
Approved Entities

Waiver Number **1181**

Primary Entity Name **Mt Hope Family Center**

Primary Address *187 Edinburgh Street*

Primary Phone *(585) 275-2991*
Number

Rochester

Current Waiver Issued Beginning Period

NY

5/1/2015

14608-

Current Waiver Ending Period

County *Monroe*

4/30/2018

Professional Services to be Offered by Qualified Individuals:

<input checked="" type="checkbox"/> Licensed Master Social Work	<input checked="" 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 checked="" 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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