



Coalition of Agencies in Service to the Elderly  
Bio Information Form

Date: **9/2/16**

Name: **Dr. Salvatore Gruttadauria, AuD**

Title: **CEO**

Agency Name: **Diversified Hearing and Rehabilitation Services**

Complete Mailing Address: **6930 Williams Road, Sute 3400, Niagara Falls, NY 14304**

Phone: **716-433-7090**

Fax: **716-362-1553**

Email address: **salg@rehabwny.com**

Website address: **www.diversifiedhearing.com**

What age range do you serve? **birth to geritric**

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A brief description of your position: **I am the founder and CEO of Diversified Hearing**

A brief description of what your agency does: **Diversified Hearing Services is a multi-office Audiology and Rehabilitation practice with clinics in Niagara, Erie and Wyoming counties. As one of the largest Audiology and rehabilitation practices in Western New York we also provide contractual services to area hospitals, nursing homes, home care and school programs.**

Please list any other programs your agency provides: **We provide Audiology, Hearing Aids, Dizziness and Balance Testing and Treatment, Physical Therapy, Occupational Therapy and Speech/Langage Pathology.**

C.A.S.E.  
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