State of Connecticut
Department of Children and Families

MEDICAL REVIEW BOARD RECOMMENDATION AND COMMISSIONER'S DECISION

Please Type or Print Clearly

CHILD'S NAME	CASE NUMBER	DATE OF REFERRAL	DATE OF BIRTH
RELIGION	ETHNICITY		SEX ☐MALE ☐FEMALE

BOARD MEMBERS INVOLVED IN DECISION:

BOARD RECOMMENDATION:

TYPE OR PRINT CHAIRPERSON'S NAME	SIGNATURE	DATE

COMMISSIONER'S DECISION: [ ] APPROVED [ ] DENIED

TYPE OR PRINT COMMISSIONER'S NAME (or Commissioner's Designee)	COMMISSIONER'S (or Designee's) SIGNATURE	DATE

Date Decision Sent to Area Office: _____/_____/_____ Initials: _____