

Request for Additional Information to Support Second-Level Desk Review

TO: _____, _____ County Support Collection Unit

FROM: _____, New York State Office of Temporary and Disability Assistance

DATE: _____

SUBJECT: Request for Information to Support a Second-Level Desk Review

The New York State Office of Temporary and Disability Assistance (OTDA) received a second-level desk review on _____ for Temporary Assistance Case Number _____, New York Case Identifier(s) _____:

- Additional documentation has been provided which identifies a collection that was received and processed but does not appear on the New York Case Identifier(s) under review. A copy of that documentation is attached.
- According to OTDA records, the Temporary Assistance Foster Care case:
- was closed on _____
- for the child named _____ was closed on _____
- was open for the period(s) _____ to _____; _____ to _____; _____ to _____.
- The first-level desk review for cumulative excess support did not include all periods of the assignment of support rights for the Temporary Assistance case. A cumulative excess support desk review must include the **entire** assignment period, beginning with the first date that an assignment of support rights became effective and ending with the most current month for which distribution and disbursement of collections has occurred. According to program records, the date or dates for which an assignment of support rights was in effect are as follows:
- _____
- Other: _____

In order for OTDA to complete the second-level desk review in a timely manner, actions must be taken to address the issue identified above. Please review the appropriate case record(s) and make any necessary adjustments promptly. Once those adjustments are completed, please review the first-level desk review worksheet(s) attached, and make any corrections necessary to the reported collections, distributions, and final calculations. You must return this form, completed as indicated below, and the revised first-level desk review worksheet(s) to the OTDA representative named above **no later than** _____. You may submit the required form and worksheet(s) through e-mail at _____, by fax at _____, or by mail to _____, no later than the date stated.

If the actions taken involve Support Collection Unit records not available electronically through the automated child support system and not previously submitted to OTDA, and/or if the actions taken involve Temporary Assistance Unit records not previously submitted to OTDA, you must include those records with the response to this document.

If any adjustments to the case record also result in additional disbursements to the family through the automated child support system, or the determination by the Temporary Assistance Unit that additional pass-through payments outside the timeframe of the desk review are due to the family, be sure to contact the recipient or former-recipient to explain the issuance of those payments under normal local district protocol. These would not be covered in the desk review.

Local District Response to Request for Additional Information to Support Second-Level Desk Review

TO: _____, New York State Office of Temporary and Disability Assistance

FROM: _____, _____ County

- Support Collection Unit Temporary Assistance Unit
- The appropriate case record or records have been reviewed and any necessary adjustments have been made. After completing those case record adjustments, any associated first-level desk review worksheets have been reviewed and revised as required and are attached to this form.
- It is determined that Support Collection Unit records not available electronically through the automated child support system were used in the first-level desk review but were not previously provided to OTDA. Those Support Collection Unit records are being provided with this response.
- It is determined that Temporary Assistance Unit records used in the first-level desk review were not previously provided to OTDA. Those Temporary Assistance Unit records are being provided with this response.

Please proceed with the second-level desk review.

Worker Name (Print)

Title of Worker

Telephone Number

Date Completed