Approved Entities

Waiver Number	**441**
Primary Entity Name	**Autism Early Enrichment Services, LLC**
Primary Address	*225 West 34th Street* *Suite 946* *New York* *New York* *10122-*
County	*New York*
Primary Phone Number	*(212) 804-7659*
Current Waiver Issued Beginning Period	*7/1/2013*
Current Waiver Ending Period	*6/30/2016*

☑ 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: Special Instruction

Additional Sites if any - with Certificate Number

Certificate Number - -