Approved Entities

Waiver Number	**359**		
Primary Entity Name	**Alzheimers Association of Rochester NY**		
Primary Address	*435 Henrietta Rd*	***Primary Phone Number***	*(585) 760-5400*
	Rochester		
	NY	***Current Waiver Issued Beginning Period***	
	14620-	*5/10/2015*	
		Current Waiver Ending Period	
County	*Monroe*	*5/9/2018*	

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	☐ Licensed Behavior Analyst	☐ Certified Behavior Analyst Assistant

Additional Sites if any - with Certificate Number

Certificate Number	**CW - 359 - 6214 Alzheimers Association**