# Approved Entities

| | | | |
|---|---|---|---|
| ***Waiver Number*** | **866** | | |
| ***Primary Entity Name*** | **Cancer Support Team, Inc.** | | |
| ***Primary Address*** | *2900 Westchester Avenue*<br>*Suite 103*<br>*Purchase*<br>*NY*<br>*10577-* | ***Primary Phone Number*** | *(914) 777-2777* |
| | | ***Current Waiver Issued Beginning Period*** | *5/1/2015* |
| | | ***Current Waiver Ending Period*** | *4/30/2018* |
| ***County*** | *Westchester* | | |

**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 Behavior Analyst | ☐ Certified Behavior Analyst Assistant |

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

| | |
|---|---|
| ***Certificate Number*** | - - |