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## *Approved Entities*

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**Waiver Number**                    **1041**

**Primary Entity Name**            **Our Place in New York Inc.**

**Primary Address**                *1815 Avenue M*

**Primary Phone**                *(718) 679-9145*  
**Number**

*Brooklyn*

**Current Waiver Issued Beginning Period**

*NY*

*3/15/2015*

*11230-*

**Current Waiver Ending Period**

**County**

*Kings*

*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 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**

**CW - 1041 - 4065**

**Our Place-The Living Room**