Approved Entities

Waiver Number	**116**
Primary Entity Name	**Anderson Center for Autism, Inc.**
Primary Address	*4885 Route 9* *PO Box 367* *Staatsburg* *NY* *12580-*
County	*Dutchess*
Primary Phone Number	*(845) 889-4034*
Current Waiver Issued Beginning Period	*7/1/2013*
Current Waiver Ending Period	*6/30/2016*

☑ LMSW	☑ CAT	☑ Physical Therapy	☑ Nursing (RN or Nurse Practitioner)
☑ LCSW	☑ Psychology	☑ Occupational Therapy	☐ Medicine (Physician, Physician Asst., Specialist Asst.)
☑ Mental Health Counseling	☐ Optometry	☑ Audiology/Speech Lang.	☐ Other:

Additional Sites if any - with Certificate Number

Certificate Number - -