

Approved Entities

Waiver Number **1204**

Primary Entity Name **Flemister Housing Fund Development Corporation**

Primary Address *527 West 22nd Street*

Primary Phone Number *(212) 604-0124*

New York

Current Waiver Issued Beginning Period

NY

7/1/2015

10011-

Current Waiver Ending Period

County *NY*

6/30/2018

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	<input type="checkbox"/> Licensed Behavior Analyst	<input type="checkbox"/> Certified Behavior Analyst Assistant

Additional Sites if any - with Certificate Number

Certificate Number - -