

Approved Entities

Waiver Number 335

Primary Entity Name **I Have a Dream Foundation**

Primary Address 330 Seventh Ave, 20th Fl
New York
NY
10001-

Primary Phone Number (212) 293-5480
12

Current Waiver Issued Beginning Period
4/1/2015

Current Waiver Ending Period
3/31/2018

County New York

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 | CW - 335 - 681 | Ravenswood II Program |
| Certificate Number | CW - 335 - 680 | DeHostos -WISE Program |

Certificate Number

CW - 335 - 679

DeHostos -Wise Program

Certificate Number

CW - 335 - 678

Chealsea Elliott II Program