

---

## *Approved Entities*

---

**Waiver Number**                    **187**

**Primary Entity Name**            **Jawonio, Inc.**

**Primary Address**                    *260 North Little Tor Road*

**Primary Phone Number**            *(845) 708-2000*

*New City*

**Current Waiver Issued Beginning Period**

*NY*

*7/1/2016*

*10956-*

**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**

**JT - 187 - 225**

**Jawonio, Inc.**