

Approved Entities

Waiver Number **1259**

Primary Entity Name **Domestic Violence and Rape Crisis Services of Saratoga County DBA Wellspring**

Primary Address *480 Broadway LL 20*

Primary Phone Number *(518) 583-0280*

Saratoga Springs

Current Waiver Issued Beginning Period

NY

7/1/2015

12866-

Current Waiver Ending Period

County *Saratoga*

6/30/2018

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 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 - -