Approved Entities

Waiver Number	**379**		
Primary Entity Name	**Neighborhood Coalition for Shelter Inc**		
Primary Address	*50 Broadway* *Suite 1301* *New York* *NY* *10004-*	***Primary Phone Number***	*(212) 537-5100*
		Current Waiver Issued Beginning Period	*4/2/2015*
		Current Waiver Ending Period	*3/31/2018*
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 - 379 - 3018**	**Options**
Certificate Number	**CW - 379 - 854**	**Louis Nine House**

Certificate Number	**CW - 379 - 853**	**Transitions**
Certificate Number	**CW - 379 - 852**	**NCS Residence**