Approved Entities

Waiver Number	**343**		
Primary Entity Name	**Rainbow Center Inc. of NY**		
Primary Address	*PO Box 540929* *Flushing* *NY* *11354-*	***Primary Phone Number***	*(718) 359-5515*
		Current Waiver Issued Beginning Period	*5/10/2012*
		Current Waiver Ending Period	*5/9/2015*
County	*Queens*		

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	☐ Licensed Behavioral Analyst	☐ Certified Behavioral Analyst Assistant

Additional Sites if any - with Certificate Number

Certificate Number	- -