
Approved Entities

Waiver Number **294**

Primary Entity Name **Omni Childhood Center, Inc.**

Primary Address *1651 Coney Island Avenue*

Primary Phone *(718) 998-1415*
Number

Brooklyn

New York

11210-

Current Waiver Issued Beginning Period

7/1/2013

Current Waiver Ending Period

6/30/2016

County

Kings

<input checked="" type="checkbox"/> LMSW	<input type="checkbox"/> CAT	<input checked="" type="checkbox"/> Physical Therapy	<input type="checkbox"/> Nursing (RN or Nurse Practitioner)
<input checked="" type="checkbox"/> LCSW	<input checked="" type="checkbox"/> Psychology	<input checked="" type="checkbox"/> Occupational Therapy	<input checked="" type="checkbox"/> Medicine (Physician, Physician Asst., Specialist Asst.)
<input checked="" 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

JT - 294 - 368

Omni Childhood Center, Inc.