

**CALCULATIONS WORKSHEET FOR
DESK REVIEW OF CUMULATIVE EXCESS SUPPORT 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(s) Covered By Cumulative Excess Support Desk Review Request: _____ to _____

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
	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

Period of Cumulative Excess Support Review (includes all periods of assistance)	Period _____ to _____
Total Collections for Period of the Cumulative Excess Support Review	<input type="text"/>
Disbursement of Total Collections:	
Total Collections Disbursed to the SSD by the SCU	<input type="text"/>
Total Collections Disbursed to the Custodial Parent by the SCU	<input type="text"/>
Total Collections Disbursed to a Third Party by the SCU	<input type="text"/>
Total Disbursements	<input type="text"/>
Collections Which Have Not Yet Been Disbursed:	
Amount of Available Future Support Collections, if Any (Available, but Unapplied)	<input type="text"/>

SUPPORT COLLECTION UNIT COMMENTS:

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

Name (Print and Initial)	Title	Telephone Number	Date

The SCU must forward the (1) *Calculations Worksheet for Desk Review of Cumulative Excess Support 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, 6, and 7, 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

STEPS 3, 4, 5, 6, 7, AND 8 OF THE WORKSHEET ARE TO BE COMPLETED BY THE TEMPOARY ASSISTANCE (TA) UNIT. IF A SECOND-LEVEL DESK REVIEW IS REQUESTED, STEPS 3, 4, 5, 6, 7, AND 8 ARE CHECKED/CORRECTED BY OTDA.

Step 3: REPAYMENTS TO TEMPORARY ASSISTANCE

Period(s) of Temporary Assistance Grant Review: From _____ To _____

No assistance repayments for TA have been received.

Assistance repayments for TA have been received as follows:

Type of Repayment	Date of Repayment	Amount of Repayment to be Credited
<input type="checkbox"/> SSI Interim Assistance Amount		
<input type="checkbox"/> Lottery Amount		
<input type="checkbox"/> Lien/Mortgage/Judgment Amount		
<input type="checkbox"/> Cash Repayment Amount (after Temporary Assistance closed)		
<input type="checkbox"/> Lawsuit Settlement Amount		
<input type="checkbox"/> Other Repayment Type (Describe on line(s) below):		
Total Repayment		

Step 4: TEMPORARY ASSISTANCE PAYMENTS FOR ENTIRE PERIOD OF REVIEW

Month/Year	Amount of Temporary Assistance Payments	Temporary Assistance Pay Type
TOTAL PAYMENTS		

Note: A month by month review is required for the entire period of temporary assistance. Make as many copies of this page as necessary to ensure each month is represented in the review. Be sure to include countable “assistance” payments only. Do not include pass-through payments (D3 ROS or 54 and 70 NYC) issued for support collected 12/96 or later, and do not include “non-assistance” payments made for the period 12/96 or later. Include pass-through and emergency payments only for periods prior to 12/96. For more information, refer to 09-ADM-04, issued March 9, 2009, entitled *Temporary Assistance (TA) Payment Type Codes – Designations as Assistance or Non-Assistance*.

Step 5: CUMULATIVE EXCESS SUPPORT CALCULATION

Period(s) of Temporary Assistance Grant Review: From _____ To _____		
Total Amount of Temporary Assistance Payments for the Period from Step 4		<input style="width: 100%;" type="text"/>
Total Assistance Repayments from Step 3	-	<input style="width: 100%;" type="text"/>
Total Unreimbursed Temporary Assistance Amount for the Period	=	<input style="width: 100%;" type="text"/>
<i>Calculation of Cumulative Excess Support Amount:</i>		
Total Amount of Support Disbursed To SSD by SCU from Step 2		<input style="width: 100%;" type="text"/>
Total Unreimbursed Temporary Assistance Amount for the Period as Calculated Above	-	<input style="width: 100%;" type="text"/>
Total Cumulative Excess Support Amount	=	<input style="width: 100%;" type="text"/>
<i>Payments Already Sent to Recipient:</i>		
Excess Current Support Payments (D3 ROS or 71 NYC)		<input style="width: 100%;" type="text"/>
Cumulative Excess Support Payments (D4 ROS or 72 NYC)	+	<input style="width: 100%;" type="text"/>
N2 Payments	+	<input style="width: 100%;" type="text"/>
Total Amount of Previous Payments Sent to the Recipient	=	<input style="width: 100%;" type="text"/>
<i>Calculate Cumulative Excess Support Amount Due to Recipient:</i>		
Total Cumulative Excess Support Amount from above		<input style="width: 100%;" type="text"/>
Total Amount of Previous Payments Sent to the Recipient from above	-	<input style="width: 100%;" type="text"/>
Total Cumulative Excess Support Due to the Recipient	=	<input style="width: 100%;" type="text"/>

Step 6: TOTAL DUE TO RECIPIENT

Cumulative Excess Support Due to the Recipient with this Desk Review from Step 5

Step 7: IF APPLICABLE, COLLECTIONS AVAILABLE FOR FUTURE SUPPORT

Total Support Collections Identified by the SCU for Future Months, if Any, from Step 2

STEP 8: RESULTS OF FIRST-LEVEL REVIEW OF CALCULATIONS FOR CUMULATIVE EXCESS SUPPORT PAYMENTS

- the correct amount of cumulative excess support payments have been paid to the Recipient to date.
- an additional cumulative excess support payment amount is owed to the Recipient in the amount of \$_____.
- too much in cumulative excess support payments have been paid to the Recipient to date and the Recipient now owes \$_____.

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

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 Review 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) *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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