Approved Entities

Waiver Number	**944**		
Primary Entity Name	**Gay and Lesbian Youth Services of Western New York Inc**		
Primary Address	*371 Delaware Avenue*	***Primary Phone Number***	*(716) 855-0221*
	Buffalo		
	NY	***Current Waiver Issued Beginning Period***	
	14202-	*4/1/2013*	
		Current Waiver Ending Period	
County	*Erie*	*3/31/2019*	

Professional Services to be Offered by Qualified Individuals:

☐ Licensed Master Social Work	☐ Licensed Marriage and Family Therapy	☐ Licensed Psychoanalysis
☑ Licensed Clinical Social Work	☐ Licensed Creative Arts Therapy	☐ Psychology
☑ Licensed Mental Health Counseling	☐ Licensed Behavioral Analyst	☐ Certified Behavioral Analyst Assistant

Additional Sites if any - with Certificate Number

Certificate Number	**CW - 944 - 3790** **Bethany Robson, LCSW, CPCC Private Practice**