



David A. Paterson
Governor

**NEW YORK STATE
OFFICE OF TEMPORARY AND DISABILITY
ASSISTANCE
40 NORTH PEARL STREET
ALBANY, NY 12243-0001**

David A. Hansell
Commissioner

Administrative Directive

Section 1

Transmittal:	08-ADM-08
To:	Local District Commissioners
Issuing Division/Office:	Center for Child Well-Being (CCWB)/Division of Child Support Enforcement and Center for Employment and Economic Supports (CEES)
Date:	October 29, 2008
Subject:	Increase in the Pass-through and Disregard of Support Payments
Suggested Distribution:	Child Support Enforcement Coordinators Support Collection Unit Supervisors Temporary Assistance Workers Employment Coordinators Staff Development Coordinators Accounting Staff Resource and Recovery Staff Food Stamp Workers Medicaid Directors Foster Care Supervisors Child Care Unit Supervisors
Contact Person(s):	Division of Child Support Enforcement at 1-800-343- 8859 Temporary Assistance Bureau at 1-800-343-8859, extension 4-9344 Office of Legal Affairs – Susanne H. Dolin (518) 474-9833 Fiscal - Regions 1-4: James E. Carroll (800) 343-8859 ext. 4-7549 or 518-474-7549 James.Carroll@otda.state.ny.us Region 5: Michael Borenstein (631) 854-9704 Michael.Borenstein@otda.state.ny.us Region 6: Marian Borenstein (212) 961-8250 Marian.Borenstein@otda.state.ny.us
Attachments:	Attachment A: List of Attachments Attachment B: Filing References Attachments 1 through 22
Attachments Available On – Line:	<input checked="" type="checkbox"/>

Section 2

I. Summary

This Administrative Directive (ADM) advises social services districts (SSDs) of legislative changes which increase the maximum amount of monthly support collections which may be passed through to recipients of temporary assistance and disregarded for purposes of determining eligibility for assistance.

Information regarding the impact of the changes upon various program areas, including child support, temporary assistance, food stamps, and Medicaid will be provided. Additionally, official forms, publications, and financial reporting changes, all impacted by the increase in the maximum monthly amount of the pass-through, are addressed in this Administrative Directive.

II. Purpose

The purpose of this Administrative Directive is to advise SSD staff of the increase in the amount of current support collected each month that may be passed through to temporary assistance families and disregarded for purposes of determining the eligibility for assistance, and also to provide specific information regarding the impact of the change upon each program area.

III. Background

The Deficit Reduction Act (DRA) of 2005, Public Law 109-171, was signed by the President on February 8, 2006, and contains both mandatory and optional provisions which impact the Title IV-A and IV-D programs. The mandatory provisions of the DRA include changes to the assignment of support. The optional provisions of the DRA give states the opportunity to waive the federal share of collections that are both passed through to temporary assistance families and disregarded for purposes of determining eligibility for assistance. The implication of this option is expected to be an increase in the distribution of current collections to temporary assistance families, as well as an increase in the amount of collections disregarded for determining temporary assistance grant amounts.

Under the DRA provisions, states may pass through both the federal and state share of certain amounts of assigned support collections to current-assistance families without paying to the federal government the federal share of the amounts passed through. In current-assistance cases, the federal share will be waived for up to the first \$100.00 of current support collected per month for families with one child and up to the first \$200.00 of current support collected per month for families with two or more children, as long as both the federal and state share of the pass-through is paid to the family and is disregarded in determining the type and amount of assistance provided to the family.

New York State passed legislation this year to take advantage of the optional provisions within the DRA so as to maximize federal participation in the pass-through. Social Services Law § 111-c (2)(d) and § 131-a (8)(v), were amended by Part Z of Chapter 57 of the Laws of 2008 to reflect the respective increases to the amount of the pass-through and the amount of income disregarded for purposes of determining the need for aid provided pursuant to the temporary assistance

programs – Family Assistance (FA) and Safety Net Assistance (SNA) – hereinafter temporary assistance (TA).

The legislation provides for implementation of the pass-through option in two phases. Effective October 1, 2008, the pass-through will systematically increase to an amount up to the first \$100.00 of current support collected each month by the child support program, or up to the current support obligation, whichever is less (“Phase I”); and effective January 1, 2010, the \$100.00 pass-through will continue for temporary assistance families with one child in the household, but will increase to up to the first \$200.00 per month of current support collected by the child support program for temporary assistance families with two or more children in the household, or up to the current support obligation amount, whichever is less (“Phase II”). *This Administrative Directive will provide detailed information relating to Phase I of the implementation only.* Detailed information regarding Phase II of the implementation will be provided at a later date.

IV. Program Implications

A. Child Support Enforcement

Revisions have been made to required notices, publications, and pass-through payment information available on the New York State Child Support website at <https://newyorkchildsupport.com>, and various desk review request forms, notices, worksheets, and instructions. Local district CSEUs and SCUs must destroy all prior versions of the notices, publications, and desk review forms and instructions identified in Attachment A and replace those documents with the versions of the documents included with this Administrative Directive effective October 1, 2008.

B. Temporary Assistance

Revisions have been made to required notices, publications, and various desk review request forms, notices, worksheets, and instructions. Local district TA workers must destroy all prior versions of the identified notices, publications, and desk review forms and instructions identified in Attachment A and replace those documents with the versions of the documents included with this Administrative Directive effective October 1, 2008.

