
Approved Entities

Waiver Number **661**

Primary Entity Name **Jewish Family Service of Rochester Inc**

Primary Address *441 East Avenue*

Primary Phone Number *(585) 461-0110*

Rochester

New York

14607-1998

Current Waiver Issued Beginning Period
6/1/2015

Current Waiver Ending Period
5/31/2018

County *Monroe*

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 checked="" type="checkbox"/> Licensed Clinical Social Work	<input type="checkbox"/> Licensed Creative Arts Therapy	<input checked="" 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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