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## *Approved Entities*

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**Waiver Number**                    **595**

**Primary Entity Name**            **Hour Children**

**Primary Address**                *36-11 12 Street*

**Primary Phone**                *(718) 433-4724*  
**Number**

*Long Island City*

*New York*

*11106-*

**Current Waiver Issued Beginning Period**

**Current Waiver Ending Period**

**County**                            *Queens*

**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 type="checkbox"/> Licensed Mental Health Counseling		

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

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**Certificate Number**

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