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## Approved Entities

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**Waiver Number**                    **88**

**Primary Entity Name**            **Special Programs, Inc., dba Little Lukes**

**Primary Address**                *159 west First Street*

**Primary Phone Number**        *(315) 342-9575*

*Oswego*

**Current Waiver Issued Beginning Period**

*NY*

*5/1/2016*

*13126-*

**Current Waiver Ending Period**

**County**

*Oswego*

*4/30/2019*

LMSW

CAT

Physical Therapy

Nursing (RN or Nurse Practitioner)

LCSW

Psychology

Occupational Therapy

Medicine (Physician, Physician Asst., Specialist Asst.)

Licensed\_Applied\_Behavior\_Analyst

Certified\_Behavior\_Analyst\_Assistant

Audiology/Speech Lang.

Mental Health Counseling

Optometry

Other:

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**Additional Sites if any - with Certificate Number**

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**Certificate Number**

**JT - 88 - 103**

**Little Lukes**

**Certificate Number**

**JT - 88 - 102**

**Little Lukes**

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<i>Certificate Number</i>	<b>JT - 88 - 101</b>	<b>Little Lukes</b>	<b>Little Lukes</b>
<i>Certificate Number</i>	<b>JT - 88 - 104</b>	<b>Little Lukes</b>	
<i>Certificate Number</i>	<b>JT - 88 - 105</b>	<b>Little Lukes</b>	
<i>Certificate Number</i>	<b>JT - 88 - 106</b>	<b>Little Lukes</b>	