Approved Entities

Waiver Number	**348**		
Primary Entity Name	**Autism Services, Inc./Autistic Services**		
Primary Address	*4444 Bryant Stratton Way* *Williamsville* *New York* *14221-*	***Primary Phone Number***	*(716) 631-5777*
		Current Waiver Issued Beginning Period	*7/1/2013*
		Current Waiver Ending Period	*6/30/2016*
County	*Erie*		

☐ 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: LPN

Additional Sites if any - with Certificate Number

Certificate Number	**JT - 348 - 426**	**Autism Services, Inc./Autistic Services Educational Program**