Approved Entities

Waiver Number	**253**		
Primary Entity Name	**Association to Benefit Children**		
Primary Address	*419 East 86th Street*	***Primary Phone Number***	*(212) 845-3821*
	New York		
	New York	***Current Waiver Issued Beginning Period***	
	10028-	*1/1/2014*	
		Current Waiver Ending Period	
County	*New York*	*12/31/2016*	

☑ LMSW	☑ CAT	☑ Physical Therapy	☑ Nursing (RN or Nurse Practitioner)
☑ LCSW	☑ Psychology	☑ Occupational Therapy	☑ Medicine (Physician, Physician Asst., Specialist Asst.)
☑ Mental Health Counseling	☐ Optometry	☑ Audiology/Speech Lang.	☐ Other:

Additional Sites if any - with Certificate Number

Certificate Number	**JT - 253 - 328**	**Variety Cody Gifford House**
Certificate Number	**JT - 253 - 330**	**Merricat's Castle School**

Certificate Number	**JT - 253 - 329** **Echo Park Early Childhood Program**