

<p style="text-align: center;"><b>TRANSMITTAL SHEET</b></p> <p style="text-align: center;"><b><u>DISABILITY DETERMINATION REQUEST</u></b></p> <p>Batch cases by type. Use separate transmittal sheet for each type listed below. Check applicable box(es).</p> <p><input type="checkbox"/> <b>ADULT</b> (<i>Choose one below</i>):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Aid to Disabled</li> <li><input type="checkbox"/> MBI-WPD</li> <li><input type="checkbox"/> Over 65 Pooled Trust</li> <li><input type="checkbox"/> Non-applying Adult Child</li> </ul> <p><input type="checkbox"/> <b>CHILD</b> (Under 18 years of age) (<i>Choose one below</i>):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Aid to Disabled</li> <li><input type="checkbox"/> MBI-WPD</li> </ul>	<p style="text-align: center;"><b><u>SUBMITTING AGENCY/ADDRESS</u></b></p>             <p style="text-align: right;">DATE SENT: _____</p>
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**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.

<b><u>FOR AGENCY COMPLETION</u></b>			<b><u>REVIEW TEAM DETERMINATIONS</u></b>		
Name of Client (Last Name, First Name)	Case Number	Case Type	Disability Type	Decision	Effective Date of Disability

<b>KEY</b>	<b>Case Type</b> N – New CDR – Continuing Disability Review	<b>Disability Type</b> MI – Mental Impairment PI – Physical Impairment MI/PI – Combination of Both	<b>Decision</b> I – Group I II – Group II DIS – Disapproved MIG – MBI Medical Improvement Group NA – No Action
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NEW YORK STATE

DEPARTMENT OF HEALTH

NAME OF AGENCY WORKER	TITLE	TELEPHONE NO.
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