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## *Approved Entities*

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**Waiver Number**                    **1415**

**Primary Entity Name**            **Met Council Home Care Services, Inc.**

**Primary Address**                *120 Broadway*  
*7th Floor*  
*New York*  
*New York*  
*10271-*

**Primary Phone**                *(212) 453-9688*  
**Number**

**Current Waiver Issued Beginning Period**  
*11/1/2013*

**Current Waiver Ending Period**  
*10/31/2016*

**County**                            *New York*

**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		

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

**Certificate Number**

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