

Approved Entities

Waiver Number **866**

Primary Entity Name **Cancer Support Team, Inc.**

Primary Address *2900 Westchester Avenue*
Suite 103
Purchase
NY
10577-

Primary Phone *(914) 777-2777*
Number

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:

<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 *- -*