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## *Approved Entities*

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**Waiver Number**                    **246**

**Primary Entity Name**            **Search and Care Inc.**

**Primary Address**                *1844 Second Ave*

**Primary Phone**                *(212) 289-5300*  
**Number**

*New York*

**Current Waiver Issued Beginning Period**  
*6/1/2015*

*NY*

*10128-*

**Current Waiver Ending Period**  
*5/31/2018*

**County**                            *New York*

**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 Behavior Analyst            | <input type="checkbox"/> Certified Behavior Analyst Assistant |

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

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**Certificate Number**

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