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## *Approved Entities*

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**Waiver Number**                    **260**

**Primary Entity Name**            **North Shore Youth Council Inc.**

**Primary Address**                *PO Box 1286*  
*525B Rte 25A*  
*Rocky Point*  
*NY*  
*11778-*

**Primary Phone**                *(631) 744-0207*  
**Number**

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

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

**County**                            *Suffolk*

**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	<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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