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## *Approved Entities*

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**Waiver Number**                    **533**

**Primary Entity Name**            **New Square Community Improvement Council, Inc.**

**Primary Address**                *766 North Main Street*

**Primary Phone Number**        *(845) 354-4100*

*Spring Valley*

**Current Waiver Issued Beginning Period**

*New York*

*1/12/2016*

*10977-*

**Current Waiver Ending Period**

**County**

*Rockland*

*1/31/2018*

LMSW

CAT

Physical Therapy

Nursing (RN or Nurse Practitioner)

LCSW

Psychology

Occupational Therapy

Medicine (Physician, Physician Asst., Specialist Asst.)

Licensed\_Applied\_Behavior\_Analyst

Certified\_Behavior\_Analyst\_Assistant

Audiology/Speech Lang.

Mental Health Counseling

Optometry

Other:

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

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**Certificate Number**

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