Also effective October 1, 2008, the first \$100 of any current support payments received in a month by a household (including support payments collected and paid to the family by the local district) must be disregarded as income or resources in determining eligibility or degree of need.

Additionally, the first \$100 per household per month of child support, or child and spousal support, payments collected by the Child Support Collection Unit (SCU) toward the monthly support obligation for the household must be paid to the TA household as a pass-through payment.

Effective October 1, 2008, and thereafter, the pass-through changes and child support, or child and spousal support, income disregards must be applied to temporary assistance households.

Except for the increase to the maximum amount, there is no change in the way the child support income disregard is applied or the pass-through amount is determined. TA workers must continue to comply with budgeting rules outlined in the Temporary Assistance Source Book (TASB) Chapter 18.

TA worker responsibilities, as identified in 99 ADM-05, have not changed. TA worker responsibilities are further outlined in TASB Chapter 9, Section S.

Effective October 1, 2008, TA families receive the benefit of current child support paid through the income disregard and the child support pass-through as described below:

1. Income Disregard

The first \$100 per month of current child, or child and spousal, support received directly by the TA household is disregarded in the determination of eligibility or the degree of need.

Cases which include both voluntary support agreements and court ordered agreements are entitled to only one disregard of up to \$100.00.

For cases with both voluntary support agreements and court ordered agreements, districts must use the appropriate IV-D indicator code on Screen 1 of the Welfare Management System (WMS) to exclude any additional disregard from being given in the form of a pass-through payment.

Child, or child and spousal, support received directly by the household must be included in the TA budget until the SCU is able to accept and account for the support. For more information see GIS 06 TA/DC024.

Example #1- Direct support received and budgeted

Jane Jones and her three children apply for TA on October 18, 2008. Ms. Jones reported that she has no income other than the \$300.00 monthly child support payment she receives directly from the children's father on the first of every month. The first \$100 of child support must be disregarded when determining eligibility or degree of need. The remaining amount is applied as income.

2. Child Support and Child and Spousal Support Pass-Through

The first \$100 per household per month of current child support, or child and spousal support, payments collected by the SCU toward the monthly support obligation for the household must be paid to the TA household as a pass-through payment.

The pass-through of current support collected in October 2008 will be issued in the monthly IV-D Mass Rebudgeting/Authorization (IVDMRB/A) process in November 2008.

Example #2 – Active case- assigned support

Tonya Raven and her two children are currently on TA. Ms. Raven currently has a monthly child support order of \$150.00. Support payments have been collected regularly for the past seven months by the Support Collection Unit. Ms. Raven has received \$50.00 pass-through payments each of those months. Effective for current support collected in October 2008, the pass-through amount increases to \$100.00, which will be issued in November 2008.

The child support, or child and spousal support, pass-through amount is paid directly to the TA household via the Electronic Benefits Transfer.

C. Temporary Assistance Employment Program Activity Implications

A temporary assistance recipient with dependent children who is participating in work experience for the number of hours derived by dividing the household's temporary assistance and food stamp allotment by the higher of the federal or State minimum wage will be deemed as meeting the 20-hour core work requirement, even when the result of such calculation is fewer than 20 hours. A change in the family's temporary assistance grant or food stamp allotment may result in a change to the maximum number of hours that an individual may be assigned to work experience. In some instances, the change may result in an increase in the number of hours that the individual would need to participate in work experience to be deemed as meeting the 20-hour core work requirement (if still less than 20 hours).

Districts should review those cases in which the family's TA grant or food stamp benefits change to determine if an adjustment to the hours of participation in work experience or other work activities are necessary to ensure that such cases are not negatively affecting the deeming provision for work experience within the participation rate calculation.

D. Food Stamps

The Food Stamp (FS) policy regarding the treatment of pass-through payments has not changed, only the maximum amount of the pass-through that must be treated as income for FS purposes has changed. Now the first \$100.00 of current support payments passed through to the recipient is countable as income for food stamps purposes. The remainder of child support, or child and spousal support, payments received by the IV-D agency under an assignment continue to be excluded as income to the food stamp household.

E. Medicaid

For Low Income Families (LIF), Single Individuals and Couples (S/CC), and ADC budgeting, effective October 1, 2008, the first \$100 of current total household support payments is disregarded, including child (or child and spousal) support in any month, including support payments collected and paid to the family by the local district.

Until MBL system support is available, workers are instructed to manually budget this disregard when the additional \$50 deduction affects eligibility when doing LIF, S/CC or ADC budgets.

18 NYCRR 360.4-6(3)(d)(v) will be amended to reflect the Phase I increase.

F. Foster Care

For purposes of IV-E Foster Care and Non-IV-E Foster Care, there is no impact to the program.

G. Child Care

For purposes of Child Care, there is no impact to the program.

V. Required Action

A. Temporary Assistance

TA workers have the following responsibilities regarding Phase I:

1. Exceptions to the monthly IV-D Mass Rebudgeting/Authorization (IVDMRB/A)

The monthly IVDMRB/A exception list must be reviewed and eligibility for receipt of a pass-through payment and the proper pass-through amount must be determined. All "exceptions" must be resolved, appropriate manual authorizations completed and pass-through payments issued by the 20th calendar day of each month for current support collected in the preceding month. TA workers must issue pass-through payments of up to the first \$100.00 when manually issuing pass-through payments for current collections made by the SCU in October 2008 and thereafter.

