
Approved Entities

Waiver Number **1105**

Primary Entity Name **The CityKids Foundation Inc**

Primary Address *57 Leonard Street*

Primary Phone Number *(212) 925-3320*

New York

Current Waiver Issued Beginning Period

NY

5/10/2012

10013-

Current Waiver Ending Period

County *New York*

5/9/2015

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 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

- -