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## Approved Entities

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**Waiver Number**                    **127**

**Primary Entity Name**            **Family Services of Westchester, Inc.**

**Primary Address**                *One Gateway Plaza  
Fourth Floor  
Port Chester  
NY  
10573-*

**Primary Phone Number**        *(914) 937-2320*

**Current Waiver Issued Beginning Period**  
*7/1/2016*

**Current Waiver Ending Period**  
*6/30/2019*

**County**                            *Westchester*

- |  |   |  |  |
|--|---|--|--|
| <input checked="" type="checkbox"/> LMSW                   | <input checked="" type="checkbox"/> CAT                       | <input type="checkbox"/> Physical Therapy                  | <input checked="" type="checkbox"/> Nursing (RN or Nurse Practitioner)           |
| <input checked="" type="checkbox"/> LCSW                   | <input checked="" type="checkbox"/> Psychology                | <input checked="" type="checkbox"/> Occupational Therapy   | <input type="checkbox"/> Medicine (Physician, Physician Asst., Specialist Asst.) |
| <input type="checkbox"/> Licensed_Applied_Behavior_Analyst | <input type="checkbox"/> Certified_Behavior_Analyst_Assistant | <input checked="" type="checkbox"/> Audiology/Speech Lang. | <input type="checkbox"/> Mental Health Counseling                                |
| <input type="checkbox"/> Optometry                         | <input type="checkbox"/> Other: <input type="text"/>          |  |  |

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

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**Certificate Number**

**JT - 127 - 148                    Prime Time**

**Certificate Number**

**JT - 127 - 149                    Prime Time**

