

---

## *Approved Entities*

---

**Waiver Number**                    **40**

**Primary Entity Name**            **Alternatives for Children**

**Primary Address**                *14 Research Way*

**Primary Phone Number**        *(631) 331-6400*

*East Setauket*

**Current Waiver Issued Beginning Period**

*NY*

*5/1/2016*

*11733-*

**Current Waiver Ending Period**

*4/30/2019*

**County**

- |  |   |  |  |
|--|---|--|--|
| <input checked="" type="checkbox"/> LMSW                   | <input checked="" type="checkbox"/> CAT                       | <input checked="" type="checkbox"/> Physical Therapy       | <input checked="" 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"/> Licensed_Applied_Behavior_Analyst | <input type="checkbox"/> Certified_Behavior_Analyst_Assistant | <input checked="" type="checkbox"/> Audiology/Speech Lang. | <input 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**

**JT - 40 - 19**

**Alternatives for Children**

**Certificate Number**

**JT - 40 - 20**

**Alternatives for Children**

---

---

*Certificate Number*

**JT - 40 - 21**

**Alternatives for Children**

*Certificate Number*

**JT - 40 - 22**

**Alternatives for Children**