
Approved Entities

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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