

Calculations Worksheet for Desk Review of Pass-through Payments

First-Level Desk Review Revised First-Level Desk Review Second-Level Desk Review

Step 1
Desk Review Administrative Information
(Top portion completed by the Support Collection Unit [SCU]; signature section completed as labeled.)

Date Request Received: _____ Recipient's Name: _____

Client Identification Number (CIN) _____ Recipient's Address: _____

Temporary Assistance Case Number(s) (TA-CAN): _____; _____; _____; _____

New York Case Identifier(s) (Child Support Account Number): _____, _____; _____, _____; _____

Review Period: from: _____ to _____
(month/year) (month/year)

Date(s) of TA: from: _____ to _____; from: _____ to _____; from: _____ to _____
from: _____ to _____; from: _____ to _____; from: _____ to _____

First-Level Desk Review Completed by the Support Collection Unit

Name: _____ Title: _____ Telephone Number: _____ Date: _____

First-Level Desk Review Completed by the TA Unit

Name: _____ Title: _____ Telephone Number: _____ Date: _____

If Applicable, Second-Level Desk Review Completed by OTDA Division of Child Support Services

Name: _____ Title: _____ Telephone Number: _____ Date: _____

If Applicable, Second-Level Desk Review Completed by OTDA TA Bureau

Name: _____ Title: _____ Telephone Number: _____ Date: _____

Step 2	Child Support Information (to be completed by the SCU)	Page 1 of _____
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Month / Year (List All Months of Review Period)						
1. Factored Monthly Current Support Obligation						
2. Total Monthly Amount of Current Support Collected and Disbursed to District						

Step 3	TA Information (to be completed by the TA Unit)
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3. Enter Lesser Amount from Line 1 and Line 2						
4. Maximum Pass-through Case may be Eligible for (enter \$0.00, \$100.00 or \$200.00)						
5. Enter Lesser Amount from Line 3 and Line 4						
6. Pass-through Payment Previously Issued (enter amount and date)						
7. Subtract Line 6 from Line 5. This is the Amount of Pass-through Owed to the Recipient						
8. Enter the total amount of all columns from Line 7. This is the amount of pass-through payment that is owed or was overpaid to the Recipient						

Step 4	RESULTS OF FIRST-LEVEL DESK REVIEW OF PASS-THROUGH PAYMENTS (check one)
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	The correct amount of pass-through payments has been paid to the Recipient to date. No additional payments are owed to the Recipient.
	An additional pass-through payment is owed to the Recipient in the amount of _____.
	The Recipient has been paid too much in pass-through payments and owes _____.

Comments (SCU/TA Unit):

Additional Worksheet for Review Periods Longer Than Six Months

Step 2							Page ____ of ____
Child Support Information (to be completed by the SCU)							
Month /Year (list all months of review period)							
1. Factored Monthly Current Support Obligation							
2. Total Monthly Amount of Current Support Collected and Disbursed to District							
Step 3							
TA Information (to be completed by the TA Unit)							
3. Enter Lesser Amount from Line 1 and Line 2							
4. Maximum Pass-through Case may be Eligible for (enter \$0.00, \$100.00 or \$200.00)							
5. Enter Lesser Amount from Line 3 and Line 4							
6. Pass-through Payment Previously Issued (enter amount and date)							
7. Subtract Line 6 from Line 5. This is the Amount of Pass-through Owed to the Recipient							
Enter the total amount of all columns from Line 7 of this additional worksheet to Line 8 of the original worksheet							