

---

## *Approved Entities*

---

**Waiver Number**                    **839**

**Primary Entity Name**            **Lower East Side Family Union, Inc.**

**Primary Address**                *227 East 3rd Street*  
*Main Floor*  
*New York*  
*New York*  
*10009-*

**Primary Phone**                *(212) 260-0040*  
**Number**

**Current Waiver Issued Beginning Period**  
*4/15/2015*

**Current Waiver Ending Period**  
*4/30/2018*

**County**                            *New York*

**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 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**

-       -
-----------