NEW YORK STATE DEPARTMENT OF HEALTH
Disability Review Unit

Disability Review Team Certificate

Case Name | Case Number

Agency Name | Client ID Number (CIN) | Disability ID Number (DIN)

Diagnosis

Review Date | Effective Date | Expiration Date

Disability Review Unit's Determination (Written explanation must be completed below.)

☐ Approved ☐ Group I ☐ Group II ☐ Medical Improvement Group

☐ Disapproved

Reasons for Determination

Signature of Reviewing Physician

Signature of Case Reviewer