

## Approved Entities

**Waiver Number**                    **843**  
**Primary Entity Name**            **New York City Mission Society**  
**Primary Address**                *105 East 22nd Street*  
    *New York*  
    *NY*  
    *10010-*  
**County**                                *New York*

**Primary Phone Number**        *(212) 674-3500*  
**Current Waiver Issued Beginning Period**  
    *11/1/2013*  
**Current Waiver Ending Period**  
    *10/31/2016*

**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 type="checkbox"/> Licensed Psychoanalysis
<input checked="" type="checkbox"/> Licensed Clinical Social Work	<input 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**

<b>Certificate Number</b>	<b>CW - 843 - 3226</b>	<b>Minisink Beacon Center</b>
<b>Certificate Number</b>	<b>CW - 843 - 3225</b>	<b>Learn to Work Program @ Brownsville Academy High School</b>

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<i>Certificate Number</i>	<b>CW - 843 - 3224</b>	<b>Learn to Work Program @ Emma Lazarus High School</b>
<i>Certificate Number</i>	<b>CW - 843 - 3223</b>	<b>Learn to Work Program @ Harlem Renaissance HS</b>
<i>Certificate Number</i>	<b>CW - 843 - 3222</b>	<b>Minisink Townhouse</b>