
Approved Entities

Waiver Number **938**

Primary Entity Name **Lexington School for the Deaf**

Primary Address *30th Avenue and 75th Street*

Primary Phone Number *(718) 350-3300*

Jackson Heights

Current Waiver Issued Beginning Period

NY

6/1/2015

11370-

Current Waiver Ending Period

County *Queens*

5/31/2018

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 checked="" type="checkbox"/> Psychology
<input type="checkbox"/> Licensed Mental Health Counseling	<input type="checkbox"/> Licensed Behavior Analyst	<input type="checkbox"/> Certified Behavior Analyst Assistant

Additional Sites if any - with Certificate Number

Certificate Number

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