Example – Active case on IVDMRB/A exception list

The SCU received current support in the amount of \$225.00 for the Bar family in the month of October, 2008. Mr. Bar's case appeared on the November monthly IV-D Mass Rebudgeting/Authorization exception list. Effective October 1, 2008, the pass-through amount increases to \$100.00. Therefore, the TA worker must manually issue a \$100.00 pass-through payment by the 20th calendar day in November.

Note: *If Mr. Bar's case appeared on the October monthly IV-D Mass Rebudgeting/Authorization exception list, and was found eligible to receive a pass-through payment, the TA worker must manually issue a \$50.00 pass-through payment for current support collected in September.*

2. Transition for Budgeting the Increase in Child Support Disregard Amount – Directly Received Support

Households with child support, or child and spousal support, directly received and reflected in the ABEL budget with unearned income source code "06 – Child Support Payments" (upstate) or unearned income source code "14 Court Ordered Alimony Spousal Support, Child Support Payments" (NYC), must have the benefit of up to the

first \$100 disregarded even if the ABEL budget is not recalculated to reflect the increased disregard amount until after October 2008.

During the transitional period, some households may be due a supplement for the time period when a correct income disregard amount of up to \$100.00 or child support pass-through payment was not applied to the TA budget. As soon as possible, but no later than the next client contact, TA workers must review the ABEL budget to determine if a supplement is due to the household.

For households where child support, or child and spousal support, is received by the household directly, district staff must manually update all ABEL budgets with an authorization “from-date” period earlier than 10/01/08, and if needed, issue a supplement. Please see Section V(A)(3), below, for information about writing the payment line for the supplement.

A household will be due a supplement if:

- The ABEL budget has a TA authorization period “from-date” before 10/01/08; and
- the household received child support or spousal support payments directly for the month of October 2008, and any months thereafter, which is greater than \$50.00.

The TA worker must review the case and provide a supplement to the household by issuing the amount between \$50 and \$100 for each month beginning October 2008 that the household should have, but did not receive the pass-through of up to \$100.

Note that the supplemental payment is not countable for food stamps.

Example - Direct support received and budgeted

Joan James and her three children apply for TA on August 16, 2008. Ms. James reported that she has no income other than the \$300.00 monthly child support payment she receives directly from the children’s father on the first of every month.

When determining the income eligibility of Ms. James’ household on August 22, 2008, the date of case opening, the TA worker did a partial month budget for August and full month budgets for September and October, counting the support in the TA budget. The budget authorization “from-date” is September 1, 2008 and the “to-date” is October 31, 2008. Beginning November 1, 2008 the budget reflected assigned support paid directly to the SCU. ABEL will have disregarded only the first \$50 of current support in the ABEL budget for September and October. The TA worker must provide a supplement for the additional \$50.00 that is due to the household for current support received and counted in the ABEL budget for October.

3. Support Disregard Payment Line for Direct Support Received and Budgeted (Case Types 11 and 12)

Districts must provide a supplement for each month that child/spousal support was received directly by the TA household and counted as income in the TA budget if the

grant amount was based on only the \$50 disregard in a month, or months when the disregard should have been more than \$50 (October 2008, or later).

Districts must authorize the payment using Payment Type Code “18-Child Support Disregard” and Special Claiming Category Code “P-FNP PAYMENT” when supplementing the child support income disregard in households that are case type 11 (FA) and 12 (SNA-FP). For households in case type 16 (Safety Net Assistance) or 17 (non-cash Safety Net Assistance), the special claiming code is not required.

GIS 96 TA/DC033 (issued September 20, 1996) instructed districts on FA and SNA-FP cases with direct support budgeted, to reduce the semi-monthly grant in an amount equal to \$25 (or one-half of the child support disregarded) and authorize the new, reduced grant. Districts must now reduce the semi-monthly grant in an amount equal to \$50 (one-half of the disregarded amount) for prospective budgets with a “from date” of October 1, 2008 or later.

Districts must then authorize a recurring semi-monthly payment in the amount of \$50 (or one-half of the monthly child support disregarded) using Payment Type Code “18-Child Support Disregard” and Special Claiming Category Code “P-FNP Payment.” Edits require that when a Payment Type “05-Case Recurring Grant” and a Payment Type Code “18-Child Support Disregard” are entered in a case that the sum of their associated amounts must equal the semi-monthly or monthly grant amount in the stored ABEL budget.

Once the SCU begins collecting child support on behalf of the recipient, the district must immediately change the unearned income source code “06-Child Support Payments” to unearned income source code “13-Child/Spousal Support Assigned to Agency” and not wait until the expiration of the effective date of the current TA budget.

For Case type 16 and 17 there is no need to write the disregard as a separate payment line.

4. Desk Reviews and Pass-Through

TA workers must consider pass-through increases, effective October 1, 2008, when performing a desk review that includes a review of current support collected in October 2008. The Desk Review process must appropriately include information regarding up to a \$100.00 pass-through payment for current support collections made in October, 2008 or later, and information regarding up to a \$50.00 pass-through payment for current support collections for periods before October 1, 2008. For more information see 06 ADM-16.

