

Approved Entities

Waiver Number **39**
Primary Entity Name **Staten Island Aid for Retarded Children, Inc. d/b/a Community Resources**
Primary Address *3450 Victory Blvd.* **Primary Phone Number** *(718) 447-5200*
Staten Island **Current Waiver Issued Beginning Period**
NY *7/1/2013*
10314- **Current Waiver Ending Period**
County *Richmond* *6/30/2016*

<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 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

<i>Certificate Number</i>	JT - 39 - 18	Community Resources Preschool
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