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## *Approved Entities*

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**Waiver Number**                    **208**

**Primary Entity Name**            **Finger Lakes United Cerebral Palsy, Incorporated**

**Primary Address**                *731 PreEmption Road*

**Primary Phone Number**        *(315) 789-6828*

*Geneva*

**Current Waiver Issued Beginning Period**

*NY*

*5/1/2016*

*14456-*

**Current Waiver Ending Period**

**County**

*Ontario*

*4/30/2019*

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:

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

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**Certificate Number**

**JT - 208 - 273**

**Waterloo Central School District**

**Certificate Number**

**JT - 208 - 274**

**Finger Lakes United Cerebral Palsy Incorporated**

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*Certificate Number*

**JT - 208 - 272**

**South Seneca Elementary School**