Approved Entities

Waiver Number	**187**		
Primary Entity Name	**Child Advocacy Center Foundation Inc**		
Primary Address	*301 Beech St*	***Primary Phone Number***	*(315) 592-4453*
	Fulton		
	NY	***Current Waiver Issued Beginning Period***	
	13069-	*6/1/2015*	
		Current Waiver Ending Period	
County	*Oswego*	*5/31/2018*	

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	☐ Licensed Behavioral Analyst	☐ Certified Behavioral Analyst Assistant

Additional Sites if any - with Certificate Number

Certificate Number	**CW - 187 - 48** **Victim Intervention Program**