Approved Entities

Waiver Number	**351**		
Primary Entity Name	**United Cerebral Palsy & Handicapped Children's Association of Syracuse, Inc. d/b/**		
Primary Address	*1603 Court Street*	***Primary Phone Number***	*(315) 455-7591*
	Syracuse		
	New York	***Current Waiver Issued Beginning Period***	
	13208-	*7/1/2013*	
		Current Waiver Ending Period	
County	*Onondaga*	*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 - -