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## *Approved Entities*

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**Waiver Number**                    **1306**

**Primary Entity Name**            **Port Chester Carver Center, Inc**

**Primary Address**                    *400 Westchester Avenue*

**Primary Phone Number**            *(914) 305-6018*

*Port Chester*

*NY*

*10573-*

**Current Waiver Issued Beginning Period**

*4/1/2016*

**Current Waiver Ending Period**

*3/31/2019*

**County**                                *Westchester*

**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 type="checkbox"/> Licensed Creative Arts Therapy	<input type="checkbox"/> Psychology
<input type="checkbox"/> Licensed Mental Health Counseling	<input type="checkbox"/> Licensed Behavioral Analyst	<input type="checkbox"/> Certified Behavioral Analyst Assistant

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

**Certificate Number**

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