
Approved Entities

Waiver Number **59**

Primary Entity Name **Los Ninos Early Childhood Services**

Primary Address *535 8th Avenue
2nd Floor
New York
NY
10018-*

Primary Phone Number *(212) 787-9700*

Current Waiver Issued Beginning Period
5/1/2013

Current Waiver Ending Period
4/30/2016

County *New York*

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

Certificate Number