

[SCU LETTERHEAD]

Date:

To: _____

Temporary Assistance Case Number(s): _____

New York Case Identifier(s): _____

**We Have Received Your Request for a First-Level Desk Review
of Pass-through Payment or Cumulative Excess Support Payment**

Dear _____:

This letter confirms that we received your request for a first-level desk review of pass-through payment and/or cumulative excess support payment on _____. If you requested a conference with us, it must be held within 7 business days of the date we received your signed first-level desk review request. The conference may be in person or by telephone. You will be contacted by telephone to determine which type of conference you prefer.

The social services district (district) Support Collection Unit and Temporary Assistance Unit will review your case and determine, as necessary, if:

- You are owed an additional pass-through and/or cumulative excess support payment;
- You received the correct amount of pass-through or cumulative excess support payment; or
- Too much pass-through or cumulative excess support has been paid to you.

A determination notice will be sent to you within 45 business days of the date we received your properly completed first-level desk review request.

Sincerely,

Support Collection Unit Supervisor