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## *Approved Entities*

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**Waiver Number**                    **601**

**Primary Entity Name**            **Family Counseling Service of Northern New York Inc.**

**Primary Address**                *120 Washington Street, Suite 510*

**Primary Phone Number**        *(315) 782-4483*

*Watertown*

*NY*

*13601-*

**Current Waiver Issued Beginning Period**  
*4/1/2013*

**Current Waiver Ending Period**  
*3/31/2016*

**County**                            *Jefferson*

**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 type="checkbox"/> Licensed Psychoanalysis
<input checked="" type="checkbox"/> Licensed Clinical Social Work	<input checked="" type="checkbox"/> Licensed Creative Arts Therapy	<input type="checkbox"/> Psychology
<input checked="" type="checkbox"/> Licensed Mental Health Counseling		

**Additional Sites if any - with Certificate Number**

**Certificate Number**

**CW - 601 - 2180**

**Family Counseling Service of NNY, Inc.**