
Approved Entities

Waiver Number **124**

Primary Entity Name **A Starting Place**

Primary Address *664 Orangeburg Road*

Primary Phone *(845) 735-3066*

Number *10*

Pearl River

Current Waiver Issued Beginning Period

NY

7/1/2016

10965-

Current Waiver Ending Period

County

Rockland

6/30/2019

LMSW

CAT

Physical Therapy

Nursing (RN or Nurse Practitioner)

LCSW

Psychology

Occupational Therapy

Medicine (Physician, Physician Asst., Specialist Asst.)

Licensed_Applied_Behavior_Analyst

Certified_Behavior_Analyst_Assistant

Audiology/Speech Lang.

Mental Health Counseling

Optometry

Other:

Additional Sites if any - with Certificate Number

Certificate Number

- -