

[SCU or SSD LETTERHEAD]

**TO:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date:** \_\_\_\_\_

**PA Case No.(s).** \_\_\_\_\_

\_\_\_\_\_

**CSMS Case ID No.(s)** \_\_\_\_\_

\_\_\_\_\_

## Determination of the Request for a First-Level Desk Review of the Distribution of Child Support Payments

Dear \_\_\_\_\_:

The request for a desk review for the distribution of child support for your public assistance case(s) identified above has been completed. The period of review you requested was from \_\_\_\_\_ (month/year) to \_\_\_\_\_ (month/year), or for the following individual months: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, (month/year).

The result(s) of the desk review for the period identified above is(are) as follows:

- Your request did not include adequate information to identify the public assistance case or the child support case. No action can be taken unless you provide us with better identifying information. You may submit a new desk review request form with adequate information to identify your public assistance case or the child support case by contacting the New York State Customer Service Helpline at 1-888-208-4485.
- The correct amount of support to date has been distributed to you.
- Additional support is owed to you in the amount of \$\_\_\_\_\_. The additional amount owed to you will be available no later than \_\_\_\_\_ and will be disbursed to you  on your Electronic Benefit Transfer (EBT) card or  through a check.
- The SCU has identified support payments that may be available in future months in the amount of \$\_\_\_\_\_. If you are still eligible to receive these payments, they will be distributed to you as they come due. The payment will be placed on your Electronic Benefit Transfer (EBT) card or be disbursed through a check.
- It has been determined that too much support has been issued to you and you now owe \$\_\_\_\_\_. Please note that your public assistance grant amount may be recalculated to incorporate the overpayment amount, and this may occur within 30 calendar days.
- The months for which you requested a review are not within the calendar year in which you requested the review or the prior calendar year. (Desk reviews are limited to the calendar year in which the review is requested and the prior calendar year.)
- You were not a recipient of public assistance or you had no support account established with the Support Collection Unit at any time during the months for which you requested a review.
- Your request does not involve a matter that can be addressed by the local support collection unit or the social services district. Therefore, no action can be taken by these agencies.
- All current support collected on your behalf was forwarded to another social services district for distribution. For a desk review of your account with that social services district, you will need to submit your desk review request to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Other (specify)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Detailed information for each month of the period of the desk review regarding the child support payments received and the distribution of those payments is shown on the enclosed worksheet. A copy of any documentation considered in the desk review is also enclosed.

Sincerely,

\_\_\_\_\_  
SSD Desk Review Unit  
Telephone Number: \_\_\_\_\_

NOTE: If you dispute specific facts contained in this desk review determination, you may request a second-level review by the New York State Division of Child Support Enforcement by submitting a written request on the enclosed "Request to New York State for a Second-level Desk Review of the Distribution of Child Support Payments" within 20 calendar days of the date of the above SSD determination. You must have received an SSD determination of a desk review request **before** you request a second-level review. Your request must specify the facts in dispute and must include a copy of this SSD determination complete with all enclosures. You may include any additional but previously unavailable documentation that may support your claim. Send the request to:

NYS Division of Child Support Enforcement  
ATTN: Bureau of Program Operations, Second-level Desk Review  
40 N. Pearl Street, 13<sup>th</sup> Floor,  
Albany, NY 12243-0001