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## *Approved Entities*

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**Waiver Number**                    **426**

**Primary Entity Name**            **United Cerebral Palsy of New York City**

**Primary Address**                *80 Maiden Lane*  
*8th floor*  
*New York*  
*NY*  
*10038-*

**Primary Phone**                *(212) 683-6700*  
**Number**

**Current Waiver Issued Beginning Period**  
*7/1/2016*

**Current Waiver Ending Period**  
*6/30/2019*

**County**                            *New York*

- |  |   |  |   |
|--|---|--|---|
| <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 checked="" 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 checked="" type="checkbox"/> Mental Health Counseling                                |
| <input checked="" type="checkbox"/> Optometry              | <input type="checkbox"/> Other: <input type="text"/>          |  |   |

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### *Additional Sites if any - with Certificate Number*

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**Certificate Number**

**JT - 426 - 492**

**Staten Island Children's Program**

**Certificate Number**

**JT - 426 - 491**

**Manhattan Children's Program**

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*Certificate Number*

**JT - 426 - 490**

**Bronx Children's Program**

*Certificate Number*

**JT - 426 - 493**

**Brooklyn Children's Program**