5. Local Department of Social Services Forms

See Section (V)(B) below for information about forms and publications that required revision because of the Phase I change. Local districts must copy and distribute the revised forms attached to this ADM.

Among the forms revised is the LDSS-4279 “Notice of Rights and Responsibilities for Support.” This is to restate the appropriate use of the LDSS-4279. The LDSS-4279 (Rev. 8/08) must be reviewed and completed by all applicants and recipients who are being referred to the CSEU. TA workers must inform TA applicants and recipients of their rights, responsibilities and benefits of their cooperation with the child support enforcement process by providing the TA applicant/recipient with the LDSS-4279 “Notice of Rights and Responsibilities for Support.”

The LDSS-4279 “Notice of Rights and Responsibilities for Support” must be given at:

- Application;
- When there is a need for a new referral to child support, such as, a parent left the household, pregnancy verified, or a child joins the household;
- Whenever an individual wants to claim good cause; and
- At recertification if there is a change in household composition, or a recipient wants to claim good cause or no longer wants to claim good cause.

The TA worker must ask the client to indicate on the LDSS-4279 “Notice of Rights and Responsibilities for Support” form, if he/she does, or does not, claim good cause. The TA client must sign and date the form. A copy of the form must be given to the TA applicant/recipient and a copy must be maintained in the case record.

B. Temporary Assistance and Child Support Forms and Publications

The changes to the pass-through and disregard for Phase I must be implemented effective October 1, 2008. This requires that the revised notices, forms and publications identified herein be used for their respective purposes beginning October 1, 2008. In order to ensure that usage of these revised notices begins in a timely manner, the SSD must destroy all previous versions of these notices immediately, make copies of the attached example notices, and provide those copies to applicants/recipients until they order and receive, or otherwise prepare, a supply of the revised forms. See Section “C” below, for ordering and availability information.

1. Use of Revised Desk Review Forms, Worksheets and Instructions

a. Revisions have been made to the following desk review forms, worksheets, and instructions as provided in 06 ADM- 16:

- Attachment 1, Request for a First-Level Desk Review of the Distribution of Child Support Payments form
- Attachment 2, Information and Instructions for Completing the Request for a First-Level Desk Review of the Distribution of Child Support Payments form
- Attachment 3, Calculation Worksheet Desk Review of Pass-Through Payments

- Attachment 4, Information and Instructions for Completing the Calculations Worksheet Desk Review of Pass-Through Payments
- Attachment 5, Calculations Worksheet Desk Review of Excess Current Support
- Attachment 6, Information and Instructions for Completing the Calculations Worksheet Desk Review of Excess Current Support
- Attachment 7, Determination of the Request for a First-Level Desk Review of the Distribution of Child Support Payments

***Note that Attachments 8, 9, and 10 are included in this ADM from 06 ADM -16 but were not revised and should continue to be used.**

b. New forms have been developed for desk reviews of excess support arrears and are included as:

- Attachment 11, Calculations Worksheet Desk Review of Excess Arrears Support; and
- Attachment 12, Information and Instructions for Completing the Calculations Worksheet Desk Review of Excess Arrears Support

SSDs must begin use of the revised forms, worksheets, and instructions noted herein effective October 1, 2008. All prior versions of these documents must be destroyed.

2. Use of Other Revised Forms and Publications

a. Revisions have been made to the following forms and publications:

- Attachments 13 and 14, LDSS-3908 and LDSS-3908-S “Important Notice Regarding Child Support to Persons Applying for or Receiving Temporary Assistance or Foster Care Maintenance Payments Under Title IV-E”
- Attachments 15 and 16, LDSS-3677 and LDSS-3677-SP “Report of Support Collected”
- Attachments 17 and 18, LDSS-3677 NYC and LDSS-3677 NYC SP “Report of Support Collected” (NYC only)
- Attachments 19 and 20, LDSS-4279 and LDSS-4279-S “Notice of Responsibilities and Rights for Support”

b. Use of Inserts for LDSS-4148A and LDSS-4148B

Publications LDSS-4148A, LDSS-4148B, and LDSS-4148C, are three books provided to TA recipients that provide answers to most questions about temporary assistance, and the related program areas such as Child Support, Foster Care, Child Welfare, Child Care, and Medicaid. The LDSS-4148A and the LDSS-4148B provide the recipients with specific information about the pass-through payment amounts. The LDSS-4148C does not. Revisions have been requested for the following publications, and will be made at a later date:

- LDSS-4148A, Book 1 “What You Should Know About Your Rights and Responsibilities”; and
- LDSS-4148B, Book 2 “What You Should Know About Social Services Programs”.

Attachments 21 and 22 are inserts that have been developed for both Book 1 and Book 2 for inclusion in pre-existing copies of the publications until the revised versions of the Books are finalized and distributed to the districts. Please note that the insert will be made available in each language translation of the publications.

SSDs must begin use of the revised forms and publications noted herein effective October 1, 2008. All prior versions of these documents must be destroyed.

3. Other Publications

Publications LDSS-4721 and LDSS-4721-SP, “What Non-Custodial Parents Need to Know About Child Support” has also been revised. They will be available in November of 2008 and may be requested as noted in Section (V)(C)(1) below.

