
Approved Entities

Waiver Number **1222**

Primary Entity Name **Woodycrest Housing and Development Fund Corp**

Primary Address *901 Anderson Avenue* **Primary Phone** *(718) 732-7600*
Number

New York

NY

10452-

Current Waiver Issued Beginning Period

7/1/2012

Current Waiver Ending Period

6/30/2015

County *Bronx*

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		

Additional Sites if any - with Certificate Number

Certificate Number

- -
