

[DISTRICT LETTERHEAD]

Date: _____

To: _____

Temporary Assistance (TA) Case Number(s):

Address: _____

New York Case Identifier(s):

First-Level Desk Review Determination

Dear _____:

- Your request dated _____ for a first-level desk review of **pass-through payments** has been completed. The result(s) of the first-level desk review for the time period _____ to _____ is (are) as follows:
- The correct amount of pass-through payment has been paid to you. No additional payments are owed to you.
 - An additional pass-through payment is owed to you in the amount of \$_____ for the time period of _____ to _____. The additional 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.
 - Too much pass-through payment has been issued to you and you now owe \$_____. This overpayment may be recovered.
 - Other: [insert text from Standard Language Options]
- Your request dated _____ for a first-level desk review of **cumulative excess support payments** has been completed. The result(s) of the first-level desk review for the time period _____ to _____ is (are) as follows:
- The correct amount of cumulative excess support has been paid to you. No additional payments are owed to you.
 - An additional cumulative excess support payment is owed to you in the amount of \$_____. The additional 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.

- Too much cumulative excess support has been issued to you and you now owe \$_____. This overpayment may be recovered.

- Other: [insert text from Standard Language Options]

A copy of your desk review request and any documentation provided to support your desk review request is enclosed. If a worksheet(s) with detailed information for the review period was completed, it is also enclosed.

If you have questions on the information in this letter you can call your local temporary assistance office at _____. For child support questions, call the Child Support Helpline toll-free at 888-208-4485 (TTY: 866-875-9975), Monday through Friday from 8 AM to 7 PM. A listing of recognized Relay Service providers can be found at <https://www.fcc.gov/general/internet-based-trs-providers>.

Sincerely,

Signature, First-Level Desk Review Unit

Print Name

NOTE: If you dispute specific findings contained in this desk review determination, you may request a second-level desk review by the New York State Office of Temporary and Disability Assistance by submitting a written request on the enclosed *Request for a Second-Level Desk Review of Pass-through Payment or Cumulative Excess Support Payment* **within 20 business days of the date of this determination.** You must receive a first-level desk review determination before you request a second-level desk review. Your request must specifically identify what you disagree with and must include a copy of this determination as well as the enclosed worksheet(s). You may include any additional, but previously unavailable, documentation that you feel supports your request. Send your request to:

New York State Office of Temporary and Disability Assistance
Attn: Division of Child Support Services
Bureau of Program Operations and Contract Administration, Second-Level Desk Review
40 North Pearl Street, 13-C
Albany, NY 12243-0001

“Other” Standard Language Options

- All current support collected on your behalf was forwarded to another district for distribution. For a desk review of your account with that district, you will need to submit a desk review request to:

[Insert SCU address]

- Based on information and/or documentation presented at the conference conducted on _____, you agreed that the type of desk review you want is different from that indicated on your desk review request form. The type of desk review that was done as a result of the conference was a **pass-through payment** review.
- Based on information and/or documentation presented at the conference conducted on _____, you agreed that the type of desk review you want is different from that indicated on your desk review request form. The type of desk review that was done as a result of the conference was a **cumulative excess support** review.
- The Support Collection Unit has identified support collections that may be available to you in future months in the amount of \$ _____. Support received by the Support Collection Unit before the month it is due cannot be made available to you until the month it is due. Any payments for which you are still eligible will be given to you as they come due.
- The child support payment(s) you asked about are the result of enforcement actions and are not support collections eligible for a pass-through payment. Child support collected through certain types of enforcement actions must be kept by the district, up to the amount of TA you received, when the support has been assigned to the State as a condition of receiving TA. Therefore, these collections were kept by the district and no payments are due to you.
- The child support payment(s) you asked about are the result of an adjustment to your account, not a collection. Adjustments to accounts are typically the result of a modified court order, a change in your TA status from active to inactive, or inactive to active, or any other activity which requires that the account be adjusted for accuracy. Therefore, no payments are due to you.
- Your request did not include enough information for us to identify your TA case and/or your child support case. No action can be taken unless you provide us with more information. Once you obtain the information to identify your TA case and/or child support case, you may request a new desk review request form by contacting the Child Support Helpline at the number provided below or visiting www.childsupport.ny.gov. You may then complete the desk review request form. Include the necessary identifying case information. Return the form to the Support Collection Unit that handles your child support account.
- Your request cannot be processed because you are not the recipient of TA named on the record for this child support account. Therefore, a desk review was not done.
- You were not a recipient of TA or you had no child support account at any time during the review period you requested. Therefore, a desk review was not done.
- You were not a recipient of TA or you had no child support account for a portion of the period, from _____ to _____, during the review period you requested. Therefore, a desk review was not done.
- The review period from _____ to _____ that you requested is not within the current calendar year or prior calendar year. Therefore, a desk review was not done.
- Your request is not a matter that can be addressed by a desk review.

- A \$[enter amount] pass-through payment for (month/year) was paid to you on (month/day/year). (repeat as needed)
- To receive a pass-through payment, the noncustodial parent must have paid some of the current support due for the month. For a cumulative excess support payment, support must have been paid on the account. Because no support payments were received, you are not eligible for a desk review.
- Because you received support collections directly from the noncustodial parent for the month of _____, or the period of _____ included in the desk review request, the budgeting of the TA benefits provided to you included a disregard amount equal to the maximum pass-through payment that would have been due to you if the payments had been collected by the SCU.