

Approved Entities

Waiver Number **94**

Primary Entity Name **Anderson Center Services, Inc.**

Primary Address *4885 Route 9*
PO Box 367
Staatsburg
New York
12580-0397

Primary Phone *(845) 889-4034*
Number

Current Waiver Issued Beginning Period
7/1/2013

Current Waiver Ending Period
6/30/2016

County *Dutchess*

<input checked="" type="checkbox"/> LMSW	<input checked="" 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 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