **1199**

**Primary Entity Name**            **The Center for Family Support Inc**

**Primary Address**                *333 7th Avenue*  
*9th Floor*  
*New York*  
*NY*  
*10001-*

**Primary Phone**                *(212) 629-7939*  
**Number**

**Current Waiver Issued Beginning Period**  
*7/9/2015*

**Current Waiver Ending Period**  
*7/8/2018*

**County**                            *New York*

**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 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**

<b>Certificate Number</b>	<b>CW - 1199 - 4655</b>	<b>CFS- LI Office</b>
<b>Certificate Number</b>	<b>CW - 1199 - 4654</b>	<b>CFS - Bronx Office</b>