

# Approved Entities

**Waiver Number** **966**

**Primary Entity Name** **Children's Home of Jefferson County**

**Primary Address** *1704 State Street* **Primary Phone Number** *(315) 788-7430*

*Watertown* **Current Waiver Issued Beginning Period** *7/1/2015*

*NY* **Current Waiver Ending Period** *6/30/2018*

*13601-*

**County** *Jefferson*

**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 type="checkbox"/> Licensed Clinical Social Work	<input checked="" type="checkbox"/> Licensed Creative Arts Therapy	<input 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**

<b>Certificate Number</b>	<b>CW - 966 - 3918</b>	<b>Foster Care Services</b>
---------------------------	------------------------	-----------------------------