
Approved Entities

Waiver Number **528**

Primary Entity Name **Council of Senior Centers and Services of New York City Inc.**

Primary Address *49 West 45th Street*
7th Floor
New York
NY
10036-

Primary Phone *(212) 398-6565*
Number

Current Waiver Issued Beginning Period
6/1/2012

Current Waiver Ending Period
5/31/2015

County *New York*

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

CW - 528 - 4635 CSCS Bill Payer Program