
Approved Entities

Waiver Number **179**

Primary Entity Name **Healthy Community Alliance Inc**

Primary Address *1 School St., Suite 100*

Primary Phone Number *(716) 532-1010*

Gowanda

Current Waiver Issued Beginning Period

NY

3/15/2013

14070-

Current Waiver Ending Period

County

Cattaraugus

3/30/2016

Professional Services to be Offered by Qualified Individuals:

<input checked="" 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 type="checkbox"/> Licensed Creative Arts Therapy	<input 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	CW - 179 - 24	Rural Youth Counseling Program
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