

# Approved Entities

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**Waiver Number**                      **803**  
**Primary Entity Name**               **Center for Behavioral Health Services Inc.**  
**Primary Address**                    *One Smith Street, 2nd Floor*  
     *Brooklyn*  
     *NY*  
     *11201-*  
**County**                                  *Kings*

**Primary Phone Number**                *(718) 312-3919*  
**Current Waiver Issued Beginning Period**  
     *4/2/2012*  
**Current Waiver Ending Period**  
     *3/31/2015*

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

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

**Certificate Number**                -   -