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## *Approved Entities*

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**Waiver Number**                    **722**

**Primary Entity Name**            **The August Aichhorn Center for Adolescent Residential Care Inc.**

**Primary Address**                *15 West 72nd Street*  
*#1-J*  
*New York*  
*NY*  
*10023-*

**Primary Phone**                *(212) 873-9170*  
**Number**

**Current Waiver Issued Beginning Period**  
*7/1/2015*

**Current Waiver Ending Period**  
*6/30/2018*

**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**

**Certificate Number**

**CW - 722 - 2700            Young Adult Supported Living Program**