
Approved Entities

Waiver Number **709**

Primary Entity Name **Clubhouse of Suffolk/Case Management Program**

Primary Address *1380 Roanoke Ave, Ste 201*

Primary Phone Number *(631) 369-4418*

Riverhead

Current Waiver Issued Beginning Period

NY

11/1/2013

11901-

Current Waiver Ending Period

County

Suffolk

10/31/2016

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 checked="" 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

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