
Approved Entities

Waiver Number **404**

Primary Entity Name **Accent on Ability**

Primary Address *34 Jeanne Drive*

Primary Phone *(845) 566-3419*
Number

Newburgh

New York

12550-

Current Waiver Issued Beginning Period

7/1/2013

Current Waiver Ending Period

6/30/2016

County *Orange*

<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 type="checkbox"/> Psychology	<input 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

Certificate Number

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