

## Approved Entities

**Waiver Number**                    **1387**

**Primary Entity Name**            **Hope House Inc.**

**Primary Address**                    *573 Livingston Avenue*

**Primary Phone**                    *(518) 482-4673*  
**Number**

*Albany*

*New York*

*12206-*

**Current Waiver Issued Beginning Period**  
*4/1/2013*

**Current Waiver Ending Period**  
*3/31/2016*

**County**                                *Albany*

**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 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**

<b>Certificate Number</b>	<b>CW - 1387 - 5401</b>	<b>Outpatient Clinic</b>
<b>Certificate Number</b>	<b>CW - 1387 - 5400</b>	<b>Women and Children's Program</b>

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*Certificate Number*

**CW - 1387 - 5399**

**Bette Center**

*Certificate Number*

**CW - 1387 - 5398**

**Hubbard Center**