Approved Entities

Waiver Number	**471**		
Primary Entity Name	**Rehoboth Care, Inc.**		
Primary Address	*598 New York Avenue*	***Primary Phone Number***	*(347) 221-1646*
	Brooklyn		
	New York	***Current Waiver Issued Beginning Period***	
	11203-	*5/1/2014*	
		Current Waiver Ending Period	
County	*Kings*	*4/30/2017*	

☑ LMSW	☐ CAT	☑ Physical Therapy	☑ Nursing (RN or Nurse Practitioner)
☑ LCSW	☑ Psychology	☑ Occupational Therapy	☑ Medicine (Physician, Physician Asst., Specialist Asst.)
☑ Mental Health Counseling	☐ Optometry	☑ Audiology/Speech Lang.	☐ Other:

Additional Sites if any - with Certificate Number

Certificate Number	- -