

### CALCULATIONS WORKSHEET - DESK REVIEW OF EXCESS SUPPORT

FIRST-LEVEL DESK REVIEW

SECOND-LEVEL DESK REVIEW

**Check Appropriate Box Identifying Type of Desk Review:**

- Excess Current Support Payments Desk Review** (SCU workers complete Steps 1, 2, 3 only; SSD workers complete Steps 4, 5, 8, 9 only)
- Excess Arrears Support Payments Desk Review** (SCU workers complete Steps 1, 2, 3 only; SSD workers complete Steps 6, 7, 8, 9 only)
- Excess Current and Arrears Support Payments Desk Review** (SCU and SSD workers must complete all sections)

**STEPS 1, 2, AND 3 ARE TO BE COMPLETED AS IDENTIFIED ABOVE BY THE SUPPORT COLLECTION UNIT (SCU) WORKER AND CHECKED/CORRECTED BY THE DIVISION OF CHILD SUPPORT ENFORCEMENT (DCSE) REVIEWER**

**Step 1: DESK REVIEW ADMINISTRATIVE INFORMATION**

DATE DESK REVIEW REQUEST RECEIVED: \_\_\_\_\_ SCU NAME: \_\_\_\_\_

PERIOD COVERED BY EXCESS SUPPORT DESK REVIEW REQUEST: \_\_\_\_\_ TO \_\_\_\_\_

RECIPIENT NAME: \_\_\_\_\_ RECIPIENT SSN/ITIN: \_\_\_\_\_

RECIPIENT ADDRESS: \_\_\_\_\_

NONCUSTODIAL PARENT NAME(S): \_\_\_\_\_

NONCUSTODIAL PARENT SSN/ITIN(S): \_\_\_\_\_

CSMS CASE NO(S): \_\_\_\_\_

PUBLIC ASSISTANCE CASE NO(S) (CAN): \_\_\_\_\_

CIN No. \_\_\_\_\_

DATES OF PUBLIC ASSISTANCE: Start \_\_\_\_\_ End \_\_\_\_\_ ACTIVE:  Yes  No

**Step 2: CHILD SUPPORT COLLECTIONS AND DISBURSEMENT CALCULATIONS**

(a)	(b)	Collections Received			Distribution from Current Support Collected			Distribution from Past-Due Support/Arrears Collected			Support Payments Identified for Future Months
		(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)
Month/ Year of Desk Review Request	CSMS Case Nos (enter only if multiple CSMS Case Nos)	Amount of Current Support Collected	Amount of Past-Due Support/ Arrears Collected(*)	Receipt Date of Collections in Columns (c) plus (d)	Amount of Pass- Through Disbursed to SSD by the SCU	Amount of Current Support Disbursed to SSD	Amount of Current Support Disbursed to the Custodial Parent	Amount of Past-Due Support/ Arrears Disbursed to SSD	Amount Disbursed to Custodial Parent Past-Due Support/ Arrears	Date of Disbursements in Columns (f) through (j)	Amount of Available Future Support Payments
(m) TOTALS											

Note: Column (c) above represents current collections only for which a pass-through or excess current support payment may be authorized.

(\*)Column (d) represents past-due support/arrears collections, including amounts collected through enforcement actions such as federal tax refund offsets. For collections received and applied to past-due support/arrears, a pass-through payment and excess current support payments are not authorized.

**Step 3: SUMMARY TOTAL DISBURSEMENTS**

Total Amount of Current Support Collected from Step 2(m), Column (c)	<input type="text"/>
Total Amount of Pass-Through Disbursed to SSD by the SCU from Step 2(m), Column (f)	<input type="text"/>
Total Amount of Current Support Disbursed to SSD from Step 2(m), Column (g)	<input type="text"/>
Total Amount of Current Support Disbursed to Custodial Parent from Step 2(m), Column (h)	<input type="text"/>
Total Amount of Past-due Support/Arrears Collected from Step 2(m), Column (d)	<input type="text"/>
Total Amount Disbursed to SSD Past-due Support/Arrears from Step 2(m), Column (i)	<input type="text"/>
Total Amount Disbursed to Custodial Parent Past-due Support/Arrears from Step 2(m), Column (j)	<input type="text"/>
Total Amount of Available Future Support Payments Identified by the SCU from Step 2(m), Column (l)	<input type="text"/>

**First-Level Review Desk Review Completed by:**

**Support Collection Unit**

_____	_____	_____	_____
<b>Name (Please Print and Initial)</b>	<b>Title</b>	<b>Telephone Number</b>	<b>Date</b>

**If Applicable, Second-Level Desk Review Completed by:**

**Division of Child Support Enforcement**

_____	_____	_____	_____
<b>Name (Please Print and Initial)</b>	<b>Title</b>	<b>Telephone Number</b>	<b>Date</b>

**STEP 4, 5, 6, 7, 8, AND/OR 9 ARE TO BE COMPLETED AS IDENTIFIED ABOVE BY THE SOCIAL SERVICES DISTRICT (SSD) WORKER AND CHECKED/CORRECTED BY THE DIVISION OF EMPLOYMENT AND TRANSITIONAL SUPPORTS (DETS) REVIEWER**

**Step 4: PASS-THROUGH PAYMENTS DISBURSEMENT TO RECIPIENT VIA EBT CARD/CHECK**

Carry Over Information from Step 2 Above		Pass-Through Payments Disbursed to Recipient Via the EBT Card/Check		Calculation of Pass-Through Payments Due to the Recipient			Support Payments Identified for Future Months from Step 2 Above
(n)	(o)	(p)	(q)	(r)	(s)	(t)	(u)
Month/Year of Desk Review Request (from column (a) above)	Amount of Pass-Through Payments Disbursed to SSD by SCU (from column (f) above)	Amount of Pass-through Payment Disbursed to Recipient by SSD	Date Disbursed to Recipient by SSD via the EBT Card/Check	Amount of Pass-through Payment Due to the Recipient (total of column (o) minus (p))	Disbursements that have Expunged (Expired), if any	Balance Due to Recipient (total of columns (r) plus (s))	Amount of Available Future Support Payments (from Column (l) above)
<b>(v)</b> <b>TOTALS</b>							

