Approved Entities

Waiver Number	**413**		
Primary Entity Name	**Visiting Nurse Association Health Care Services, Inc. d/b/a VNA of Staten Island**		
Primary Address	*400 Lake Avenue* *Staten Island* *New York* *10303-*	***Primary Phone Number***	*(718) 720-2245*
		Current Waiver Issued Beginning Period	*7/1/2013*
		Current Waiver Ending Period	*6/30/2016*
County	*Richmond*		

☐ 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: Special Education Teacher and Teacher of t

Additional Sites if any - with Certificate Number

Certificate Number - -