

Application Details

Application Status	Approved
Application Id	BLA-0000005457
DBA Name of Facility/Agency	Blue Dolphin Home Health Care Services LLC
Facility Type	Home Care Organization
Application Type	Initial License
Approved Date	10/23/2025
Effective Date	10/6/2025
Expiration Date	10/5/2028

Facility/Agency Details

Application Type	Initial License	License Effective Date	10/6/2025
Legal Name of Facility/Agency	Blue Dolphin Home Health Care Services LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Blue Dolphin Home Health Care Services LLC		
Facility/Agency Physical Address	11800 Sunset Hills Rd, Reston, VA 20190, USA		
Street	11800 Sunset Hills Rd		
City/Town	Reston	County/Independent City	Fairfax County
State	Virginia	Zip Code	20190
Telephone Number	7036282262	Fax Number	2022174400

Mailing Address

Mailing Address	11800 Sunset Hills Rd, Reston, VA 20190, USA		
Street	11800 Sunset Hills Rd Unit 816		
City/Town	Reston	County/Independent City	Fairfax County
State	Virginia	Zip Code	20190

Facility/Agency Email Address : haiderw@gmail.com

Federal Employer Identification Number (FEIN) : 33-4944637

Administrator of Record(If different than Owner/Operator)

Full Name : Waseem Haider

Title : CEO

Telephone Number : 7036282262

Email Address : haiderw@gmail.com

Ownership Information

Legal Name of Owner : Waseem Haider

Physical Address : 11800 Sunset Hills Rd, Reston, VA 20190, USA
Street : 11800 Sunset Hills Rd
City/Town : Reston
County/Independent City : Fairfax County
State : VA
Zip Code : 20190

Mailing Address : 11800 Sunset Hills Rd, Reston, VA 20190, USA
Street : 11800 Sunset Hills Rd Unit 816
City/Town : Reston
County/Independent City : Fairfax County
State : VA
Zip Code : 20190

Email Address : haiderw@gmail.com
Telephone Number : 7036282262
Fax Number : 2022174400

Federal Employer Identification Number (FEIN) : 33-4944637

Chief Administrative Officer

Full Name : Jasvir Kaur

Mailing Address : 11800 Sunset Hills Rd, Reston, VA 20190, USA
Street : 11800 Sunset Hills Rd
City/Town : Reston
County/Independent City : Fairfax County
State : VA
Zip Code : 20190

Phone Number : 5717623399
Email Address : jassihans11@yahoo.com

Additional Ownership Information

Names of any individual or entities having a financial interest of 5% or more

Full Name	Ownership Percentage (%)
Waseem Haider	25.00%
Zareen F. Mirza	25.00%
Jasvir Kaur	25.00%
Ali hurr Rizvi	25.00%

Sum of Ownership Percentage (%) : 100.00%

Types of Ownerships & Control : For Profit

For Profit : Limited Liability Company

Not-for-Profit :

Public :

Other(Specify) :

Operator Information

Legal Name of Operator : Blue Dolphin Home Health Care Services LLC

Physical Address : 11800 Sunset Hills Rd, Reston, VA 20190, USA

Street : 11800 Sunset Hills Rd Unit 816

City/Town : Reston

County/Independent City : Fairfax County

State : VA

Zip Code : 20190

Mailing Address : 11800 Sunset Hills Rd, Reston, VA 20190, USA

Street : 11800 Sunset Hills Rd Unit 816

City/Town : Reston

County/Independent City : Fairfax County

State : VA

Zip Code : 20190

Phone Number : 7036282262

Email Address : haiderw@gmail.com

Federal Employer Identification Number (FEIN) : 33-4944637

Home Care Organization Information - Hours of Operation

Hours of Operation

Indicate the regular business hours of the program by listing the opening and closing times of the business office(excluding legal and religious holidays)

Days of the Week	Time Open(a.m.)	Time Closed(p.m.)
Monday	09:00 am	05:00 pm
Tuesday	09:00 am	05:00 pm
Wednesday	09:00 am	05:00 pm
Thursday	09:00 am	05:00 pm
Friday	09:00 am	05:00 pm

Home Care Organization Information - Services

Geographic service areas

List each City/County in which the organization expects to provide services.

