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## *Approved Entities*

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**Waiver Number**                    **694**

**Primary Entity Name**            **Jewish Community Council of Kings Bay Inc**

**Primary Address**                *3495 Nostrand Avenue*

**Primary Phone**                *(718) 648-7703*  
**Number**                            *227*

*Brooklyn*

*NY*

*11229-*

**Current Waiver Issued Beginning Period**  
*6/1/2012*

**Current Waiver Ending Period**  
*5/31/2015*

**County**

*Kings*

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

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

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**Certificate Number**

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