**Step 5: EXCESS CURRENT SUPPORT CALCULATION**

Month/Year of Review:	From:	<input type="text"/>	To:	<input type="text"/>
Total Unreimbursed Public Assistance Amount at the First of the Month/Year for the Period				<input type="text"/>
Total Pass-Through Amount Disbursed to the Recipient on EBT Card/Check for Period from Step 4 (v), Column (p)	-			<input type="text"/>
Countable Public Assistance Amount at the First of the Month/Year for the Period	=			<input type="text"/>
Total Current Support Collected from Step 3, First Box				<input type="text"/>
Enter the Countable Public Assistance Amount at the First of the Month/Year for the Period, as calculated above	-			<input type="text"/>
Excess Current Support	=			<input type="text"/>
Excess Current Support Amount Already Disbursed to the Recipient on EBT Card/Check by SSD	-			<input type="text"/>
Remaining Excess Current Support Due to Recipient with this Desk Review	=			<input type="text"/>
<b><u>ADDITIONAL PAYMENTS, IF APPLICABLE:</u></b>				
Amount of Pass-through Payment Due to the Recipient from Step 4(v), Column (r)	=			<input type="text"/>
Amount of Available Future Support Payments from Step 4(v), Column (u)	=			<input type="text"/>

**Step 6: REPAYMENTS TO TEMPORARY ASSISTANCE**

**Period of Public Assistance Grant Review: From \_\_\_\_\_ To \_\_\_\_\_**

Type of Repayment	Date of Repayment	Amount of Repayment to be Credited
SSI Interim Assistance Amount		
Lottery Amount		
Lien/Mortgage/Judgment Amount		
Cash Repayment Amount (after Temporary Assistance closed)		
Lawsuit Settlement Amount		
Other Repayment Type (Describe on line(s) below):		
<b>TOTAL REPAYMENT</b>		

**Step 7: EXCESS PAST-DUE SUPPORT/ARREARS CALCULATION**

Month/Year of Review:	From:	<input type="text"/>	To:	<input type="text"/>
Unreimbursed Public Assistance Amount for Period				<input type="text"/>
Total Pass-Through Amount Disbursed to the Recipient on EBT Card/Check from Step 4(v), column (p)			-	<input type="text"/>
Total Repayments from Step 6			-	<input type="text"/>
Total Countable Public Assistance Amount for Period			=	<input type="text"/>
Total Past-due Support/Arrears Collected for Desk Review Period from Step 3, Fifth Box				<input type="text"/>
Enter the Total Countable Public Assistance Amount for Period, as calculated above			-	<input type="text"/>
Excess Arrears Support			=	<input type="text"/>
Excess Arrears Support Amount Already Disbursed to the Recipient			-	<input type="text"/>
Remaining Excess Arrears Support Due to Recipient with this Desk Review			=	<input type="text"/>
<u>ADDITIONAL PAYMENTS, IF APPLICABLE:</u>				
Amount of Pass-through Payment Due to the Recipient from Step 4(v), Column (r)			=	<input type="text"/>
Amount of Available Future Support Payments from Step 4(v), column (u)			=	<input type="text"/>

**Step 8: TOTAL DUE TO RECIPIENT**

Total Remaining Excess Current Support Due to Recipient with this Desk Review from Step 5	<input type="text"/>
Total Remaining Excess Arrears Support Due to Recipient with this Desk Review from Step 7	<input type="text"/>
<u>ADDITIONAL PAYMENTS, IF APPLICABLE:</u>	
Total of Additional Pass-Through Balance Due to Recipient from Step 5 or 7	<input type="text"/>
Total Amount of Available Future Support Payments from Step 5 or 7	<input type="text"/>

**Step 9: RESULTS OF FIRST-LEVEL REVIEW OF CALCULATIONS FOR EXCESS SUPPORT PAYMENTS**

- the correct amount of excess support payments have been paid to the recipient to date.
- an additional excess support payment amount is owed to the recipient in the amount of \$\_\_\_\_\_.
- too much in excess support payments have been paid to the recipient to date and the recipient now owes \$\_\_\_\_\_.

And, if applicable:

- additional pass-through payments are owed to the recipient in the amount of \$\_\_\_\_\_.
- additional support payments have been identified as available for future months in the amount of \$\_\_\_\_\_.

*Please note: If an amount appears in brackets ( ), it means that you were overpaid and that money is due to the SSD.*

The SSD worker must complete a “Determination of the Request for a First-Level Desk Review of the Distribution of Child Support Payments” and mail the determination with a copy of this worksheet and the “Request to New York State for a Second-Level Desk Review of the Distribution of Child Support Payments” and “Information and Instructions for Completing the Request to New York State for a Second-Level Desk Review of the Distribution of Child Support Payments” to the recipient. Provide a copy of the determination and worksheet to the SCU and to the Temporary Assistance Unit (formerly the Income Maintenance Unit) directing the Temporary Assistance Unit, if appropriate, to either pay the amount calculated or recoup the overpayment amount.

**First-Level Review Desk Review Completed by:**

**Social Services District:**

Name (Please Print and Initial)	Title	Telephone Number	Date
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**If Applicable, Second-level Desk Review Completed by:**

**Division of Employment and Transitional Support**

Name (Please Print and Initial)	Title	Telephone Number	Date
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