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## *Approved Entities*

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*Waiver Number*                    **956**

*Primary Entity Name*            **Cecil Housing Development Fund Company**

*Primary Address*                *206-210 West 118th Street*

*Primary Phone Number*        *(212) 864-5281*

*New York*

*Current Waiver Issued Beginning Period*

*NY*

*3/15/2015*

*10026-*

*Current Waiver Ending Period*

*County*

*New York*

*3/31/2018*

**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 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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