
Approved Entities

Waiver Number **350**

Primary Entity Name **Esperanza NY Inc.**

Primary Address *636 Broadway 4th Fl*

New York

NY

10012-

Primary Phone *(646) 278-2000*
Number

Current Waiver Issued Beginning Period
3/15/2015

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 checked="" type="checkbox"/> Licensed Marriage and Family Therapy	<input checked="" type="checkbox"/> Licensed Psychoanalysis
<input checked="" type="checkbox"/> Licensed Clinical Social Work	<input checked="" type="checkbox"/> Licensed Creative Arts Therapy	<input checked="" 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

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