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## *Approved Entities*

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**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***

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***Certificate Number***