

# Approved Entities

**Waiver Number**                      **1125**

**Primary Entity Name**                **Suburban Housing Development & Research, Inc.**

**Primary Address**                      *P.O. Box 5012 1360 5th Avenue*                      **Primary Phone Number**                      (631) 665-2866

*Bay Shore*

*NY*

*11706-*

**Current Waiver Issued Beginning Period**

*7/9/2012*

**Current Waiver Ending Period**

*7/8/2015*

**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 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**                      -   -