
Approved Entities

Waiver Number **274**

Primary Entity Name **District Council 37 Health & Security Plan (Personal Service Unit)**

Primary Address *125 Barclay St*

Primary Phone Number *(212) 815-1305*

New York

Current Waiver Issued Beginning Period

NY

3/15/2015

10007-

Current Waiver Ending Period

County *New York*

3/31/2018

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 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

- -