

**REQUEST FOR ADDITIONAL INFORMATION TO SUPPORT SECOND-LEVEL DESK REVIEW**

**TO:** \_\_\_\_\_, \_\_\_\_\_ County Support Collection Unit

**FROM:** \_\_\_\_\_, New York State Office of Temporary and Disability Assistance

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

**SUBJECT:** Request for Information to Support a Second-Level Desk Review

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The New York State Office of Temporary and Disability Assistance (OTDA) received a second-level desk review on \_\_\_\_\_ for Temporary Assistance Case Number \_\_\_\_\_, New York Case Identifier(s) \_\_\_\_\_:

- Additional documentation has been provided which identifies a collection that was received and processed but does not appear on the New York Case Identifier(s) under review. A copy of that documentation is attached.
- According to OTDA records, the  Temporary Assistance  Foster Care case:
- was closed on \_\_\_\_\_.
- for the child named \_\_\_\_\_ was closed on \_\_\_\_\_.
- was open for the period(s) \_\_\_\_\_ to \_\_\_\_\_; \_\_\_\_\_ to \_\_\_\_\_; \_\_\_\_\_ to \_\_\_\_\_.
- The desk review for cumulative excess support does not include all periods of the assignment of support rights for the Temporary Assistance case. A cumulative excess support desk review must include the entire period beginning with the first date that an assignment of support rights became effective and end with the most current month for which distribution and disbursement of collections has occurred. According to program records, the date(s) for which an assignment of support rights was in effect is(are) as follows:
- \_\_\_\_\_.
- Other: \_\_\_\_\_

In order for OTDA to complete the second-level desk review in a timely manner, actions must be taken to address the issue identified above. Please review the appropriate case record(s) and make any necessary adjustments promptly. Once those adjustments are completed, please review the first-level desk review worksheet(s) attached, and make any corrections necessary to the reported collections, distributions, and final calculations. You must return this form, completed as indicated below, and the revised first-level desk review worksheet(s) to the OTDA representative named above no later than \_\_\_\_\_. You may submit the required form and worksheet(s) through e-mail at \_\_\_\_\_, by fax at \_\_\_\_\_, or by mail to \_\_\_\_\_, no later than the date stated.

If the actions taken involve Support Collection Unit records not available electronically through ASSETS/CSMS and not previously submitted to OTDA, and/or if the actions taken involve Temporary Assistance Unit records not previously submitted to OTDA, you must include those records with the response to this document.

If the adjustment(s) to the case record also result in additional disbursements to the family through the child support enforcement program's CSMS, or the determination by the TA Unit that additional pass-through payments for a period(s) outside of the desk review are due to the family, be sure to contact the recipient or former-recipient to explain the issuance of those payments under normal local district protocol. These would not be covered in the desk review.

**SCU/TA UNIT RESPONSE TO REQUEST FOR ADDITIONAL  
INFORMATION TO SUPPORT SECOND-LEVEL DESK REVIEW**

**TO:** \_\_\_\_\_, New York State Office of Temporary and Disability  
Assistance

**FROM:** \_\_\_\_\_ County  
 Support Collection Unit       Temporary Assistance Unit

- The appropriate case record(s) have been reviewed and any necessary adjustments required have been made. After completing the case record(s) adjustment(s), the first-level desk review worksheet(s) have been reviewed and revised as required, and are attached to this form.
- It is determined that Support Collection Unit records not available electronically through ASSETS/CSMS were used in the first-level desk review but were not previously provided to OTDA. Those Support Collection Unit records are being provided with this response.
- It is determined that Temporary Assistance Unit records used in the first-level desk review were not previously provided to OTDA. Those Temporary Assistance Unit records are being provided with this response.

Please proceed with the second-level desk review.

\_\_\_\_\_  
**Worker Name (Print)**

\_\_\_\_\_  
**Title of Worker**

\_\_\_\_\_  
**Telephone Number**

\_\_\_\_\_  
**Date Completed**