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## *Approved Entities*

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**Waiver Number**                      **836**

**Primary Entity Name**              **The Beatrice Castiglia Catullo Residence Housing Development Fund Corporation**

**Primary Address**                    *1424 Parker Street*                      **Primary Phone**              *(718) 892-5520*  
**Number**

*Bronx*    **Current Waiver Issued Beginning Period**  
   *NY*    *4/1/2013*  
   *10462-*    **Current Waiver Ending Period**  
**County**                                      *Bronx*    *3/31/2016*

**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 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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