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## *Approved Entities*

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**Waiver Number**                    **521**

**Primary Entity Name**            **Aspiring Munchkins, LLC**

**Primary Address**                *110 Lafayette Street, Suite 201*

**Primary Phone Number**        *(646) 764-6763*

*New York*

*NY*

*10013-*

**Current Waiver Issued Beginning Period**

*10/26/2015*

**Current Waiver Ending Period**

*10/31/2018*

**County**

*New York*

LMSW

CAT

Physical Therapy

Nursing (RN or Nurse Practitioner)

LCSW

Psychology

Occupational Therapy

Medicine (Physician, Physician Asst., Specialist Asst.)

Licensed\_Applied\_Behavior\_Analyst

Certified\_Behavior\_Analyst\_Assistant

Audiology/Speech Lang.

Mental Health Counseling

Optometry

Other:

***Additional Sites if any - with Certificate Number***

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**Certificate Number**