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## *Approved Entities*

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**Waiver Number**                    **708**

**Primary Entity Name**            **Leeway School**

**Primary Address**                *335 Johnson Ave*

**Primary Phone**                *(631) 589-8060*  
**Number**

*Sayville*

**Current Waiver Issued Beginning Period**

*NY*

*5/10/2015*

*11782-*

**Current Waiver Ending Period**

**County**                            *Suffolk*

*5/9/2018*

**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 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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