Approved Entities

Waiver Number	**1140**		
Primary Entity Name	**Gay Men of African Descent, Inc.**		
Primary Address	*540 Atlantic Avenue* *Lower Level* *Brooklyn* *NY* *11217-*	***Primary Phone Number***	*(718) 222-6300*
		Current Waiver Issued Beginning Period	*4/1/2016*
		Current Waiver Ending Period	*3/31/2019*
County	*Kings*		

Professional Services to be Offered by Qualified Individuals:

☑ Licensed Master Social Work	☐ Licensed Marriage and Family Therapy	☐ Licensed Psychoanalysis
☑ Licensed Clinical Social Work	☐ Licensed Creative Arts Therapy	☐ Psychology
☑ Licensed Mental Health Counseling	☐ Licensed Behavioral Analyst	☐ Certified Behavioral Analyst Assistant

Additional Sites if any - with Certificate Number

Certificate Number	**CW - 1140 - 4364**	**The Ellis-Wilson Center for Community Health**