

---

## *Approved Entities*

---

**Waiver Number**                    **914**

**Primary Entity Name**            **Family Service Society of Yonkers**

**Primary Address**                *30 South Broadway*

**Primary Phone**                *(914) 963-5118*  
**Number**

*Yonkers*

*NY*

*10701-*

**Current Waiver Issued Beginning Period**  
*4/1/2013*

**Current Waiver Ending Period**  
*3/31/2016*

**County**

*Westchester*

**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 type="checkbox"/> Licensed Mental Health Counseling		

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

**Certificate Number**

- -