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## *Approved Entities*

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**Waiver Number**                    **1147**

**Primary Entity Name**            **Queensboro Council for Social Welfare, Inc.**

**Primary Address**                    *27-40 Hoyf Avenue South, 2nd Floor*            **Primary Phone**            *(718) 685-2802*  
**Number**

*Astoria*

*NY*

*11102-*

**Current Waiver Issued Beginning Period**

*11/1/2013*

**Current Waiver Ending Period**

*10/31/2016*

**County**                                *Queens*

**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 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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