
Approved Entities

Waiver Number **263**

Primary Entity Name **Saratoga Center For the Family**

Primary Address *359 Ballston Ave*

Primary Phone Number *(518) 587-8008*

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 checked="" type="checkbox"/> Licensed Marriage and Family Therapy	<input checked="" type="checkbox"/> Licensed Psychoanalysis
<input checked="" type="checkbox"/> Licensed Clinical Social Work	<input checked="" type="checkbox"/> Licensed Creative Arts Therapy	<input checked="" type="checkbox"/> Psychology
<input checked="" 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

- -