

# Approved Entities

---

**Waiver Number**                     **101**  
**Primary Entity Name**           **Saint Dominic's Home**  
**Primary Address**                    500 Western Highway                       **Primary Phone Number**           (845) 359-3400  
   Blauvelt    **Current Waiver Issued Beginning Period**  
   New York   5/1/2013  
   10913-   **Current Waiver Ending Period**  
**County**                                 Rockland   4/30/2016

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

<b>Certificate Number</b>	<b>JT - 101 - 110        TORCH</b>
---------------------------	------------------------------------