

Approved Entities

Waiver Number **258**

Primary Entity Name **Westchester Community Opportunity Program, Inc. (WestCOP)**

Primary Address *2269 Saw Mill River Road* **Primary Phone** *(914) 592-5600*
 Building #3 **Number**
 Elmsford
 New York **Current Waiver Issued Beginning Period**
 10523- *7/1/2013*
 Current Waiver Ending Period
County *Westchester* *6/30/2016*

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|--------------------------------------------------------------|------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> LMSW | <input checked="" type="checkbox"/> CAT | <input checked="" 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 checked="" type="checkbox"/> Mental Health Counseling | <input type="checkbox"/> Optometry | <input type="checkbox"/> Audiology/Speech Lang. | <input checked="" type="checkbox"/> Other: <input type="text" value="Speech Pathology"/> |

Additional Sites if any - with Certificate Number

Certificate Number