
Approved Entities

Waiver Number **1361**

Primary Entity Name **Hope Program Inc, The**

Primary Address *1 Smith Street*

Primary Phone Number *(718) 852-9307*

Brooklyn

Current Waiver Issued Beginning Period

NY

4/1/2016

11201-

Current Waiver Ending Period

County

Kings

3/31/2019

Professional Services to be Offered by Qualified Individuals:

<input 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 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

- -