Approved Entities

Waiver Number	**427**		
Primary Entity Name	**Legal Aid Society of Rockland County**		
Primary Address	*2 Congers Rd*	***Primary Phone Number***	*(845) 634-3627*
	New City		
	NY	***Current Waiver Issued Beginning Period***	
	10956-	*7/30/2015*	
		Current Waiver Ending Period	
County	*Rockland*	*7/29/2018*	

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 Behavior Analyst	☐ Certified Behavior Analyst Assistant

Additional Sites if any - with Certificate Number

Certificate Number	- -