TO: __________________________, IV-D Coordinator, __________________________ County

FROM: ________________________, New York State Office of Temporary and Disability Assistance, Division of Child Support Services

DATE: ________________________

SUBJECT: Notification of a Second-Level Desk Review Request

The New York State Office of Temporary and Disability Assistance (OTDA) received a Request for a Second-Level Desk Review of Pass-through Payment or Cumulative Excess Support Payment on _______________ for Temporary Assistance Case Number ________________________, New York Case Identifier(s) ________________________:

In order for OTDA to conduct the second-level desk review, your social services district (district) must promptly provide copies of the Temporary Assistance Unit records which are not currently available in BICS and were used in the First-Level Desk Review Determination issued by your district on _______________. You must provide those Temporary Assistance Unit records by e-mail, fax, or mail to the following address no later than ________________:

E-mail: otda.sm.cees.tabureau@otda.ny.gov
Fax: (518) 473-0511
Mail:
New York State Office of Temporary and Disability Assistance
40 North Pearl Street, 11-A
Albany, NY 12243-0001
Attention: Bureau of Temporary Assistance, Second-Level Desk Review

☐ In addition, the second-level desk review includes Support Collection Unit records which are not available electronically through the automated child support system. You must provide copies of those Support Collection Unit records by e-mail, fax, or mail to the following address no later than ________________:

E-mail: otda.sm.dcse.bpo@otda.state.ny.us
Fax: (518) 486-3127
Mail:
New York State Office of Temporary and Disability Assistance
40 North Pearl Street, 13-C
Albany, NY 12243-0001
Attention: Bureau of Program Operations and Contract Administration, Second-Level Desk Review

Please include a copy of this Notification of a Second-Level Desk Review Request with copies of the documentation requested above.