
Approved Entities

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

New York

10977-

Current Waiver Issued Beginning Period

1/12/2016

Current Waiver Ending Period

1/31/2018

County

Rockland

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