

---

## *Approved Entities*

---

**Waiver Number**                    **687**

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

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

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

*New York*

**Current Waiver Issued Beginning Period**

*NY*

*4/1/2016*

*10007-*

**Current Waiver Ending Period**

**County**

*Manhattan*

*3/31/2019*

**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**

- -