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## *Approved Entities*

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**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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