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## *Approved Entities*

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**Waiver Number**                    **1243**

**Primary Entity Name**            **The Partnership for the Homeless Inc**

**Primary Address**                    *305 Seventh Avenue*

**Primary Phone Number**            *(212) 645-3444*

*New York*

**Current Waiver Issued Beginning Period**

*NY*

*7/1/2015*

*10001-*

**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 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**

**CW - 1243 - 4731**

**The Family Resource Center**