

## Information and Instructions for Completing the *Request for a First-Level Desk Review of Pass-through Payment or Cumulative Excess Support Payment*

Please review the enclosed “How Do I Know If I Should Request a Desk Review?” insert **before** proceeding. This information is also available at [https://www.childsupport.ny.gov/dcse/desk\\_review.html](https://www.childsupport.ny.gov/dcse/desk_review.html).

### Information – Definitions

**Assignment of Support Rights:** When you apply for Temporary Assistance (TA), and for as long as you receive TA, you assign, or transfer, to the social services district (district) your rights to receive support payments for yourself and anyone for whom you are applying or receiving TA. This means that the district will keep support collections received on behalf of you or your family while you are on TA. The district will use the support to reimburse the TA paid to you or your family. **TA paid includes TA payments made directly to a landlord, utility company, or other vendor on your behalf.**

**Pass-through Payments:** If the current support obligation is paid in the month it is due, the district will give you a portion of these assigned support collections in addition to the TA grant. The portion of the child support payment given to you is called a **pass-through payment**. The amount of the pass-through that you receive depends on the number of individuals under age 21 active on your TA case and the current support obligation collected each month. **Pass-through payments are an amount up to:**

- \$100.00 per month of current support collected or up to the current support obligation collected, whichever is less, for a family with one individual under the age of 21 active on the TA case; or
- \$200.00 per month of current support collected or up to the current support obligation collected, whichever is less, for a family with two or more individuals under the age of 21 active on the TA case.

You may request a first-level desk review of a **pass-through payment** for all or part of the time from the date you make this request back to January 1 of the previous calendar year.

**Cumulative Excess Support Payment:** If the amount of support collected and kept by the district is more than the total amount of TA paid to you and your family during all periods you were on TA in the district since your TA case opened, you are entitled to the extra amount of support. The **cumulative excess support payment** is a payment made to you equal to the amount of extra support collected and kept by the district.

To be eligible for a first-level desk review of a **cumulative excess support payment**, a support collection must have been received and disbursed at some point between the date you make this request and January 1 of the previous calendar year. But once you are determined to be eligible for a cumulative excess support desk review, the review will be conducted for all periods that you were on TA in your district.

### Instructions for Completing the Form

#### Section A – Your Information

Enter your:

- Full name.
- Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN). An ITIN is a nine-digit number beginning with “9” which is issued by the Internal Revenue Service to foreign nationals and others who are required to have a U. S. taxpayer identification number but do not have, and are not eligible to obtain, an SSN from the Social Security Administration.
- Entire current mailing address, including the number and street address (or post office box), city, state, and zip code.
- Telephone number, including the area code.
- Client Identification Number (CIN).
- Temporary Assistance Case Number(s) (TA CAN[s]).
- New York Case Identifier(s) (Child Support Account Number[s]). If you have more than one child support account, please enter all your New York Case Identifiers.

## Section B – Type of Request

As part of your desk review, you may request a conference with the Support Collection Unit (SCU). The conference may be in person or by telephone and will allow you to offer documentation and/or discuss the reason(s) why you believe additional payments are owed to you.

If you do **not** want a conference as part of your desk review, choose “I am requesting a first-level desk review.” If you would like a conference as part of your desk review, choose “I am requesting a conference with the Support Collection Unit and a first-level desk review.” Please include the time that is best to contact you and remember to tell us if it is a.m. or p.m.

## Section C – Type of Review

- Choose what type of desk review you are requesting: pass-through payment OR cumulative excess support payment.
- If you are requesting a desk review of a **pass-through payment**, you must tell us the time period for which you are requesting the desk review. The time period for a pass-through payment desk review is limited to the calendar year of the month the request is made and the prior calendar year, and only for the months during which an assignment of support rights was in effect. For example, if you request a desk review of a pass-through payment anytime this calendar year, the months that can be reviewed may, at most, only go back to January of the previous calendar year.
  - Enter the month and year you would like the desk review to start and the month and year you would like the desk review to end.
- If you are requesting a **desk review of a cumulative excess support payment**, the review period includes the entire time you received TA. The desk review period will begin on the first date you received TA and end the last month child support was kept by the district to repay the TA you received.
- Tell us the reason(s) why you are requesting a desk review. For example, you may state “I did not receive a pass-through payment for May 20XX.”
- You may include documentation to support your desk review request. Examples of documentation that you may want to include are the 1) monthly *Report of Support Collected*, 2) *Excess Support* letters, or 3) any other notices received from us. If you are including documentation, please choose the “Yes” box. If you are not including documentation, please choose the “No” box.

## Section D – Signature and Date

- Sign your full name.
- Print your full name.
- Enter the date you signed the form.

**Returning your completed request form:** Once you have completed the *Request for a First-Level Desk Review of Pass-through Payment or Cumulative Excess Support Payment* form, submit the completed form and any documentation to the SCU that handles your child support account. You can find the address of any SCU online at <https://www.childsupport.ny.gov/DCSE/LocalOffices>. Select the appropriate county. Use the address found under the *For Desk Review* section of the County Contact Information page. If you are uncertain about which SCU to return the form to, please call the **Child Support Helpline** toll-free at **888-208-4485 (TTY: 866-875-9975)**, Monday through Friday from 8:00 a.m. to 7:00 p.m. A listing of recognized Relay Service providers can be found at <https://www.fcc.gov/general/internet-based-trs-providers>.

After you submit the completed form, the SCU and the TA Unit will review your request and send you a written response within 45 business days of the date your written request is received by the SCU. The desk review will determine whether you have received the correct amount of support. If you are owed an additional payment, it must be given to you within 30 calendar days from the date of the determination letter. The TA Unit may put that payment on your EBT card or, in some situations, send you a check. If too much support has been paid to you, the TA Unit may recover the amount you were overpaid.

If you have questions regarding the form or the instructions, or if upon reading this information, you believe you have an issue that does not require a desk review, contact the Child Support Helpline at the telephone number provided above.