
Approved Entities

Waiver Number **265**

Primary Entity Name **Hand in Hand Development, Inc.**

Primary Address *465 Grand Street*

Primary Phone Number *(212) 420-1999*

New York

NY

10002-

Current Waiver Issued Beginning Period

5/1/2016

Current Waiver Ending Period

4/30/2019

County

New York

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

- -