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## *Approved Entities*

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**Waiver Number**                    **1302**

**Primary Entity Name**            **I Am Your Neighbor**

**Primary Address**                *2717 Yates Avenue*

**Primary Phone Number**        *(718) 652-2405*

*Bronx*

**Current Waiver Issued Beginning Period**

*NY*

*4/1/2016*

*10469-*

**Current Waiver Ending Period**

**County**

*Bronx*

*3/31/2019*

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

**Additional Sites if any - with Certificate Number**

**Certificate Number**

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