

## [DISTRICT LETTERHEAD]

**TO:** New York State Office of Temporary and Disability Assistance  
System Operations/URA Adjustments  
Fax Number: (518) 486-3127

**FROM:** \_\_\_\_\_ Support Collection Unit

**SUBJECT:** Support Collection Unit Notification to State of Unreimbursed Assistance Adjustment as a Result of a Cumulative Excess Support Payment Desk Review

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

**Step 1: Case Identification**

New York Case Identifier(s): \_\_\_\_\_ Child Support Client ID: \_\_\_\_\_  
Temporary Assistance Case No (TA-CAN): \_\_\_\_\_ Suffix (For NYC Only): \_\_\_\_\_  
Noncustodial Parent Name: \_\_\_\_\_  
Custodial Parent Name: \_\_\_\_\_

**Step 2: Unreimbursed Assistance Reduction**

1. Current Unreimbursed Assistance Amount 1. \$ \_\_\_\_\_
  2. Amount that Unreimbursed Assistance should be adjusted  
by based on the cumulative excess support payment desk review 2. \$ \_\_\_\_\_
  3. New Unreimbursed Assistance Amount after adjustment 3. \$ \_\_\_\_\_
- Note: Unreimbursed assistance may not be reduced below zero or a cumulative excess support payment will be calculated and paid to the recipient.**

**Step 3: Review Completed By**

_____	_____	_____	_____
SCU Worker Name	Title	Telephone Number	Date

- You are required to send an e-mail to [ASSETS@nysemail.state.ny.us](mailto:ASSETS@nysemail.state.ny.us) advising that this form has been faxed to the above number.
- You are required to provide your Temporary Assistance Unit with a copy of this form for their case record. No further action is required by the Temporary Assistance Unit.