
Approved Entities

Waiver Number **939**

Primary Entity Name **Greenhope Housing Development Fund**

Primary Address *414-418 East 119th Street*

Primary Phone Number *(212) 860-6650*

New York

Current Waiver Issued Beginning Period

NY

7/9/2015

10035-

Current Waiver Ending Period

County *New York*

7/8/2018

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 checked="" 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	<input type="checkbox"/> Licensed Behavior Analyst	<input type="checkbox"/> Certified Behavior Analyst Assistant

Additional Sites if any - with Certificate Number

Certificate Number

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