Approved Entities

Waiver Number	**803**		
Primary Entity Name	**Center for Behavioral Health Services Inc.**		
Primary Address	*One Smith Street, 2nd Floor*	***Primary Phone Number***	*(718) 312-3919*
	Brooklyn		
	NY	***Current Waiver Issued Beginning Period***	
	11201-	*4/2/2012*	
		Current Waiver Ending Period	
County	*Kings*	*3/31/2015*	

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		

Additional Sites if any - with Certificate Number

Certificate Number	**-** **-**