

## Approved Entities

**Waiver Number**                    **42**

**Primary Entity Name**            **Bilinguals, Inc.d/b/a Achieve Beyond**

**Primary Address**                *7000 Austin Street  
Suite 200  
Forest Hills  
NY  
11375-*

**Primary Phone Number**        *( 71) 876-2763*

**Current Waiver Issued Beginning Period**  
*7/1/2016*

**Current Waiver Ending Period**  
*6/30/2019*

**County**                            *Queens*

- |  |   |  |   |
|--|---|--|---|
| <input checked="" type="checkbox"/> LMSW                   | <input type="checkbox"/> CAT                                  | <input checked="" type="checkbox"/> Physical Therapy       | <input checked="" type="checkbox"/> Nursing (RN or Nurse Practitioner)                      |
| <input checked="" type="checkbox"/> LCSW                   | <input checked="" type="checkbox"/> Psychology                | <input checked="" type="checkbox"/> Occupational Therapy   | <input checked="" type="checkbox"/> Medicine (Physician, Physician Asst., Specialist Asst.) |
| <input type="checkbox"/> Licensed_Applied_Behavior_Analyst | <input type="checkbox"/> Certified_Behavior_Analyst_Assistant | <input checked="" type="checkbox"/> Audiology/Speech Lang. | <input type="checkbox"/> Mental Health Counseling   |
| <input type="checkbox"/> Optometry                         | <input type="checkbox"/> Other: <input type="text"/>          |  |   |

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

**Certificate Number**

**JT - 42 - 30**

**Bilinguals Inc.-Hudson Valley**

**Certificate Number**

**JT - 42 - 29**

**Bilinguals Inc-Long Island**