C. Ordering and Availability of Forms and Publications

1. Ordering of LDSS Forms Through OTDA

a. OTDA-876 Process

Local districts must request printed copies of the revised LDSS forms by completing and submitting an OTDA-876 “Request For Forms or Publication,” to:

Office of Temporary and Disability Assistance
BMS Document Services and Operational Support
P.O. Box 1990
Albany, New York 12201

Questions concerning ordering forms should be directed to BMS Document Services at 1-800-343-8859, ext. 4-9522.

b. OTDA Intranet Website

Documents may also be ordered through Outlook. To order the forms you must obtain an OTDA-876 electronically by going to the OTDA Intranet Website at <http://otda.state.nyenet/>, then to Division of Program Support & Quality Improvement page and then to PSQI E-Forms page to Bureau of Management Services section (this section contains the electronic OTDA-876).

c. Via Email

For those who do not have Outlook but who have Internet access for sending and receiving e-mail, the Internet email address is: gg7359@otda.state.ny.us . For a complete list of forms available for downloading, please refer to OTDA Intranet site: http://otda.state.nyenet/ldss_eforms/default.htm.

2. Availability of Desk Review Forms

While recipients of services who wish to request a desk review may obtain a desk review request form and instructions by telephoning the New York State Customer Service Helpline at 1-888-208-4485, they may also obtain this form and instructions in person at local districts. See the April 22, 2008 "Dear Colleague" letter entitled "Availability of Desk Review Request Form and Instructions" for further information. The desk review form and instructions will be posted to ERS for local district worker access should an in-person request be received.

VI. Systems Implications

A. Child Support Enforcement

The pass-through/disregard process within the Child Support Management System (CSMS) has been modified to reflect the increase in the maximum pass-through from \$50.00 to \$100.00. Report titles, column titles and related calculations which incorporate the pass-through amount have been revised, including the CSMS 8649 report "Obligations and Collections Greater Than Assistance Granted," Disregard Informational Lists, and BICS and COLD reports.

B. Temporary Assistance and Food Stamps

The IV-D Payment file will be passed by the CSMS to WMS in November 2008 listing support collected in October 2008. Disregard payments of up to \$100.00 will be authorized effective with the 11/08 IV-D MRB/A for support collected in 10/08. Disregard payments for support collected prior to 10/1/08 will remain \$50.00. Affected FS cases should show this increase beginning with their 12/1/08 budget.

1. NYC

For TA ABEL budgets calculated as of October 20, 2008 with a "FROM Date" of 11/01/08 or later, that have unearned income source 14 - "Court Ordered Alimony/Spousal Support, Child Support Payment" or 61 - "Alimony/Spousal /Child Support Assigned to Agency" entered, the new increased Child Support Disregard will be \$100 per case. The total amount of unassigned support (Income Source 14) is counted as income for FS.

When unearned income source 61(NYC) is used, ABEL will automatically disregard the first \$100 for the TA Gross Income Test. If the Gross Income Test is passed, the entire amount of support is then excluded from the TA calculation.

2. Rest of State

For TA ABEL budgets calculated as of August 25, 2008 with a "FROM Date" of 10/01/08 or later, that have unearned income source 02 "Alimony/Spousal Support (Non-arrears)", 06 "Child Support Payment", or 13 "Child/Spousal Support Assigned to Agency (PA Only)" entered, the new increased child support disregard will be \$100 per case. The total amount of un-assigned support is counted as income for FS.

When unearned income source 13 is used, ABEL will not count the support against the TA needs. However, when the assigned support amount, less the appropriate disregard, either alone or combined with other countable income would cause a TA surplus, a warning "W" is produced in the CD / AMT field in the ABEL budget.

VII. Additional Information

A. Claiming Instructions

Revisions have been made to the Fiscal Reference Manual (FRM), Volume 2 Chapter 3 to update instructions for the LDSS-2517 Schedule A-1: Title IV-D Summary for Collections and Distributions.

The LDSS-2517 Schedule A-1 has been revised to provide for a new line in the Distributed Collections section of the Schedule A-1 for reporting of Collections Passed Through to Current IV-Assistance Cases (this includes Family Assistance and Safety Net FP Cases) and Safety Net FNP Assistance Cases. Passed Through Collections distributed to families should not be included on line 13, Distributed as Assistance Reimbursement, of the Schedule A-1 effective October 1, 2008. Districts will need to manually reduce the amount Distributed as Assistance Reimbursement on the CSMS Schedule A-1 by the amount identified as Passed Through Collections on the BICS (Benefit Issuance and Control System) Composites; that result will be entered on Line 13, Distributed as Assistance Reimbursement, of the Automated Claiming System (ACS) Schedule A-1. No Federal, State or Local share will be calculated for the amount reported on line 12, Collections Passed Through, of the Schedule A-1.

Changes have also been made to the footnote section of the LDSS-2517 Schedule A-1 to provide the necessary category distinctions to allow for federal reporting of appropriate payments as TANF MOE. Effective August 15, 2008, revisions were made to the Schedule A-1 IV-D claim section of the BICS Composite Summary Report to identify passed through payments by the categories corresponding to these footnote distinctions.

