

Approved Entities

Waiver Number **261**

Primary Entity Name **NYSARC, Inc. d/b/a Yates County Chapter NYSARC, Inc.**

Primary Address *235 North Avenue* **Primary Phone** *(315) 536-2601*
Number

PennYan **Current Waiver Issued Beginning Period**
 New York *7/1/2013*
 14524- **Current Waiver Ending Period**
County *Yates* *6/30/2016*

<input type="checkbox"/> LMSW	<input type="checkbox"/> CAT	<input checked="" type="checkbox"/> Physical Therapy	<input checked="" type="checkbox"/> Nursing (RN or Nurse Practitioner)
<input type="checkbox"/> LCSW	<input checked="" type="checkbox"/> Psychology	<input checked="" type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Medicine (Physician, Physician Asst., Specialist Asst.)
<input type="checkbox"/> Mental Health Counseling	<input type="checkbox"/> Optometry	<input checked="" type="checkbox"/> Audiology/Speech Lang.	<input type="checkbox"/> Other: <input type="text"/>

Additional Sites if any - with Certificate Number

Certificate Number

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