

CALCULATIONS WORKSHEET FOR DESK REVIEW OF PASS-THROUGH PAYMENTS

FIRST-LEVEL DESK REVIEW REVISED FIRST-LEVEL DESK REVIEW SECOND-LEVEL DESK REVIEW

**STEPS 1 AND 2 OF THE WORKSHEET ARE TO BE COMPLETED BY THE SUPPORT COLLECTION UNIT (SCU).
IF A SECOND-LEVEL DESK REVIEW IS REQUESTED, STEPS 1 AND 2 ARE CHECKED/CORRECTED BY THE
OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE (OTDA).**

Step 1: DESK REVIEW ADMINISTRATIVE INFORMATION

Date Desk Review Request Received: _____ Support Collection Unit Name: _____

Period Covered by Pass-through Desk Review Request: _____ to _____
(or) Individual Month(s) of _____

Recipient Name: _____ Recipient SSN/ITIN: _____

Recipient Address: _____

Temporary Assistance Case No(s) (TA-CAN): _____ Suffix (New York City only): _____

_____ Suffix (New York City only): _____

_____ Suffix (New York City only): _____

Client Identification Number (CIN) _____

Date(s) of Temporary Assistance:	Start	_____	End	_____	Active:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Start	_____	End	_____	Active:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Start	_____	End	_____	Active:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Related New York Case Identifier(s): _____

Step 2: CHILD SUPPORT COLLECTIONS AND DISBURSEMENT CALCULATIONS

(a) Month/Year of Desk Review Request	(b) Total Monthly Current Obligation for TA-CAN for Month/Year	(c) * Total Monthly Amount of Current Support Collected for TA-CAN for Month/Year	(d) Amount of Available Future Support Collections, if Any (Available, but Unapplied)
(e) TOTAL			

* Note: Column (c) represents current collections only for which a pass-through payment may be authorized. It does not include collections received towards support arrears/past due support by federal income tax refund offset, or collections that were applied to support arrears/past due support.

SUPPORT COLLECTION UNIT COMMENTS:

First-Level Desk Review Completed by the Support Collection Unit:

Name (Print and Initial)	Title	Telephone Number	Date
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The SCU must forward the (1) *Calculations Worksheet for Desk Review of Pass-Through Payments*, with Steps 1 and 2 completed and signed by the SCU worker; and (2) original *Request for a First-Level Desk Review of the Distribution and Disbursement of Child Support Collections* form and documentation to the TA Unit so that they may complete Steps 3, 4, 5, and 6, and provide the recipient with the final determination. If the SCU has any additional information relevant to the desk review determination they must provide the information in the SCU comments section.

If Applicable, Second-Level Desk Review Completed by OTDA:

Name (Print and Initial)	Title	Telephone Number	Date
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**STEPS 3, 4, 5, AND 6 OF THE WORKSHEET ARE TO BE COMPLETED BY THE TEMPORARY ASSISTANCE (TA) UNIT.
IF A SECOND-LEVEL DESK REVIEW IS REQUESTED, STEPS 3, 4, 5, AND 6 ARE CHECKED/CORRECTED BY OTDA.**

Step 3: PASS-THROUGH PAYMENTS DISBURSED TO RECIPIENT BY EBT CARD/CHECK

Determine the Maximum Pass-through Payment			Carry Over Information from Step 2		Calculation of Pass-Through Payments Due to the Recipient				
(f)	(g)	(h)	(i)	(j)	(k) **	(l)	(m)	(n)	(o)
Month/Year of Desk Review Request (from Step 2, column [a])	EXEMPT Amount for the Month	Maximum Pass-through Payment for the TA Case	Total Monthly Current Obligation for TA Case for Month/Year (from Step 2, column [b])	Total Monthly Amount of Current Support Collected for TA Case for Month/Year (from Step 2, column [c])	Amount of Pass-through Payment that the Family is Entitled to for the Month (the lesser amount of column [h], [i], or [j])	Amount of Pass-through Payment Previously Paid to Recipient	Amount of Pass-through Payment Not Paid to the Recipient (amount in column [k] minus [l])	Payments that have been Expunged (Expired), if any, and are Now Due to the Recipient	Balance Due to Recipient (total of columns [m] plus [n])

Determine the Maximum Pass-through Payment			Carry Over Information from Step 2		Calculation of Pass-Through Payments Due to the Recipient				
(f)	(g)	(h)	(i)	(j)	(k) **	(l)	(m)	(n)	(o)
Month/Year of Desk Review Request (from Step 2, column [a])	EXEMPT Amount for the Month	Maximum Pass-through Payment for the TA Case	Total Monthly Current Obligation for TA Case for Month/Year (from Step 2, column [b])	Total Monthly Amount of Current Support Collected for TA Case for Month/Year (from Step 2, column [c])	Amount of Pass-through Payment that the Family is Entitled to for the Month (the lesser amount of column [h], [i], or [j])	Amount of Pass-through Payment Previously Paid to Recipient	Amount of Pass-through Payment Not Paid to the Recipient (amount in column [k] minus [l])	Payments that have been Expunged (Expired), if any, and are Now Due to the Recipient	Balance Due to Recipient (total of columns [m] plus [n])
(p) TOTAL									

**** Note:** Column (k) provides the pass-through payment that was due to the family for the period indicated. This column may include an amount up to \$100 for a family with one individual under the age of 21 active on the temporary assistance case or up to \$200 for a family with two or more individuals under the age of 21 active on the TA case.

Step 4: TOTAL DUE TO RECIPIENT

Total Balance Due to Recipient from Step 3, Column (o), Row (p)

Step 5: IF APPLICABLE, COLLECTIONS AVAILABLE FOR FUTURE SUPPORT

Total Support Collections Identified by the SCU for Future Months, if any, from Step 2, Column (d), Row (e)

Step 6: RESULTS OF FIRST-LEVEL DESK REVIEW OF PASS-THROUGH PAYMENTS

- the correct amount of pass-through payments have been paid to the Recipient to date.
- an additional pass-through payment is owed to the Recipient in the amount of \$_____.
- too much in pass-through payments have been paid to the Recipient to date and the Recipient now owes \$_____.
- the budgeting of the Temporary Assistance benefits included the appropriate disregard for support payments directly received, and the Recipient is not entitled to a pass-through payment in addition to the support disregard already received for the same month.

Please note: If an amount appears in brackets (), it means that the Recipient was overpaid and that money is due to the Social Service District.

And, if applicable:

- additional support collections have been identified by the SCU as being available for future months in the amount of \$_____.

TEMPORARY ASSISTANCE UNIT COMMENTS:

First-Level Desk Review Completed by the Temporary Assistance Unit:

Name (Print and Initial)	Title	Telephone Number	Date
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The TA Unit must complete a *First-Level Desk Determination* and mail to the Recipient the determination with a copy of (1) this worksheet; (2) the *Request for a First-Level Desk Review of the Distribution and Disbursement of Child Support Collections* and documentation included; (3) a *Request to New York State for a Second-Level Desk Review of the Distribution and Disbursement of Child Support Collections* form; and (4) an *Information and Instructions for Completing the Request to New York State for a Second-Level Desk Review of the Distribution and Disbursement of Child Support Collections*. Provide a copy of the determination and worksheet to the SCU and to the TA Unit directing the TA Unit, if appropriate, to either pay the amount calculated or recover the overpayment amount.

If Applicable, Second-Level Desk Review Completed by OTDA:

Name (Print and Initial)	Title	Telephone Number	Date
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