## [SCU LETTERHEAD]

DATE:	
TO:	Temporary Assistance Case No.(s)
	New York Case Identifier(s)
	ur Request for a First-Level Desk ursement of Child Support Collections
Dear:	
	a desk review of the temporary assistance case(s) identified ag the "Yes" box as indicated on the request form, you will
your case and make a determination as to whether: you	tance Unit within the Social Services District will review u are owed an additional payment; you have received the n paid to you. The determination notice will be mailed to request was received by the Support Collection Unit.
Service Helpline toll-free at 1-888-208-4485 (TTY 1-8	s, contact the <b>New York State Child Support Customer 866-875-9975</b> ), Monday through Friday from 8:00 AM to Relay Service providers can be found at
	Sincerely,
	Support Collection Unit Supervisor