

[DISTRICT LETTERHEAD]

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.**

Step 3: Review Completed By

_____	_____	_____	_____
SCU Worker Name	Title	Telephone Number	Date

- 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.