

---

## *Approved Entities*

---

**Waiver Number**                    **531**

**Primary Entity Name**            **Millie's World, Inc.**

**Primary Address**                    *27-59 Crescent Street*

**Primary Phone Number**            *(347) 838-1797*

*Astoria*

**Current Waiver Issued Beginning Period**

*NY*

*1/12/2016*

*11102-*

**Current Waiver Ending Period**

**County**

*Queens*

*1/31/2018*

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**

---

**Certificate Number**