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## *Approved Entities*

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**Waiver Number**                      **640**

**Primary Entity Name**                **Lincoln Square Neighborhood Center, Inc.**

**Primary Address**                    *250 W. 65 Street*                      **Primary Phone**                *(212) 874-0860*  
**Number**

*New York*                                      **Current Waiver Issued Beginning Period**  
   *NY*    *4/2/2012*  
   *10023-*    **Current Waiver Ending Period**  
**County**                                    *New York*                                      *3/31/2015*

**Professional Services to be Offered by Qualified Individuals:**

<input checked="" type="checkbox"/> Licensed Master Social Work	<input checked="" type="checkbox"/> Licensed Marriage and Family Therapy	<input checked="" type="checkbox"/> Licensed Psychoanalysis
<input checked="" type="checkbox"/> Licensed Clinical Social Work	<input checked="" type="checkbox"/> Licensed Creative Arts Therapy	<input checked="" type="checkbox"/> Psychology
<input checked="" type="checkbox"/> Licensed Mental Health Counseling		

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

**Certificate Number**                      *- -*