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.  
   3. $____________________  

Step 3: Review Completed By  

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<tr>
<th>SCU Worker Name</th>
<th>Title</th>
<th>Telephone Number</th>
<th>Date</th>
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- You are required to send an e-mail to 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.