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## ***Approved Entities***

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***Waiver Number***                      **775**

***Primary Entity Name***                **Dawning Village Inc**

***Primary Address***                    *2090 First Ave*                              ***Primary Phone***                *(212) 369-5313*  
***Number***

*New York*                                      ***Current Waiver Issued Beginning Period***  
*NY*    *11/1/2013*  
*10029-*

***County***                                    *New York*                                      ***Current Waiver Ending Period***  
*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 type="checkbox"/> Licensed Creative Arts Therapy	<input type="checkbox"/> Psychology
<input type="checkbox"/> Licensed Mental Health Counseling		

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

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***Certificate Number***                      **CW - 775 - 2992                      Dawning Village Too**