

Approved Entities

Waiver Number **1378**

Primary Entity Name **Handicapped Childrens Association of Southern New York Inc**

Primary Address *18 Broad Street*

Primary Phone *(607) 798-7117*
Number

Johnson City

Current Waiver Issued Beginning Period

New York

4/1/2016

13790-

Current Waiver Ending Period

County *Broome*

3/31/2019

Professional Services to be Offered by Qualified Individuals:

<input checked="" type="checkbox"/> Licensed Master Social Work	<input type="checkbox"/> Licensed Marriage and Family Therapy	<input type="checkbox"/> Licensed Psychoanalysis
<input type="checkbox"/> Licensed Clinical Social Work	<input type="checkbox"/> Licensed Creative Arts Therapy	<input checked="" type="checkbox"/> Psychology
<input type="checkbox"/> Licensed Mental Health Counseling	<input type="checkbox"/> Licensed Behavioral Analyst	<input type="checkbox"/> 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