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## *Approved Entities*

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**Waiver Number**                    **848**

**Primary Entity Name**            **Alzheimers Disease and Related Disorder Association of Western New York, Inc.**

**Primary Address**                *2805 Wehrle Drive*  
*Suite 6*  
*Williamsville*  
*NY*  
*14221-*

**Primary Phone**                *(716) 626-0600*  
**Number**

**Current Waiver Issued Beginning Period**  
*4/1/2013*

**Current Waiver Ending Period**  
*3/31/2016*

**County**                            *Erie*

**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 type="checkbox"/> Licensed Mental Health Counseling	<input type="checkbox"/> Licensed Behavior Analyst	<input type="checkbox"/> Certified Behavior Analyst Assistant

**Additional Sites if any - with Certificate Number**

**Certificate Number**

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