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## *Approved Entities*

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**Waiver Number**                    **1178**

**Primary Entity Name**            **Kid Esteem, Inc**

**Primary Address**                *175 S. 11th Street*

*Lindenhurst*

*NY*

*11757-*

**Primary Phone**                *(631) 321-6675*  
**Number**

**Current Waiver Issued Beginning Period**  
*5/1/2015*

**Current Waiver Ending Period**  
*4/30/2018*

**County**                            *Suffolk*

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

<input type="checkbox"/> Licensed Master Social Work	<input type="checkbox"/> Licensed Marriage and Family Therapy	<input type="checkbox"/> Licensed Psychoanalysis
<input type="checkbox"/> Licensed Clinical Social Work	<input checked="" type="checkbox"/> Licensed Creative Arts Therapy	<input 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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