Approved Entities

Waiver Number	**505**		
Primary Entity Name	**James Lenox House Association Inc**		
Primary Address	*49 East 73 St*	***Primary Phone Number***	*(212) 288-7379*
	New York		
	NY	***Current Waiver Issued Beginning Period***	
	10021-	*3/15/2015*	
		Current Waiver Ending Period	
County	*New York*	*3/31/2018*	

Professional Services to be Offered by Qualified Individuals:

☑ Licensed Master Social Work	☐ Licensed Marriage and Family Therapy	☐ Licensed Psychoanalysis
☑ Licensed Clinical Social Work	☐ Licensed Creative Arts Therapy	☐ Psychology
☐ Licensed Mental Health Counseling	☐ Licensed Behavior Analyst	☐ Certified Behavior Analyst Assistant

Additional Sites if any - with Certificate Number

Certificate Number	- -