Approved Entities

Waiver Number	**767**		
Primary Entity Name	**Crossroads Counseling Center Inc.**		
Primary Address	*440 Furrows Rd, 2nd Fl*	***Primary Phone Number***	*(631) 714-5407*
	Holbrook		
	NY	***Current Waiver Issued Beginning Period***	
	11741-	*3/15/2015*	
		Current Waiver Ending Period	
County	*Suffolk*	*3/31/2018*	

Professional Services to be Offered by Qualified Individuals:

☑ Licensed Master Social Work	☑ Licensed Marriage and Family Therapy	☐ Licensed Psychoanalysis
☑ Licensed Clinical Social Work	☐ Licensed Creative Arts Therapy	☑ Psychology
☑ Licensed Mental Health Counseling	☐ Licensed Behavior Analyst	☐ Certified Behavior Analyst Assistant

Additional Sites if any - with Certificate Number

Certificate Number	- -