
Approved Entities

Waiver Number **538**

Primary Entity Name **Kris Agency & Home Care, Inc.**

Primary Address *169-14 Hillside Ave.*

Primary Phone Number *(718) 262-9009*

Jamaica

Current Waiver Issued Beginning Period

NY

1/12/2016

11432-

Current Waiver Ending Period

County

Queens

1/31/2018

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

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