Approved Entities

Waiver Number	**366**		
Primary Entity Name	**Trinity Alliance of the Capital Region**		
Primary Address	*15 Trinity Place*	***Primary Phone Number***	*(518) 449-5155*
	Albany		
	NY	***Current Waiver Issued Beginning Period***	
	12202-	*10/4/2016*	
		Current Waiver Ending Period	
County	*Albany*	*10/31/2019*	

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 Behavioral Analyst	☐ Certified Behavioral Analyst Assistant

Additional Sites if any - with Certificate Number

Certificate Number	**CW - 366 - 798**	**Prevention OCFS**
Certificate Number	**CW - 366 - 797**	**Homer Perkins Center OASAS**

Certificate Number	**CW - 366 - 796**	**Family and Child Early Enrichment Program-OMRDD**