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## *Approved Entities*

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**Waiver Number**                    **988**

**Primary Entity Name**            **Greystone Programs, Inc.**

**Primary Address**                *36 Violet Avenue*

**Primary Phone Number**        *(845) 452-4772*

*Poughkeepsie*

**Current Waiver Issued Beginning Period**

*NY*

*11/1/2013*

*12600-*

**Current Waiver Ending Period**

**County**

*Dutchess*

*10/31/2016*

**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 checked="" 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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