

Approved Entities

Waiver Number **58**
Primary Entity Name **Center for Autism & Related Disorders, Inc.**
Primary Address *6 North Main Street* **Primary Phone** *(585) 377-6590*
 Suite 110 **Number**
 Fairport
 NY **Current Waiver Issued Beginning Period**
 14450- *6/1/2014*
 Current Waiver Ending Period
County *Monroe* *5/31/2017*

| | | | |
|---|--|--|--|
| <input type="checkbox"/> LMSW | <input type="checkbox"/> CAT | <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Nursing (RN or Nurse Practitioner) |
| <input 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"/> Mental Health Counseling | <input type="checkbox"/> Optometry | <input checked="" type="checkbox"/> Audiology/Speech Lang. | <input type="checkbox"/> Other: <input type="text"/> |

Additional Sites if any - with Certificate Number

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|---------------------------|---------------------|---|
| Certificate Number | JT - 58 - 39 | Center for Autism & Related Disorders Inc. |
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