

---

## *Approved Entities*

---

**Waiver Number**                    **1186**

**Primary Entity Name**            **Project OHR (Office for Homecare Renewal) Inc**

**Primary Address**                *80 Maiden Lane  
10th Floor  
New York  
NY  
10038-*

**Primary Phone Number**        *(212) 497-5053*

**Current Waiver Issued Beginning Period**  
*5/10/2012*

**Current Waiver Ending Period**  
*5/9/2015*

**County**                            *New York*

**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 type="checkbox"/> Licensed Mental Health Counseling		

**Additional Sites if any - with Certificate Number**

**Certificate Number**

-       -
-----------