

**CERTIFICATION ENTRY FORM**

**I. Agency Information**

Name: LEARNING DISABILITIES ASSOCIATION OF WESTERN  
 Address: 2555 Elmwood Avenue  
 Kenmore, NY 14217  
 Agency ID: 7585

Executive Director: Marc Hennig  
 President: Parrish Gibbons Herzog  
 Status: VOLUNTARY  
 Agency Phone: (716)874-7200

**II. Program Information (Complete for Amendments and New Openings:)**

Operating Certificate Number:  
 Program Address:

County:  
 Area:  
 Program Phone:  
 Team Leader:

**III. Certification Information**

**COMPLETE FOR ALL TRANSACTIONS**

**COMPLETE FOR AMENDMENTS & NEW OPENINGS**

**Class of Operating Certificate**  
 10. Diagnostic & Research Clinic 44  
 19. CR - Free Standing Respite  
 20. Community Residence  
 30. Outpatient  
 44. Waiver Services  
 50. Specialty Hospital  
 70. Private School

Age Code:  
 Certified Capacity:  
 Temporary Use Beds:  
 Co-Located Day Programs:  
 Own/Lease:

**Program Type**  
 10. Evaluation & Diagnosis 44  
 14. IRA (8 Beds or Less - Converted)\*  
 15. IRA (9 Beds or More - Converted)<sup>o</sup>  
 16. IRA (8 Beds or Less)\*  
 17. IRA (9 Beds or More)<sup>o</sup>  
 19. CR - Supervised Apartment  
 20. CR - Supportive Apartment  
 21. CR - Supervised Group Home  
 22. ICF/DD (14 Beds or Less)  
 23. ICF/DD (15 Beds or More)  
 27. IRA/FSR (9 Beds or More)  
 30. Clinic Treatment  
 31. Day Training (Day Training)  
 34. Day Training (Work Activ/Sheltered Wkshop)  
 35. Day Treatment  
 44. Day Habilitation  
 50. Inpatient Treatment  
 70. Inpatient Rehabilitation  
 84. IRA/FSR (8 Beds or less)

Date of 45/60 Day letter:  
 ADDENDUM:  
 a) None <sup>2</sup> b) POCA Approved <sup>2</sup> c) Report of Findings  
<sup>2</sup> If "b" or "c" are chosen, please identify the program on the attachment  
 24 Hr. Support Code:  
 24 Hr. Support Date:  
 SATELLITE:  Y  N

\* For the purposes of the authorization letter, the two asterisked program types ("8 beds or less" and "8 beds or less - converted") will be authorized on the same letter

<sup>o</sup> For the purposes of the authorization letter, the two marked program types ("9 beds or more" and "9 beds or more - converted") will be authorized on the same letter

EFFECTIVE DATE: 8/1/20  
 EXPIRATION DATE: 9/30/22

Please make sure expiration date matches the expiration date on the program type authorization

**IV. Transaction Identification**

INITIAL: \_\_\_\_\_ New Program Type Authorization \_\_\_\_\_ New Certified Site

**RENEWAL of CERTIFICATION(s)**

- UNRENEWED**
- Change in Agency Information \_\_\_\_\_
  - Change in Program Location \_\_\_\_\_
  - Increase/Decrease in Capacity: From \_\_\_\_\_ To \_\_\_\_\_
  - Change in Class \_\_\_\_\_
  - Change in Program Type \_\_\_\_\_
  - Change in LS Code \_\_\_\_\_
  - Change in Evacuation category \_\_\_\_\_
  - Other \_\_\_\_\_

LIMITED RECERTIFICATION Reason For \_\_\_\_\_

LOSING: Date of Closing \_\_\_\_/\_\_\_\_/\_\_\_\_

Team Leader Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Regional Director \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Area Director \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



**LEARNING DISABILITIES ASSOCIATION OF WESTERN NEW YORK, INC.**

2555 ELMWOOD AVENUE  
KENMORE, NY 14217

**Group Authorization Type: DAY HABILITATION**

<b>OC#</b>	<b>7585440</b>	340 Delaware Avenue Buffalo, NY 14201	<b>Certified Capacity:</b>	<b>24</b>
<b>Life Safety Code:</b>		LSC DOES NOT APPLY	<b>Effective Date:</b>	<b>08/01/2017</b>
<b>Evacuation Code:</b>		N/A	<b>Expiration Date:</b>	<b>07/31/2020</b>
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<b>OC#</b>	<b>7585653</b>	1119 William Street Buffalo, NY 14206	<b>Certified Capacity:</b>	<b>12</b>
<b>Life Safety Code:</b>		LSC DOES NOT APPLY	<b>Effective Date:</b>	<b>04/03/2018</b>
<b>Evacuation Code:</b>		N/A	<b>Expiration Date:</b>	<b>07/31/2020</b>