

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

Certificate Number	CW - 1199 - 4655	CFS- LI Office
Certificate Number	CW - 1199 - 4654	CFS - Bronx Office