LDSS-654 (Rev. 2/05)		SUBMITTING AGENCY			
TRANSMITTAL SHEET					
DISABILITY DETERMINATION REQUEST					
Batch cases by type. Use separate transmittal sheet for each type listed below. Check one box for each batch.					
TYPES: MA ONLY 🗌 PA ONLY 🗌 AUDIT CASE 🗌					
MBI-WPD 🗌 OVER 65 🔲 CHILD CASE 🗌		DATE SENT			
NEW YORK STATE DEPARTMENT OF HEALTH					
 Adult Cases: Attach a DSS-1151 Disability Interview form, a DSS-486T Medical Report for Determination of Disability and all available supporting medical evidence. Child Cases: Attach a DSS-1151 Disability Interview form, Childhood Medical Report, a Childhood Activity Report and the Questionnaire of School Performance. Continuing Disability Review (CDR) Cases: Submit entire case record including all previous DSS-639 Disability Review Team Certificates. 					
Submit two (2) copies of each transmittal sheet.					
FOR AGENCY COMPLETION		REVIEW TEAM DETERMINATIONS			
Name of Client (Surname, First Name)	Case Number	Disability Type	Case Type	Decision	Effective Date Of Disability
KEY: Disability Type MI – Mental Impairment PI – Physical Impairment MI/PI – Combination of Both	Decision I – Group I tinuing Disability II – Group II iew DIS – Disapproved NA – No Action				
SIGNATURE (For Agency)	TITLE			TELEPHONE NO.	