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## *Approved Entities*

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**Waiver Number**                    **687**

**Primary Entity Name**            **MFY Legal Services Inc.**

**Primary Address**                    *299 Broadway 4th Fl.*

**Primary Phone**                    *(212) 417-3700*  
**Number**

*New York*

*NY*

*10007-*

**Current Waiver Issued Beginning Period**  
*4/1/2016*

**Current Waiver Ending Period**  
*3/31/2019*

**County**                                *Manhattan*

**Professional Services to be Offered by Qualified Individuals:**

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

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

**Certificate Number**

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