

## Approved Entities

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**Waiver Number**                    **881**

**Primary Entity Name**            **HEART Foundation**

**Primary Address**                    *1131 kensington Avenue*

**Primary Phone**                    *(716) 834-0080*  
**Number**

*Buffalo*

**Current Waiver Issued Beginning Period**

*NY*

*7/1/2012*

*14215-*

**Current Waiver Ending Period**

**County**

*Erie*

*6/30/2015*

**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 checked="" 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		

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

<b>Certificate Number</b>	<i>- -</i>
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