

Approved Entities

Waiver Number **725**
Primary Entity Name **Aging in New York Fund, Inc.**
Primary Address *2 Lafayette Street* **Primary Phone** *(212) 442-1375*
 Suite 2100 **Number**
 New York
 NY **Current Waiver Issued Beginning Period**
 10007- *3/15/2012*
 Current Waiver Ending Period
County *New York* *3/31/2015*

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 checked="" type="checkbox"/> Licensed Psychoanalysis
<input checked="" type="checkbox"/> Licensed Clinical Social Work	<input checked="" type="checkbox"/> Licensed Creative Arts Therapy	<input checked="" type="checkbox"/> Psychology
<input checked="" type="checkbox"/> Licensed Mental Health Counseling		

Additional Sites if any - with Certificate Number

Certificate Number	CW - 725 - 4598	Elder Abuse Work for NYC Department for the Aging
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