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## *Approved Entities*

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**Waiver Number**                    **550**

**Primary Entity Name**            **LIFT Inc.**

**Primary Address**                *2715 Bainbridge Avenue*

**Primary Phone**                *(718) 733-3897*  
**Number**

*Bronx*

**Current Waiver Issued Beginning Period**

*NY*

*4/1/2013*

*10458-*

**Current Waiver Ending Period**

**County**

*Bronx*

*3/31/2016*

**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 type="checkbox"/> Licensed Mental Health Counseling		

**Additional Sites if any - with Certificate Number**

**Certificate Number**

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