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## *Approved Entities*

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*Waiver Number*                      **679**

*Primary Entity Name*              **Public Health Solutions**

*Primary Address*                    *40 Worth Street*                      *Primary Phone*              *(646) 619-6400*  
*5th Floor*                                      *Number*  
*New York*  
*NY*    *Current Waiver Issued Beginning Period*  
*10013-2988*                                      *1/1/2016*

*County*                                      *New York*                                      *Current Waiver Ending Period*  
*12/31/2018*

**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 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 Behavioral Analyst	<input type="checkbox"/> Certified Behavioral Analyst Assistant

*Additional Sites if any - with Certificate Number*

<i>Certificate Number</i>	<b>CW - 679 - 5635</b>	<b>Early Intervention Service Coordination</b>
<i>Certificate Number</i>	<b>CW - 679 - 5634</b>	<b>Early Intervention Service Coordination</b>

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*Certificate Number*

**CW - 679 - 5633**

**Early Intervention Service Coordination**

*Certificate Number*

**CW - 679 - 5485**

**Sudden Infant and Child Death Resource Center**