

CALCULATIONS WORKSHEET DESK REVIEW OF EXCESS CURRENT SUPPORT
(Available for Collections Received through June 30, 2009 Only)

FIRST-LEVEL DESK REVIEW

SECOND-LEVEL DESK REVIEW

STEPS 1 AND 2 ARE TO BE COMPLETED AS IDENTIFIED ABOVE BY THE SUPPORT COLLECTION UNIT (SCU) WORKER AND CHECKED/CORRECTED BY THE CENTER FOR CHILD WELL-BEING (CCWB) 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): _____

CURRENT OBLIGATION AMOUNT(S) AND FREQUENCY(IES) FOR EACH CSMS CASE NO(S) IDENTIFIED ABOVE:
 _____ Per _____ Per _____ Per _____ = TOTAL CURRENT OBLIGATION AMOUNT: _____ Per _____

TEMPORARY ASSISTANCE CASE NO(S) (CAN): _____

TEMPORARY ASSISTANCE CASE SUFFIX (NYC ONLY): _____

CIN NO _____

DATES OF TEMPORARY ASSISTANCE: Start _____ End _____ ACTIVE: Yes No

Step 2: CHILD SUPPORT COLLECTIONS AND DISBURSEMENT CALCULATIONS

(a)	(b)	Collections Received		Distribution of Current Support Collected			Support Payments for Future Months
		(c)	(d)	(e)	(f)	(g)	(h)
Month/ Year of Desk Review Request	CSMS Case No(s) (enter CSMS Case No(s) for each Case involved in the Desk Review)	Amount of Current Support Collected for each CSMS Case No	Receipt Date of Collections in Columns (c)	Amount of Current Support Disbursed to SSD by SCU	Amount of Current Support Disbursed to the Custodial Parent by SCU	Date of Disbursements in Columns (e) through (f)	Amount of Available Future Support Payments, if Any (Available, but Unapplied)
(i) TOTALS							

Note: Column (c) above represents current collections only for which excess current support payment may be authorized. It does not include past-due support/arrears collections by federal tax refund offset, nor payments that were applied to past-due support/arrears.

SCU WORKER COMMENTS:

First-Level Review Desk Review Completed by:

Support Collection Unit

_____	_____	_____	_____
Name (Please Print and Initial)	Title	Telephone Number	Date

If Applicable, Second-Level Desk Review Completed by:

Center for Child Well-Being

_____	_____	_____	_____
Name (Please Print and Initial)	Title	Telephone Number	Date

**STEP 3, 4, 5, AND 6 ARE TO BE COMPLETED BY THE SOCIAL SERVICES DISTRICT (SSD) WORKER
AND CHECKED/CORRECTED BY THE CENTER FOR EMPLOYMENT AND ECONOMIC SUPPORTS (CEES) REVIEWER**

Step 3: EXCESS CURRENT SUPPORT CALCULATION

(j)	SUPPORT COLLECTED		CALCULATION					
	(k)	(l)	(m)	(n)	(o)	(p)	(q)	(r)
Month/Year of Desk Review Request (from column (a) above)	Amount of Current Support Collected for each CSMS Case No (from Column (c) above)	Sum of Current Support Collected for each Month/Year of the Review as listed in Column (k)	Countable Temporary Assistance Amount for the Month/Year of Review (from BICS)	Pass-through Amount Disbursed to the Recipient on EBT Card/Paper Check in the Month/Year of Review	Total Temporary Assistance for the Month/Year (Column [m] plus Column [n])	Excess Current Support (Column (l) minus Column (o))	Excess Current Support Amount Already Disbursed to the Recipient on EBT Card/Paper Check by SSD	Remaining Excess Current Support Due to Recipient with this Desk Review (Column [p] minus Column [q])
(s) TOTALS								

Step 4: TOTAL DUE TO RECIPIENT

Total Remaining Excess Current Support Due to Recipient with this Desk Review from Step 3, column (r), row (s)

Step 5: IF APPLICABLE, PAYMENTS AVAILABLE FOR FUTURE SUPPORT

Total Support Payments Identified by SCU for Future Months, if Any, from Step 2, Column (h), Row (i)

Step 6: RESULTS OF FIRST-LEVEL REVIEW OF CALCULATIONS FOR EXCESS CURRENT SUPPORT PAYMENTS

- the correct amount of excess current support payments have been paid to the recipient to date.
- an additional excess current support payment amount is owed to the recipient in the amount of \$_____.
- too much in excess current support payments have been paid to the recipient to date and the recipient now owes \$_____.
- the budgeting of the temporary assistance benefits included the pass-through disregard amount, and the recipient is not entitled to another pass-through payment for the same month.

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

And, if applicable:

- additional support payments have been identified as available for future months in the amount of \$_____.

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.

SSD WORKER COMMENTS:

First-Level Review Desk Review Completed by:

Social Services District:

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

Center for Employment and Economic Supports

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