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## *Approved Entities*

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**Waiver Number**                    **1361**

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

**Primary Address**                *1 Smith Street*

**Primary Phone**                *(718) 852-9307*  
**Number**

*Brooklyn*

**Current Waiver Issued Beginning Period**  
*4/1/2016*

*NY*

*11201-*

**Current Waiver Ending Period**  
*3/31/2019*

**County**                            *Kings*

**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**

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