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.						
	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						
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 II – Group II DIS – Disapproved NA – No Action	
SIGNATURE (For Agency)	TITLE			TELEPHONE NO.		