LDSS-654 (6/12)

NEW YORK STATE DEPARTMENT OF HEALTH

TRANSMITTAL SHEET

DISABILITY DETERMINATION REQUEST

Batch cases by type. Use separate transmittal sheet for each type listed below. Check applicable box(es).

☐ **ADULT** (*Choose one below*):
- ☐ Aid to Disabled
- ☐ MBI-WPD
- ☐ Over 65 Pooled Trust
- ☐ Non-applying Adult Child

☐ **CHILD** (Under 18 years of age) (*Choose one below*):
- ☐ Aid to Disabled
- ☐ MBI-WPD

SUBMITTING AGENCY/ADDRESS

DATE SENT: _____

Adult Cases: Attach LDSS-1151 Disability Questionnaire. LDSS-486T Medical Report for Determination of Disability and all available supporting evidence.
Child Cases: Attach LDSS-1151 Disability Questionnaire. Childhood Medical Report, Child's Activities Report, Questionnaire of School Performance and all available supporting medical evidence.
Continuing Disability Review (CDR) Cases: Submit entire case record including all previous LDSS-639 Disability Review Team Certificates.

Submit two (2) copies of each transmittal sheet.

FOR AGENCY COMPLETION			**REVIEW TEAM DETERMINATIONS**		
Name of Client (Last Name, First Name)	**Case Number**	**Case Type**	**Disability Type**	**Decision**	**Effective Date of Disability**

KEY

Case Type
N – New
CDR – Continuing Disability Review

Disability Type
MI – Mental Impairment
PI – Physical Impairment
MI/PI – Combination of Both

Decision
I – Group I
II – Group II
DIS – Disapproved
MIG – MBI Medical Improvement Group
NA – No Action

NAME OF AGENCY WORKER	TITLE	TELEPHONE NO.