Approved Entities

Waiver Number	**214**		
Primary Entity Name	**Cattaraugus Rehabilitation Center, Inc.**		
Primary Address	*1439 Buffalo Street*	***Primary Phone Number***	*(716) 375-4747*
	Olean		
	New York	***Current Waiver Issued Beginning Period***	
	14760-	*7/1/2013*	
		Current Waiver Ending Period	
County	*Cattaraugus*	*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 - -