

---

## *Approved Entities*

---

**Waiver Number**                    **484**

**Primary Entity Name**            **Northwest Queens Housing Corporation**

**Primary Address**                *49 West 45th Street*

**Primary Phone Number**        *(212) 840-8005*

*New York*

*New York*

*10036-*

**Current Waiver Issued Beginning Period**  
*5/10/2012*

**Current Waiver Ending Period**  
*5/9/2015*

**County**                            *New York*

**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 checked="" type="checkbox"/> Licensed Clinical Social Work	<input type="checkbox"/> Licensed Creative Arts Therapy	<input type="checkbox"/> Psychology
<input checked="" type="checkbox"/> Licensed Mental Health Counseling		

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

**Certificate Number**

- -