

**(INSERT LOCAL DISTRICT LETTERHEAD)**

**TO:** New York State Office of Temporary and Disability Assistance  
System Operations/URA Adjustments  
Fax Number: (518) 486-3127

**FROM:** \_\_\_\_\_ Support Collection Unit

**SUBJECT:** Support Collection Unit Notification to State of Unreimbursed Assistance Adjustment as a Result of a Cumulative Excess Support Payment Desk Review

**DATE:** \_\_\_\_\_

**Step 1: Case Identification**

New York Case Identifier(s): \_\_\_\_\_ CSMS Client ID No: \_\_\_\_\_

Temporary Assistance Case No (TA-CAN): \_\_\_\_\_ Suffix (For NYC Only): \_\_\_\_\_

Noncustodial Parent Name: \_\_\_\_\_

Custodial Parent Name: \_\_\_\_\_

**Step 2: Unreimbursed Assistance Reduction**

1. Current Unreimbursed Assistance Amount	1. \$ _____
2. Amount that Unreimbursed Assistance should be adjusted by based on the cumulative excess support desk review	2. \$ _____
3. New Unreimbursed Assistance Amount after adjustment <i>Note: Unreimbursed assistance may not be reduced below zero or a cumulative excess support payment will be calculated and paid to the recipient.</i>	3. \$ _____

**Step 3: Review Completed By**

_____	_____	_____	_____
SCU Worker Name	Title	Telephone Number	Date

- You are required to send an E-mail to [Susan.Eccleston@otda.state.ny.us](mailto:Susan.Eccleston@otda.state.ny.us) advising that this form has been faxed to the above number.
- You are required to provide your Temporary Assistance Unit with a copy of this form for the case record. No action is required by the Temporary Assistance Unit.