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## *Approved Entities*

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**Waiver Number**                    **294**

**Primary Entity Name**            **Patchogue-Medford Youth & Community Services Inc.**

**Primary Address**                *390 Bay Ave*

**Primary Phone Number**        *(631) 758-4100*

*Patchogue*

**Current Waiver Issued Beginning Period**

*NY*

*4/2/2015*

*11772-*

**Current Waiver Ending Period**

**County**                            *Suffolk*

*3/31/2018*

**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 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**

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