City/County : Fairfax County, Loudoun County, Prince William County, Arlington, Alexandria

Home Care Organization Information - Branch Offices

If you are applying for an initial Home Care Organization license, you are not eligible to operate a branch office location and should not complete this section. Only persons who already have a Home Care Organization license may operate branch offices, which are required to be under the supervision and administrative control of the parent Home Care Organization and must appear on the license of the parent Home Care Organization.

*Will/Does this facility/agency operate one or more branch offices? If yes, list address(es) of each branch office below : No

Name :

Email :

Address :

Street :

City/Town :

County :

Zip Code :

State :

Phone Number :

Home Care Organization Information - Drop Site

Note: Drop sites cannot be used for client contact

*Will/Does this facility/agency operate one or more drop sites? If yes, list address(es) of each drop site below
: No

Email :

Address :

Street :

City/Town :

County :

Zip Code :

State :

Phone Number :

Home Care Organization Information - Administrative Personnel

Provide the following information on administrative personnel

Administrator - Full Name : Jasvir Kaur
Administrator - Email Address : jasihans11@yahoo.com
Administrator - Virginia License(If applicable) :

Alternate Administrator - Full Name : Waseem Haider
Alternate Administrator - Email Address : haiderw@gmail.com
Alternate Administrator - Virginia License(if applicable) :

Nursing Manager - Full Name : Jasvir Kaur
Nursing Manager - Email Address : jasihans11@yahoo.com
Nursing Manager - Nursing License Number : 0001157816

Financial Manager - Full Name : Zareen F. Mirza
Financial Manager - Email Address : zareenmirza@hotmail.com

Home Care Organization Information - Services to be provided

State regulation requires that an facility/agency provide at least one of the services listed below by direct employees.

*Skilled Services - Yes

Nursing Services :
Respiratory Therapy :
Physical Therapy :
Occupational Therapy :
Speech Language Pathology :
Medical Social Services : Both
Other Services (Direct) :
Other Services (Contract) :

*Personal Care Services - Yes

Assistance with Activities of Daily Living (ADL) : Both
Administering Normally Self-Administered Drugs : Both
Other Services (Direct) :
Other Services (Contract) :

*Pharmaceutical Services - No

Parenteral Nutrition :
Direct Intravenous Therapy :
Other Services (Direct) :
Other Services (Contract) :

Home Care Organization Information - Service Personnel

Licensed Nurses

Number of Direct : 1
 Number of Contract : 0
 Names of Contracting Agencies :

CNAs and Home Attendants

Number of Direct : 0
 Number of Contract : 0
 Names of Contracting Agencies :

Respiratory Therapists

Number of Direct :
 Number of Contract :
 Names of Contracting Agencies :

Physical Therapists and PT Assistants

Number of Direct :
 Number of Contract :
 Names of Contracting Agencies :

Occupational Therapists and OT Assistants

Number of Direct :
 Number of Contract :
 Names of Contracting Agencies :

Speech Language Pathologists

Number of Direct :
 Number of Contract :
 Names of Contracting Agencies :

Other

Title	Number of Direct	Number of Contract	Names of Contracting Agencies

Skilled Services Director

Full Name : Jassi Kaur
 Email : jassihans11@yahoo.com
 License Number : 0001157816

Home Care Organization Information - Medicare and Medicaid

Are you enrolled as a Medicare provider? : No
Do you plan to enroll as a Medicare provider? : Yes
Medicare Provider Number :
Are you enrolled as a Medicaid provider? : No
Do you plan to enroll as a Medicaid provider? : Yes
Medicaid Provider Number :

Home Care Organization Information - Small Business Information

Answering these two questions is optional, but will help the Virginia Department of Health better estimate the number of small businesses that have or apply for licenses.

Is the facility/agency independently owned and operated? : Yes

Does the facility/agency have fewer than 500 employees? : Yes

Certification and Submission

By submitting this application, I hereby certify that the information contained in this application and any attachments are true, accurate, and complete

Name and Title of Authorized Representative : Waseem Haider President

Date : 9/10/2025