

---

## *Approved Entities*

---

**Waiver Number**                    **1389**

**Primary Entity Name**            **Domestic Harmony Foundation**

**Primary Address**                *7 Jaymie Drive*

**Primary Phone Number**        *(516) 385-8292*

*Westbury*

*New York*

*11791-*

**Current Waiver Issued Beginning Period**  
*4/1/2013*

**Current Waiver Ending Period**  
*3/31/2016*

**County**                            *Nassau*

**Professional Services to be Offered by Qualified Individuals:**

<input type="checkbox"/> Licensed Master Social Work	<input type="checkbox"/> Licensed Marriage and Family Therapy	<input type="checkbox"/> Licensed Psychoanalysis
<input type="checkbox"/> Licensed Clinical Social Work	<input checked="" type="checkbox"/> Licensed Creative Arts Therapy	<input checked="" type="checkbox"/> Psychology
<input checked="" type="checkbox"/> Licensed Mental Health Counseling	<input type="checkbox"/> Licensed Behavioral Analyst	<input type="checkbox"/> Certified Behavioral Analyst Assistant

**Additional Sites if any - with Certificate Number**

**Certificate Number**

- -