Under the DRA provisions, appropriate use of pay type 18 (Child Support Disregard) is still considered an FNP payment. These amounts are not passed through collections therefore they are not reported on the Schedule A-1. They will be reported on either the Schedule A or Schedule C, BICS Composite Summary, depending on the Case Type. Refer to the Payment Issuance and Control Subsystem Manual Appendix D for claiming charts.

VIII. Effective Date

This Administrative Directive is effective immediately. The Phase I increase in the pass-through and disregard, and the revised documents implementing those changes attached hereto, become effective October 1, 2008. Phase II of the increase to pass-through and disregard do not become effective until January 1, 2010. Further information on Phase II will be provided at a later date.

Issued By

Name: Scott E. Cade
Title: Deputy Commissioner and Director
Division/Office: Center for Child Well-being/Division of Child Support Enforcement

Name: Russell Sykes
Title: Deputy Commissioner
Division/Office: Center for Employment and Economic Supports

List of Attachments

1. Request for a First-Level Desk Review of the Distribution of Child Support Payments form
2. Information and Instructions for Completing the Request for a First-Level Desk Review of the Distribution of Child Support Payments” form
3. Calculation Worksheet Desk Review of Pass-Through Payments
4. Information and Instructions for Completing the Calculations Worksheet Desk Review of Pass-Through Payments
5. Calculations Worksheet Desk Review of Excess Current Support
6. Information and Instructions for Completing the Calculations Worksheet Desk Review of Excess Current Support
7. Determination of the Request for a First-Level Desk Review of the Distribution of Child Support Payments
8. Request to New York State for a Second-Level Desk Review of the Distribution of Child Support Payments
9. Information and Instructions for Completing the “Request to New York State for a Second-Level Desk Review of the Distribution of Child Support Payments”
10. Determination of Second-Level Desk Review

11. Calculations Worksheet Desk Review of Excess Arrears Support
12. Information and Instructions for Completing the Calculations Worksheet Desk Review of Excess Arrears Support
13. LDSS-3908 “Important Notice Regarding Child Support to Persons Applying for or Receiving Temporary Assistance or Foster Care Maintenance Payments Under Title IV-E”
14. LDSS-3908-S “Important Notice Regarding Child Support to Persons Applying for or Receiving Temporary Assistance or Foster Care Maintenance Payments Under Title IV-E” LDSS-3677-SP “Report of Support Collected”
15. LDSS-3677 “Report of Support Collected”
16. LDSS-3677SP
17. LDSS- 3677 NYC “Report of Support Collected”
18. LDSS- 3677SP NYC “Report of Support Collected”
19. LDSS-4279 “Notice of Responsibilities and Rights for Support”
20. LDSS-4279S “Notice of Responsibilities and Rights for Support”
21. Insert for LDSS-4148A, Book 1, “What You Should Know About Your Rights
22. Insert for LDSS-4148B, Book 2, “What You Should Know About Social Services Programs”

Filing References

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
06-ADM-16 92- ADM-40 97-ADM-7 99-ADM-5 00-INF-2		18 NYCRR 347.12 18 NYCRR 347.13 18 NYCRR 347.25 18 NYCRR 352.15 18 NYCRR 352.15[b] 18 NYCRR 352.31[a][4] 18 NYCRR 352.31[v] 18 NYCRR 352.22[t] 18 NYCRR 369 18 NYCRR 370 18 NYCRR 387.10 18 NYCRR 387.11	SSL 111-c (2)(a),(b) and (d); SSL 131-a (8)(a)(v)	ABEL Manual Food Stamp Source Book (FSSB) Temporary Assistance Source Book (TASB) Fiscal Reference Manual, Volume 2, 3, and 4 PICS Manual	Schedule D-8 Dear TA Director Letter dated January 4, 2006 Dear TA Director Letter dated November 17, 2005 GIS 06 TA/DC024 Dear Colleague Letter dated April 22, 2008 Title IV-D Continuation of Services Notice ABEL Transmittal No. 08-2

Request for a First-Level Desk Review of the Distribution of Child Support Payments

BEFORE COMPLETING THIS FORM - Please read the other side of this form for information regarding the desk review and further instructions.

I am (check one box) a current a former temporary assistance recipient and I request that a desk review be conducted of the collections and disbursements made on my behalf for the type of payment(s), time period(s) and reason(s) indicated below:

Identification: Please provide as much of the information requested in this section as you have available.

Your Name: _____ Your SSN/ITIN: _____

Your Current Mailing Address: _____
number and street address (or post office box) apt.

City: _____ State: _____ Zip: _____

Your Telephone Number: _____ Best Time to Contact You: Daytime Evening

Your Temporary Assistance Case Number(s) (CAN): _____ CIN No. _____

Noncustodial Parent Name(s): _____

Noncustodial Parent SSN/ITIN(s): _____

Child Support Case ID Number(s): _____

Type of Payment in Question: Please check the appropriate box(es) and identify the type of desk review request:

- pass-through payments (up to the first \$50 or \$100 after 10-1-08) of current support collected during the month per temporary assistance family)
- excess current support payments (amount in excess of total temporary assistance paid to you for the month)
- excess arrears support payments (amount of payment in excess of total temporary assistance paid to you for past months)

Time Periods of Desk Review: Please identify the correct month(s) and year(s) of your request:

For the period _____ (month/year) through _____ (month/year)

Reason(s) for Desk Review Request: Please tell us why you believe you did not receive all support payments due to you.

