

---

## *Approved Entities*

---

**Waiver Number**                    **69**

**Primary Entity Name**            **Cleary Deaf Child Center, Inc.**

**Primary Address**                *301 Smithtown Blvd*

**Primary Phone Number**        *(631) 588-0530*

*Nesconset*

**Current Waiver Issued Beginning Period**

*NY*

*7/1/2016*

*11767-2077*

**Current Waiver Ending Period**

**County**

*Suffolk*

*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 type="checkbox"/> LCSW                              | <input checked="" type="checkbox"/> Psychology                | <input checked="" type="checkbox"/> Occupational Therapy   | <input checked="" 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 - 69 - 69**

**Cleary Deaf Child Center, Inc.**