
Approved Entities

Waiver Number **319**

Primary Entity Name **Villa of Hope**

Primary Address *3300 Dewey Avenue*

Primary Phone Number *(585) 865-1555*

Rochester

NY

14616-

Current Waiver Issued Beginning Period

7/1/2016

Current Waiver Ending Period

6/30/2019

County

Monroe

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

Additional Sites if any - with Certificate Number

Certificate Number

- -