Approved Entities

Waiver Number	**1378**		
Primary Entity Name	**Handicapped Childrens Association of Southern New York Inc**		
Primary Address	*18 Broad Street*	***Primary Phone Number***	*(607) 798-7117*
	Johnson City		
	New York	***Current Waiver Issued Beginning Period***	
	13790-	*4/1/2016*	
		Current Waiver Ending Period	
County	*Broome*	*3/31/2019*	

Professional Services to be Offered by Qualified Individuals:

☑ Licensed Master Social Work	☐ Licensed Marriage and Family Therapy	☐ Licensed Psychoanalysis
☐ Licensed Clinical Social Work	☐ Licensed Creative Arts Therapy	☑ Psychology
☐ Licensed Mental Health Counseling	☐ Licensed Behavioral Analyst	☐ Certified Behavioral Analyst Assistant

Additional Sites if any - with Certificate Number

Certificate Number	**CW - 1378 - 5870**	**Vestal Cubcare Childcare Center**
Certificate Number	**CW - 1378 - 5092**	**Family Support Counseling Services**