Approved Entities

Waiver Number	**431**		
Primary Entity Name	**Scarsdale Edgemont Family Counseling Service**		
Primary Address	*14 Harwood Ct Suite 405*	***Primary Phone Number***	*(914) 723-3281*
	Scarsdale		
	NY	***Current Waiver Issued Beginning Period***	
	10583-	*11/18/2016*	
		Current Waiver Ending Period	
County	*Westchester*	*11/30/2019*	

Professional Services to be Offered by Qualified Individuals:

☑ Licensed Master Social Work	☑ Licensed Marriage and Family Therapy	☑ Licensed Psychoanalysis
☑ Licensed Clinical Social Work	☑ Licensed Creative Arts Therapy	☑ Psychology
☑ Licensed Mental Health Counseling	☐ Licensed Behavioral Analyst	☐ Certified Behavioral Analyst Assistant

Additional Sites if any - with Certificate Number

Certificate Number	- -