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-

Primary Phone Number (212) 804-7659

Current Waiver Issued Beginning Period 7/1/2013

Current Waiver Ending Period 6/30/2016

County New York

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 - -

Thursday, July 17, 2014