
Approved Entities

Waiver Number **1097**

Primary Entity Name **The Long Island Alzheimer's Foundation**

Primary Address *5 Channel Drive*

Primary Phone Number *(516) 767-6856*

Port Washington

Current Waiver Issued Beginning Period

NY

5/10/2015

11050-

Current Waiver Ending Period

County *Nassau*

5/9/2018

Professional Services to be Offered by Qualified Individuals:

<input checked="" type="checkbox"/> Licensed Master Social Work	<input checked="" type="checkbox"/> Licensed Marriage and Family Therapy	<input type="checkbox"/> Licensed Psychoanalysis
<input checked="" type="checkbox"/> Licensed Clinical Social Work	<input checked="" type="checkbox"/> Licensed Creative Arts Therapy	<input checked="" type="checkbox"/> Psychology
<input checked="" type="checkbox"/> Licensed Mental Health Counseling	<input type="checkbox"/> Licensed Behavior Analyst	<input type="checkbox"/> Certified Behavior Analyst Assistant

Additional Sites if any - with Certificate Number

Certificate Number

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