
Approved Entities

Waiver Number **56**

Primary Entity Name **Handicapped Children's Association of Southern New York**

Primary Address *18 Broad Street*

Primary Phone Number *(607) 798-7117*

Johnson City

Current Waiver Issued Beginning Period

NY

7/1/2016

13790-

Current Waiver Ending Period

County

Broome

6/30/2019

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

JT - 56 - 32

Handicapped Children's Association of Southern New York

Certificate Number

JT - 56 - 33

Discovery Center

Certificate Number

JT - 56 - 34

Endicott Head Start

Certificate Number

JT - 56 - 35

Palmer Head Start