Approved Entities

Waiver Number	**280**		
Primary Entity Name	**Orange County Cerebral Palsy Association, Inc.**		
Primary Address	*2 Fletcher Street*	***Primary Phone Number***	*(845) 294-8806*
	Goshen		
	NY	***Current Waiver Issued Beginning Period***	
	10924-	*7/1/2013*	
		Current Waiver Ending Period	
County	*Orange*	*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	**JT - 280 - 353**	**Inspire Kids**
Certificate Number	**JT - 280 - 354**	**Inspire Kids**