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## Approved Entities

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**Waiver Number**                    **774**

**Primary Entity Name**           **Lincoln Hall**

**Primary Address**                *PO Box 600*  
*Route 202*  
*Lincolndale*  
*NY*  
*10540-*

**Primary Phone**                *(914) 248-7474*  
**Number**

**Current Waiver Issued Beginning Period**  
*4/1/2012*

**Current Waiver Ending Period**  
*3/31/2015*

**County**                              *Westchester*

### 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 - 774 - 2991**

**Lincoln Hall Community Services**

**Certificate Number**

**CW - 774 - 2990**

**Lincoln Hall Community Services**