
Approved Entities

Waiver Number **292**

Primary Entity Name **New York Foundation Senior Citizens Home Attendant Services Inc.**

Primary Address *11 Park Place*

Primary Phone Number *(212) 962-7559*

New York

Current Waiver Issued Beginning Period

NY

4/1/2015

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 checked="" 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

- -