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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*

*NY*

*10029-*

**Current Waiver Issued Beginning Period**  
*11/1/2013*

**Current Waiver Ending Period**  
*10/31/2016*

**County**                            *New York*

**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**

<b>Certificate Number</b>	<b>CW - 775 - 2992            Dawning Village Too</b>
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