

---

## *Approved Entities*

---

**Waiver Number**                    **1192**

**Primary Entity Name**            **New York County Defender Services Inc**

**Primary Address**                *225 Broadway*  
*Suite 1100*  
*New York*  
*NY*  
*10007-*

**Primary Phone**                *(212) 803-5100*  
**Number**

**Current Waiver Issued Beginning Period**  
*7/9/2015*

**Current Waiver Ending Period**  
*7/8/2018*

**County**                            *NY*

**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	<input type="checkbox"/> Licensed Behavior Analyst	<input type="checkbox"/> Certified Behavior Analyst Assistant

**Additional Sites if any - with Certificate Number**

**Certificate Number**

-       -
-----------