Approved Entities

Waiver Number	**1201**		
Primary Entity Name	**St Johns Episcopal Hospital South Shore**		
Primary Address	*327 Beach 19th Street* *Far Rockaway* *NY* *11691-*	***Primary Phone Number***	*(516) 349-4643*
		Current Waiver Issued Beginning Period	*7/1/2012*
		Current Waiver Ending Period	*6/30/2015*
County	*Queens*		

Professional Services to be Offered by Qualified Individuals:

☑ Licensed Master Social Work	☑ Licensed Marriage and Family Therapy	☐ Licensed Psychoanalysis
☑ Licensed Clinical Social Work	☑ Licensed Creative Arts Therapy	☐ Psychology
☑ Licensed Mental Health Counseling		

Additional Sites if any - with Certificate Number

Certificate Number	**CW - 1201 - 4658**	**Family Support Services**
Certificate Number	**CW - 1201 - 4657**	**Blended Case Management/Family Support Services/Home Based Crisis Intervention**