Approved Entities

Waiver Number	**464**		
Primary Entity Name	**Best Friends Services, Inc.**		
Primary Address	*504 Southwoods Drive*	***Primary Phone Number***	*(845) 794-6037*
	Monticello		
	New York	***Current Waiver Issued Beginning Period***	
	12701-	*5/1/2014*	
		Current Waiver Ending Period	
County	*Sullivan*	*4/30/2017*	

☑ 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:

Additional Sites if any - with Certificate Number

Certificate Number	**JT - 464 - 540** **Best Friends Classroom**