Approved Entities

Waiver Number	**257**		
Primary Entity Name	**St. Francis Counseling Center Inc**		
Primary Address	*135 West 31st St* *New York* *NY* *10001-*	***Primary Phone Number***	*(212) 736-8500* *257*
		Current Waiver Issued Beginning Period	*6/1/2015*
		Current Waiver Ending Period	*5/31/2018*
County	*New York*		

Professional Services to be Offered by Qualified Individuals:

☑ Licensed Master Social Work	☑ Licensed Marriage and Family Therapy	☐ Licensed Psychoanalysis
☑ Licensed Clinical Social Work	☐ Licensed Creative Arts Therapy	☑ Psychology
☑ Licensed Mental Health Counseling	☐ Licensed Behavior Analyst	☐ Certified Behavior Analyst Assistant

Additional Sites if any - with Certificate Number

Certificate Number	- -