
Approved Entities

Waiver Number **435**

Primary Entity Name **Eden II School for Autistic Children, Inc.**

Primary Address *15 Beach Street*

Primary Phone *(718) 816-1422*
Number *157*

Staten Island

NY

10303-

Current Waiver Issued Beginning Period
7/1/2016

Current Waiver Ending Period
6/30/2019

County *Richmond*

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> LMSW | <input type="checkbox"/> CAT | <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Nursing (RN or Nurse Practitioner) |
| <input type="checkbox"/> LCSW | <input type="checkbox"/> Psychology | <input 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 - 435 - 504

Eden II

Certificate Number

JT - 435 - 502

Eden II

