
Approved Entities

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

Certificate Number

- -