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## *Approved Entities*

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**Waiver Number**                    **532**

**Primary Entity Name**            **CHDFS, Inc.**

**Primary Address**                *307 West 38th Street, Suite 817*

**Primary Phone Number**        *(212) 695-4564*

*New York*

**Current Waiver Issued Beginning Period**

*NY*

*1/12/2016*

*10018-*

**Current Waiver Ending Period**

**County**

*Manhattan*

*1/31/2018*

- |  |   |  |  |
|--|---|--|--|
| <input checked="" type="checkbox"/> LMSW                   | <input type="checkbox"/> CAT                                  | <input 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"/> 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**

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**Certificate Number**

**JT - 532 - 663**

**Early Intervention Program**