Approved Entities

Waiver Number	**611**		
Primary Entity Name	**Jewish Family Services of Northeastern New York**		
Primary Address	*877 Madison Avenue*	***Primary Phone Number***	*(518) 482-8856*
	Albany		
	NY	***Current Waiver Issued Beginning Period***	
	12208-	*5/10/2015*	
		Current Waiver Ending Period	
County	*Albany*	*5/9/2018*	

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	**CW - 611 - 2193**	**Saint John's Episcopal Church**
Certificate Number	**CW - 611 - 2192**	**The Center for Visitation and Family Services**