
Approved Entities

Waiver Number **684**

Primary Entity Name **Flushing Jewish Community Council Inc**

Primary Address *43-43 Bowne Street*

Primary Phone *(718) 463-0434*
Number

Flushing

NY

11355-

Current Waiver Issued Beginning Period

3/15/2012

Current Waiver Ending Period

3/31/2015

County *Queens*

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 checked="" type="checkbox"/> Psychology |
| <input checked="" type="checkbox"/> Licensed Mental Health Counseling | | |

Additional Sites if any - with Certificate Number

Certificate Number

- -