You may attach documentation to support your reason(s) for the desk review request. Are you attaching such documentation? Yes No

If Yes, please identify the documentation: Monthly Report of Support Collected Excess Support letter

Other (please identify) _____

Conference: A conference with SCU staff is available. Are you requesting such a conference? Yes No

Completed and Submitted By:

 Your Signature Print Your Name Date

Return completed form to the SCU address identified on the cover letter.

**Information and Instructions for Completing the
“Request for a First-Level Desk Review of the Distribution of Child Support Payments” Form**

You may request a desk review if you believe that you did not receive a child support pass-through payment or excess support payment in an amount that you believe you were entitled to receive. **Note that a support payment must be received from the noncustodial parent before you can receive a child support pass-through payment or excess support payment.** You may verify that a support payment was received by contacting 1-888-208-4485 or by visiting the child support website at: newyorkchildsupport.com. To request a desk review, complete a “Request for a First-Level Desk Review of the Distribution of Child Support Payments,” as follows:

Temporary assistance recipient status: Check the appropriate box to identify if you are a current temporary assistance recipient, meaning you are currently receiving assistance, or a former temporary assistance recipient, meaning you formerly received assistance but are not receiving it now. Temporary assistance was formerly referred to as “public assistance.”

Personal information: Enter your name, Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN), current mailing address, contact telephone number, and the best time to reach you at that number. An ITIN is a nine-digit number beginning with “9” which is issued by the Internal Revenue Service to foreign nationals and others who are required to have a U. S. taxpayer identification number but do not have, and are not eligible to obtain, an SSN from the Social Security Administration.

Case information: Enter your temporary assistance case number(s) (CAN), CIN No., and/or child support account number(s), and the identity of the noncustodial parent(s), including name(s) and SSN/ITIN(s). You must include as much of this information as you have in order to properly identify your case(s).

Type of payment in question: Check the appropriate box or boxes identifying the type of desk review requested based on the type of payments. Pass-through payments include: (1) an amount up to the first \$50.00 of current child support collected during the month through September 30, 2008, or the current support obligation amount for the month, whichever is less; and (2) an amount up to the first \$100 of current support collected during the month effective October 1, 2008, or the current support obligation amount for the month, whichever is less. Current support is support paid in the month when it is due. If current obligations are not paid timely, they become past-due and are called “arrear.” Excess support payments occur when support collected and retained exceeds the amount of temporary assistance paid to you. Excess support may include current support collected or collections applied to arrears.

Time periods: Enter the required month(s)/year(s) that applies to your request. Please note that if your desk review request is in regard to a payment which you claim was not received in a particular month but should have been received in that month, you will need to include the preceding month in your desk review request. For example, if you claim you did not receive a \$XXX.00 pass-through for July 20XX, your desk review request should include the period of June 20XX through July 20XX. Note that a desk review is limited to an accounting of the collections and disbursements (1) made during the calendar year in which the desk review is requested and the calendar year preceding the calendar year in which the desk review is requested, and (2) only for the months during which an assignment of support rights was in effect. Your desk review time period cannot exceed this limitation.

Reason for the desk review request: Clearly state the reason(s) why your desk review request is being submitted. For example, you did not receive a \$XXX.00 pass-through payment for May 20XX.

Documentation: At your option, you may also include documentation to support your desk review request, such as the monthly “Report of Support Collected,” “Excess Support” letters, or any other notice(s) received from us for your case for each month of the review. If you wish to include documentation that supports your claim that the distribution was incorrect, select the “Yes” box and describe the type of documentation you are including by selecting one of the appropriate boxes.

Conference: As part of your desk review, you may request a conference with the Support Collection Unit (SCU) by checking the “Yes” box as indicated on this form. The conference may be in person or by telephone and will allow you to offer documentation and discuss the reasons you believe that you are entitled to additional payments.

Completed and Submitted by: Sign and print your name and date the request for a desk review where indicated.

Once you have completed the “Request for a First-Level Desk Review of the Distribution of Child Support Payments,” **submit the completed form and documentation to the SCU at the address provided on the cover letter.** After you send in the completed form and documentation, the SCU and Social Services District (SSD) will review your case and issue you a written response within 45 calendar days of the date that your written request is received, or, under certain circumstances, within 75 calendar days. The desk review results will determine whether you are owed an additional payment, whether you have received the correct amount of support, or whether too much support has been paid to you. If you are owed an additional payment, the SSD may distribute that payment to you on your Electronic Benefits (EBT) card or, in some circumstances, by check, not later than 15 calendar days from the determination letter. If too much support has been paid to you, the SSD may recoup the overpayment through the monthly benefits process within 30 calendar days from the date of the determination letter.

If you have questions or concerns regarding the form or instructions provided, or if upon reading these instructions, you believe you have an issue that does not require a desk review, contact the **NYS Child Support Helpline toll-free at 1-888-208-4485 (TTY 1-866-875-9975)**, Monday through Friday from 8:00 AM to 7:00 PM. A listing of recognized Video Relay Service providers can be found at: http://www.fcc.gov/cgb/dro/trs_providers.html.

