
Approved Entities

Waiver Number **216**

Primary Entity Name **Ms Ora's Haven of Hope Inc.**

Primary Address *PO Box 120825*

Primary Phone *(718) 495-6487*
Number

Brooklyn

Current Waiver Issued Beginning Period

NY

3/15/2012

11212-

Current Waiver Ending Period

County

Kings

3/31/2015

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		

Additional Sites if any - with Certificate Number

Certificate Number

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