
Approved Entities

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

- -