
Approved Entities

Waiver Number **1319**

Primary Entity Name **The Garden of Hope Inc**

Primary Address *PO Box 520048*

Primary Phone *(718) 321-8862*
Number

Flushing

NY

11352-

Current Waiver Issued Beginning Period
4/1/2016

Current Waiver Ending Period
3/31/2019

County *Queens*

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