
Approved Entities

Waiver Number **1223**

Primary Entity Name **Covenant House New York Under 21**

Primary Address *460 West 41st Street*

Primary Phone *(212) 613-0300*
Number

New York

NY

10036-

Current Waiver Issued Beginning Period
7/1/2012

Current Waiver Ending Period
6/30/2015

County *NY*

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 checked="" type="checkbox"/> Licensed Psychoanalysis
<input checked="" type="checkbox"/> Licensed Clinical Social Work	<input checked="" type="checkbox"/> Licensed Creative Arts Therapy	<input checked="" type="checkbox"/> Psychology
<input checked="" type="checkbox"/> Licensed Mental Health Counseling		

Additional Sites if any - with Certificate Number

Certificate Number

CW - 1223 - 4681

Mother and Child Crisis Program