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## *Approved Entities*

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**Waiver Number**                    **597**

**Primary Entity Name**            **Service Program for Older People, Inc.**

**Primary Address**                *302 W. 91st St. 2nd Floor*

**Primary Phone Number**        *(212) 787-7120*

*New York City*

**Current Waiver Issued Beginning Period**

*NY*

*11/1/2013*

*10024-*

**Current Waiver Ending Period**

**County**                            *New York*

*10/31/2016*

**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 checked="" 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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