
Approved Entities

Waiver Number **369**

Primary Entity Name **Developmental Delay Rehabilitation Services**

Primary Address *14 Sturbridge Court*

Primary Phone *(845) 623-3658*
Number

Nanuet

NY

10954-

Current Waiver Issued Beginning Period
7/1/2016

Current Waiver Ending Period
6/30/2019

County

Rockland

LMSW

CAT

Physical Therapy

Nursing (RN or Nurse Prac

LCSW

Psychology

Occupational The

Medicine (Physician, Physician Asst., Sp

Licensed_Applied_Behavio

Certified_Behavior_Analyst_

Audiology/Speech

Mental Health Counseling

Optometry

Othe

Additional Sites if any - with Certificate Number

Certificate Number