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## *Approved Entities*

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**Waiver Number**                    **733**

**Primary Entity Name**            **Snell Farm Childrens Center**

**Primary Address**                *7320 Snell Hill Rd*

**Primary Phone**                *(607) 776-5115*  
**Number**

*Bath*

*Ny*

*14810-*

**Current Waiver Issued Beginning Period**  
*4/1/2012*

**Current Waiver Ending Period**  
*3/31/2015*

**County**                            *Steuben*

**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 checked="" type="checkbox"/> Licensed Creative Arts Therapy	<input checked="" type="checkbox"/> Psychology
<input type="checkbox"/> Licensed Mental Health Counseling		

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

**Certificate Number**

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