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## *Approved Entities*

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**Waiver Number**                    **1408**

**Primary Entity Name**            **Cerebral Palsy of Westchester**

**Primary Address**                *1186 King Street*

**Primary Phone**                *(914) 937-3800*  
**Number**

*Rye Brook*

**Current Waiver Issued Beginning Period**

*New York*

*11/1/2013*

*10573-*

**Current Waiver Ending Period**

**County**                            *Westchester*

*10/31/2016*

**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 checked="" type="checkbox"/> Psychology
<input type="checkbox"/> Licensed Mental Health Counseling		

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

**Certificate Number**

**CW - 1408 - 5663**

**United Preschool Center**