Approved Entities

Waiver Number	**1052**		
Primary Entity Name	**Transitional Services, Inc.**		
Primary Address	*389 Elmwood Avenue*	***Primary Phone Number***	*(716) 874-8182*
	Buffalo		
	NY	***Current Waiver Issued Beginning Period***	
	14222-	*7/9/2012*	
		Current Waiver Ending Period	
County	*Erie*	*7/8/2015*	

Professional Services to be Offered by Qualified Individuals:

☑ Licensed Master Social Work	☑ Licensed Marriage and Family Therapy	☑ Licensed Psychoanalysis
☑ Licensed Clinical Social Work	☑ Licensed Creative Arts Therapy	☑ Psychology
☑ Licensed Mental Health Counseling		

Additional Sites if any - with Certificate Number

Certificate Number	- -