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## *Approved Entities*

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**Waiver Number**                    **893**

**Primary Entity Name**           **People Inc.**

**Primary Address**                    *1219 North Forest Road*

*Williamsville*

*NY*

*14221-*

**Primary Phone Number**            *(716) 817-7458*

**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 checked="" type="checkbox"/> Licensed Clinical Social Work	<input type="checkbox"/> Licensed Creative Arts Therapy	<input checked="" type="checkbox"/> Psychology
<input checked="" type="checkbox"/> Licensed Mental Health Counseling		

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

**Certificate Number**           **CW - 893 - 3597            People Inc.**

**Certificate Number**           **CW - 893 - 3596            People Inc.**