

[SCU or TA UNIT LETTERHEAD]

TO: _____ **Date:** _____

_____ **Temporary Assistance Case No(s)** _____

_____ **New York Case Identifier(s)** _____

First-Level Desk Review Determination

Dear _____:

The request for a desk review for the distribution and disbursement of support collections for your temporary assistance (TA) case(s) identified above has been completed. The type of desk review you requested included: a pass-through payment review and/or a cumulative excess support payment review. 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 request for the period identified above is(are) as follows:

- Your request did not include adequate information to identify the TA case or the child support case. No action can be taken unless you provide us with better identifying information. Once you obtain the identifying case information, you may request a new desk review request form by contacting the New York State Child Support Customer Service Helpline toll-free at 1-888-208-4485 (TTY 1-866-875-9975), Monday through Friday from 8:00 AM to 7:00 PM. A listing of recognized Relay Service providers can be found at http://www.fcc.gov/cgb/dro/trs_providers.html. You may then submit the newly completed desk review request form with the identifying case information.
- A desk review is available upon written request from a current or former recipient of temporary assistance who is or was receiving child support services and believes that they did not receive a support pass-through or a cumulative excess support payment to which they are entitled. According to our records, you are not the recipient of TA named on the record for this account and who is entitled to claim non-receipt of a support pass-through or a cumulative excess support payment. Therefore, a desk review would not be appropriate. In order to discuss the concerns that you may have and determine the appropriate next action, you may contact the New York State Child Support Customer Service Helpline at 1-888-208-4485, Monday through Friday from 8:00 AM to 7:00 PM. A listing of recognized Relay Service providers can be found at http://www.fcc.gov/cgb/dro/trs_providers.html.
- Desk reviews are limited to an accounting of the collections, distributions, and disbursements made in the calendar year in which the review is requested and the prior calendar year. The period A portion of the period, from _____ to _____, for which you requested a desk review was not within the calendar year in which you requested the review or the prior calendar year. Therefore, no review of the distribution and disbursement of collections received for that period will be conducted.

- You were not a recipient of TA or you had no support account established with the Support Collection Unit at any time during the period a portion of the period, from _____ to _____, for which you requested a review. Therefore, no review of the distribution and disbursement of collections received for that period will be conducted.
- For the period a portion of the period, from _____ to _____, for which you requested a review, no collection was received, or the collection received was not appropriate for the type of payment you are requesting. For a pass-through payment, a current support collection must be received from the noncustodial parent in the month due in order to receive a child support pass-through payment for that month. For a cumulative excess support payment, a support collection must be received to be considered in the calculation of payments due to you. Therefore, no review of the distribution and disbursement of collections received for that period for the type of review indicated will be conducted.
- Your request does not involve a matter that can be addressed by the Support Collection Unit or the Temporary Assistance Unit. 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:
- _____
- _____
- _____
- Based on facts presented at the conference conducted on _____ by telephone call an in-person meeting, it was agreed by all in attendance that the type of desk review to be conducted is different from that indicated on your desk review request form. The type of desk review(s) conducted as a result of the conference included a pass-through payment review or a cumulative excess support payment review.
- Additional payment for the desk review period of _____ to _____ is owed to you in the amount of \$_____. The additional payment owed to you has been or will be made available to you on your Electronic Benefit Transfer (EBT) card or through a check within 30 calendar days of this determination letter.
- The Support Collection Unit has identified support collections that may be available to you in future months in the amount of \$_____. Support received by the Support Collection Unit before the month it is due cannot be distributed and disbursed until the month it is due. If you are still eligible to receive the type of payments that you have requested, the payments will be distributed to you as they come due.
- It has been determined that too much pass-through cumulative excess support payment has been paid to you and you now owe \$_____. Note that recovery of the overpayment may be pursued by any authorized means and this may occur within 30 calendar days.
- No additional payments are owed to you. The support collected to date has been distributed and disbursed, and all payments due to you have been disbursed to you.

- The pass-through payment is based on the amount of current support collected each month, and limited to an amount up to the first \$100 of current support collected during the month for a family with one individual under the age of 21 active on the TA case, or up to the first \$200 of current support collected during the month for a family with two or more individuals under the age of 21 active on the TA case, or the current support obligation for the month, whichever is less. Your current support obligation is \$_____ per month, and therefore the amount of pass-through payment that you were entitled to, and previously received, is limited to this amount. No additional payments are owed to you.

- Because you received support collections directly from the noncustodial parent for the month of ____ period of _____ included in the desk review request, the budgeting of the TA benefits provided to you included a disregard amount equal to the maximum pass-through payment that would have been due to you if the payments had been collected by the SCU.

- Review of the case records indicates that the collection(s) about which you inquired are the result of enforcement actions and are not support collections eligible for a pass-through payment. Such distribution and disbursement of collections received through certain types of enforcement actions require that the Social Services District retain those collections to the extent that support has been assigned to the State as a condition of receiving TA from the State, up to the amount necessary to reimburse the Social Services District for the cumulative amount of assistance paid to the family. Therefore, these collections were kept by the Social Services District and no payments are due to you.

- Review of the case records indicates that the collection(s) about which you inquired are the result of an adjustment to your account, not a collection. Adjustments to accounts are typically the result of a modified court order, a change in your TA status from active to inactive, or inactive to active, or any other activity which requires that the account be adjusted for accuracy. Therefore, no payments are due to you. For further information regarding the adjustment to your account, you may contact the New York State Child Support Customer Service Helpline at 1-888-208-4485 (TTY: 1-866-875-9975), Monday through Friday between 8:00 AM and 7:00 PM. A listing of recognized Relay Service providers can be found at http://www.fcc.gov/cgb/dro/trs_providers.html.

- Other (specify):

Detailed information for each month or period of the desk review regarding the support collections received, and the distribution and disbursement of those collections, is shown on the enclosed worksheet. A copy of your desk review request and any documentation provided to support your desk review request is also enclosed.

Sincerely,

First-Level Desk Review Unit

Telephone Number: _____

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

New York State Office of Temporary and Disability Assistance
ATTN: Center for Child Well-Being
Bureau of Program Operations, Second-Level Desk Review
40 N. Pearl Street
Albany, NY 12243-0001