Approved Entities

Waiver Number	**615**		
Primary Entity Name	**Association for Children with Down Syndrome**		
Primary Address	*4 Fern Place*	***Primary Phone Number***	*(516) 933-4700*
	Plainview		
	New York	***Current Waiver Issued Beginning Period***	
	11803-	*4/15/2012*	
		Current Waiver Ending Period	
County	*Nassau*	*4/30/2015*	

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		

Additional Sites if any - with Certificate Number

Certificate Number	- -