
Approved Entities

Waiver Number **412**

Primary Entity Name **Freedom House for People with Disabilities**

Primary Address *PO Box 663*

Primary Phone Number *(212) 400-6470*

New York

Current Waiver Issued Beginning Period

NY

6/1/2015

10035-

Current Waiver Ending Period

County *New York*

5/31/2018

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

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