
Approved Entities

Waiver Number **1508**

Primary Entity Name **My Extended Family, Inc.**

Primary Address *3315 Avenue N*

Primary Phone Number *(718) 677-0030*

Brooklyn

Current Waiver Issued Beginning Period

NY

10/17/2016

11234-

Current Waiver Ending Period

County

Kings

10/31/2019

Professional Services to be Offered by Qualified Individuals:

<input 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 checked="" type="checkbox"/> Licensed Mental Health Counseling	<input type="checkbox"/> Licensed Behavioral Analyst	<input type="checkbox"/> Certified Behavioral Analyst Assistant

Additional Sites if any - with Certificate Number

Certificate Number

- -