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## *Approved Entities*

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**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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