Approved Entities

Waiver Number	**450**		
Primary Entity Name	**All City Assistance, Inc.**		
Primary Address	*235 Mamaroneck Road*	***Primary Phone Number***	*(914) 722-1414*
	Scarsdale		
	New York	***Current Waiver Issued Beginning Period***	
	10583-	*7/1/2013*	
		Current Waiver Ending Period	
County	*Westchester*	*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: Speech therapy/Special Education

Additional Sites if any - with Certificate Number

Certificate Number	**JT - 450 - 524**	**Early Intervention**
Certificate Number	**JT - 450 - 525**	**Early Intervention**