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## *Approved Entities*

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**Waiver Number**                    **1122**

**Primary Entity Name**            **Life's WORC, Inc.**

**Primary Address**                    *1501 Franklin Avenue*

**Primary Phone**                    *(516) 741-9000*  
**Number**

*Garden City*

*NY*

*11530-*

**Current Waiver Issued Beginning Period**

*11/1/2013*

**Current Waiver Ending Period**

*10/31/2016*

**County**                                *Nassau*

**Professional Services to be Offered by Qualified Individuals:**

<input checked="" type="checkbox"/> Licensed Master Social Work	<input 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		

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

**Certificate Number**

**CW - 1122 - 5871**

**The Family Center for Autism**