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## *Approved Entities*

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**Waiver Number**                      **830**

**Primary Entity Name**              **New York City Gay and Lesbian Anti-Violence Project Inc**

**Primary Address**                    *240 West 35th Street*                      **Primary Phone**              *(212) 714-1184*  
*Suite 200*    **Number**  
*New York*  
*NY*    **Current Waiver Issued Beginning Period**  
*10001-*    *4/1/2012*  
**County**                                      *New York*    **Current Waiver Ending Period**  
*3/31/2015*

**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**

**Certificate Number**

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