

---

## *Approved Entities*

---

**Waiver Number**                    **178**

**Primary Entity Name**            **Fighting Chance Inc.**

**Primary Address**                *34 Bay St.*

**Primary Phone**                *(631) 725-4646*  
**Number**

*Sag Harbor*

**Current Waiver Issued Beginning Period**

*NY*

*7/9/2015*

*11963-*

**Current Waiver Ending Period**

**County**                            *Suffolk*

*7/8/2018*

**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 checked="" type="checkbox"/> Psychology
<input type="checkbox"/> Licensed Mental Health Counseling	<input type="checkbox"/> Licensed Behavior Analyst	<input type="checkbox"/> Certified Behavior Analyst Assistant

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

**Certificate Number**

- -