
Approved Entities

Waiver Number **1212**

Primary Entity Name **Albany Housing Coalition Inc**

Primary Address *278 Clinton Avenue*

Primary Phone *(518) 465-5251*
Number

Albany

NY

12210-

Current Waiver Issued Beginning Period
3/1/2014

Current Waiver Ending Period
2/28/2017

County *Albany*

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

Additional Sites if any - with Certificate Number

Certificate Number

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