

---

## *Approved Entities*

---

**Waiver Number**                    **471**

**Primary Entity Name**            **Rehoboth Care, Inc.**

**Primary Address**                    *598 New York Avenue*

**Primary Phone Number**            *(347) 221-1646*

*Brooklyn*

**Current Waiver Issued Beginning Period**

*New York*

*5/1/2014*

*11203-*

**Current Waiver Ending Period**

**County**

*Kings*

*4/30/2017*

<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 checked="" 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***

***Certificate Number***

-   -
-------