



Office of Temporary and Disability Assistance

KATHY HOCHUL
Governor

DANIEL W. TIETZ
Commissioner

BARBARA C. GUINN
Executive Deputy Commissioner

Date: _____

To: _____

Temporary Assistance (TA) Case Number(s):

Address: _____

New York Case Identifier(s):

Second-Level Desk Review Determination

Dear _____:

Your request dated _____ for a second-level desk review of **pass-through payments** has been completed. The New York State Office of Temporary and Disability Assistance (OTDA) reviewed the accuracy of the First-Level Desk Review Determination made by the _____ County Department of Social Services.

Your second-level desk review request included did not include additional but previously unavailable documentation to support your claim.

The result of the second-level desk review of pass-through payments is as follows:

- OTDA confirms the First-Level Desk Review Determination is correct. No additional pass-through payments are owed to you.
- OTDA has determined the first-level desk review is incorrect and an additional pass-through payment is owed to you in the amount of \$ _____ for the time period of _____ to _____. The additional pass-through payment owed to you has been, or will be, made available to you on your Electronic Benefit Transfer (EBT) card or by check within 30 days of this determination letter.
- OTDA has determined the first-level desk review is incorrect and you have been paid too much in pass-through payments. You now owe \$ _____ and recovery of the overpayment may occur within 30 days by any authorized means.
- Other: [insert text from Standard Language Options]

Your request dated _____ for a second-level desk review of **cumulative excess support payments** has been completed. OTDA reviewed the accuracy of the First-Level Desk Review Determination performed by the _____ County Department of Social Services.

Your second-level desk review request included did not include additional but previously unavailable documentation to support your claim.

The result of the second-level desk review of cumulative excess support payments is as follows:

OTDA confirms the first-level desk review determination is correct. No additional cumulative excess support payments are owed to you.

OTDA has determined the first-level desk review is incorrect and an additional cumulative excess support payment is owed to you in the amount of \$_____. The additional cumulative excess support payment owed to you has been, or will be, made available to you on your Electronic Benefit Transfer (EBT) card or by check within 30 days of this determination letter.

OTDA has determined the first-level desk review is incorrect and you have been paid too much in cumulative excess support payments. You now owe \$ _____ and recovery of the overpayment may occur within 30 days by any authorized means.

Other: [insert text from Standard Language Options]

A copy of any revised and/or additional calculations worksheets and any new documentation considered in the second-level desk review are included with this letter. A copy of this second-level determination has been provided to the social services district (district) with direction to issue a payment, or if applicable, pursue recovery of an overpayment.

Sincerely,

Signature

Print Name

NOTE: Your second-level desk review request has been completed, and the decision made by OTDA is final as issued. If you dispute specific findings contained in this Second-Level Desk Review Determination conducted by OTDA, you may file for a review of this determination under Article 78 of the New York State Civil Practice Law and Rules within four months of the date of this decision.

Legal Assistance may be available to you through a local not-for-profit legal services corporation such as: _____

_____ which can be reached at telephone number _____

“Other” Standard Language Options

- Your request for a second-level desk review was not postmarked within 20 business days of the date of the First-Level Desk Review Determination. Therefore, your request is not timely, and a second-level desk review cannot be completed.
- A second-level desk review cannot be completed without a first-level desk review having been completed. If you have not already done so, please request a first-level desk review. If you disagree with the First-Level Determination Letter, you can *then* request a second-level desk review.
- According to our records, you are not, or were not, a recipient of TA for the time period of the desk review request. In order to discuss concerns that you may have and to determine the next action, you may contact the Child Support Helpline toll-free at 888-208-4485 (TTY: 866-875-9975), Monday through Friday from 8:00 AM to 7:00 PM. A listing of recognized Relay Service providers can be found at <https://www.fcc.gov/general/internet-based-trs-providers>.
- A second-level desk review can only be requested if you do not agree with the First-Level Desk Review Determination. A second-level desk review **cannot** address concerns you have that are different from the concerns you identified in your first-level desk review request. Since your concerns are different than those requested in your first-level desk review, a second-level desk review cannot be completed. However, you can request *another* first-level desk review to address your *additional* concerns.
- When you apply for and receive Temporary Assistance (TA), you assign to the State and the district any rights to support from any other person that you may have in your own right, or that you may have on behalf of any other family member for whom you are applying or receiving assistance. Money received from child support arrears which are assigned to the district is used to reimburse assistance you received. You have received a total of \$_____in Temporary Assistance payments since _____, and we have documentation that a total of \$_____has been repaid.
- The pass-through payment is based on **current support** payments, not **arrears** payments. The \$_____ received on ___(date)_____ was an arrears payment, not a current support payment. Therefore, it could not be paid to you as a pass-through payment.
- During the months of the desk review, you did not have any individuals under the age of 21 active on the TA case. The pass-through payment is based on the amount of current support collected during the month and the number individuals under the age of 21 active on the TA case. A TA recipient whose family has one individual under the age of 21 active on the TA case may receive up to the first \$100 of current support collected during the month, or the current support obligation for the month, whichever is less.
- During the months of the desk review, you did not have two or more individuals under the age of 21 active on the TA case. The pass-through payment is based on the amount of current support collected during the month and the number individuals under the age of 21 active on the TA case. A TA recipient whose family has two or more individuals under the age of 21 active on the TA case may receive up to the first \$200 of current support collected during the month, or the current support obligation for the month, whichever is less.

- During the months of the desk review, the amount of current support collected was less than the maximum pass-through amount potentially payable based on the number individuals under the age of 21 active on your TA case. The pass-through payment is based on the amount of current support collected during the month and on the number individuals under the age of 21 active on the TA case. A TA recipient whose family has one individual under the age of 21 active on the TA case may receive up to the first \$100 of current support collected during the month, or the current support obligation for the month, whichever is less. A TA recipient whose family has two or more individuals under the age of 21 active on the TA case may receive up to the first \$200 of current support collected during the month, or the current support obligation for the month, whichever is less.
- Your court ordered obligation for current support is \$_____ per _____. Therefore, you would only be eligible to receive a maximum of \$_____ per month as a pass-through payment.