Approved Entities

Waiver Number	**1230**		
Primary Entity Name	**Inwood Community Services Inc**		
Primary Address	*651 Academy Street* *New York* *NY* *10034-*	***Primary Phone Number***	*(212) 942-0043* *133*
		Current Waiver Issued Beginning Period	*7/1/2012*
		Current Waiver Ending Period	*6/30/2015*
County	*New York*		

Professional Services to be Offered by Qualified Individuals:

☑ Licensed Master Social Work	☐ Licensed Marriage and Family Therapy	☐ Licensed Psychoanalysis
☑ Licensed Clinical Social Work	☐ Licensed Creative Arts Therapy	☐ Psychology
☑ Licensed Mental Health Counseling		

Additional Sites if any - with Certificate Number

Certificate Number	**CW - 1230 - 4696**	**Inwood Community Srevices Inc NYC DYLD OST Program at WHA PS 366**
Certificate Number	**CW - 1230 - 4695**	**Inwood Community Services Inc**