

## Approved Entities

**Waiver Number**                    **280**

**Primary Entity Name**            **Orange County Cerebral Palsy Association, Inc.**

**Primary Address**                *2 Fletcher Street*                    **Primary Phone**            *(845) 294-8806*  
**Number**

*Goshen*                                    **Current Waiver Issued Beginning Period**  
   *NY*    *7/1/2013*  
   *10924-*     **Current Waiver Ending Period**  
**County**                               *Orange*                                       *6/30/2016*

<input checked="" type="checkbox"/> LMSW	<input type="checkbox"/> CAT	<input checked="" type="checkbox"/> Physical Therapy	<input checked="" type="checkbox"/> Nursing (RN or Nurse Practitioner)
<input checked="" 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

<b>Certificate Number</b>	<b>JT - 280 - 353</b>	<b>Inspire Kids</b>
<b>Certificate Number</b>	<b>JT - 280 - 354</b>	<b>Inspire Kids</b>