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## Approved Entities

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**Waiver Number**                    **935**

**Primary Entity Name**            **West Harlem Community Organization Inc.**

**Primary Address**                *240 West 116th Street*

**Primary Phone**                *(212) 665-7586*  
**Number**

*New York*

**Current Waiver Issued Beginning Period**

*NY*

*4/1/2012*

*10026-*

**Current Waiver Ending Period**

**County**

*New York*

*3/31/2015*

**Professional Services to be Offered by Qualified Individuals:**

<input 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 checked="" type="checkbox"/> Psychology
<input type="checkbox"/> Licensed Mental Health Counseling		

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

**Certificate Number**

**CW - 935 - 3710**

**West Harlem Community Organization Inc. Head Start**

**Certificate Number**

**CW - 935 - 3709**

**West Harlem Community Organization Inc. Head Start**