CALCULATION WORKSHEET OF DESK REVIEW PASS-THROUGH PAYMENTS

FIRST-LEVEL DESK REVIEW

SECOND-LEVEL DESK REVIEW

**STEPS 1 AND 2 ARE TO BE COMPLETED BY THE SUPPORT COLLECTION UNIT (SCU) WORKER
AND, IF A SECOND-LEVEL DESK REVIEW IS REQUESTED,
CHECKED/CORRECTED BY THE CENTER FOR CHILD WELL-BEING (CCWB) REVIEWER**

Step 1: DESK REVIEW ADMINISTRATIVE INFORMATION

DATE DESK REVIEW REQUEST RECEIVED: _____ SCU NAME: _____

PERIOD COVERED BY PASS-THROUGH DESK REVIEW REQUEST: _____ TO _____

RECIPIENT NAME: _____ RECIPIENT SSN/ITIN: _____

RECIPIENT ADDRESS: _____

NONCUSTODIAL PARENT NAME(S): _____

NONCUSTODIAL PARENT SSN/ITIN(S): _____

CSMS CASE NO(S): _____

CURRENT OBLIGATION AMOUNT(S) AND FREQUENCY(IES) FOR EACH CSMS CASE NO(S) IDENTIFIED ABOVE:

_____ Per _____ Per _____ Per _____ = TOTAL CURRENT OBLIGATION AMOUNT: _____ Per _____

TEMPORARY ASSISTANCE CASE NO(S) (CAN): _____

TEMPORARY ASSISTANCE CASE SUFFIX (NYC ONLY): _____

CIN NO _____

DATES OF TEMPORARY ASSISTANCE: Start _____ End _____ ACTIVE: Yes No

ATTACHMENT 3

Step 2: CHILD SUPPORT COLLECTIONS AND DISBURSEMENT CALCULATIONS

(a) Month/Year of Desk Review Request	(b) CSMS Case No(s) (enter CSMS Case No(s) for each Case involved in the Desk Review)	Current Collections Received		Disbursement of Total Current Collections Received		Support Payments For Future Months
		(c) Amount of Current Support Collected	(d) Receipt Date of Current Collection	(e) Total Monthly Amount Disbursed to SSD by the SCU	(f) Date of Disbursement to SSD	(g) Amount of Available Future Support Payments, if Any (Available, but Unapplied)
(h) TOTALS						

(* Note: Column (c) above only represents current collections for which a pass-through payment may be authorized. It does not include past-due support/arrears collections by federal tax refund offset, nor payments that were applied to past-due support/arrears.

Step 4: TOTAL DUE TO RECIPIENT

Total Balance Due to Recipient from Step 3, Column (p), Row (q)

Step 5: IF APPLICABLE, PAYMENTS AVAILABLE FOR FUTURE SUPPORT

Total Support Payments Identified by the SCU for Future Months, if Any, from Step 2, Column (g), Row (h)

Step 6: RESULTS OF FIRST-LEVEL DESK REVIEW OF PASS-THROUGH PAYMENTS

- the correct amount of pass-through payments have been paid to the recipient to date.
- an additional pass-through payment amount is owed to the recipient in the amount of \$_____.
- too much in pass-through payments have been paid to the recipient to date and the recipient now owes \$_____.
- the budgeting of the temporary assistance benefits included the pass-through disregard amount, and the recipient is not entitled to another pass-through payment for the same month.

Please note: If an amount appears in brackets (), it means that you were overpaid and that money is due to the SSD.

And, if applicable:

- additional support payments have been identified by the SCU as being available for future months in the amount of \$_____.

The SSD worker must complete a “Determination of the Request for a First-Level Desk Review of the Distribution of Child Support Payments” and mail the determination with a copy of this worksheet and the “Request to New York State for a Second-Level Desk Review of the Distribution of Child Support Payments” and “Information and Instructions for Completing the Request to New York State for a Second-Level Desk Review of the Distribution of Child Support Payments” to the recipient. Provide a copy of the determination and worksheet to the SCU and to the Temporary Assistance Unit (formerly the Income Maintenance Unit) directing the Temporary Assistance Unit, if appropriate, to either pay the amount calculated or recoup the overpayment amount.

SSD WORKER COMMENTS:

First-Level Desk Review Completed by:

Social Services District:

<u>Name (Please Print and Initial)</u>	<u>Title</u>	<u>Telephone Number</u>	<u>Date</u>
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If Applicable, Second-Level Desk Review Completed by:

Center for Employment and Economic Supports

<u>Name (Please Print and Initial)</u>	<u>Title</u>	<u>Telephone Number</u>	<u>Date</u>
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**Information and Instructions for Completing the
“Desk Review of Pass-Through Payments Calculations Worksheet”**

The “Desk Review of Pass-Through Payments Calculations Worksheet” has been created for use by the local district Support Collection Unit (SCU) and the Social Services District (SSD) workers in properly calculating a pass-through payment desk review request. A “Desk Review of Pass-Through Payments Calculations Worksheet” must be completed for each month for which a desk review is requested.

**STEPS 1 AND 2 ARE TO BE COMPLETED BY THE SCU WORKER
AND, IF A SECOND-LEVEL DESK REVIEW IS REQUESTED,
CHECKED/CORRECTED BY THE CCWB REVIEWER**

Identify the level of desk review being performed. For the SCU workers, the box for first-level desk review must be checked. For CCWB reviewer, the box for second-level desk review must be checked.

For any information identified below, the worker must review the information provided on the “Request for a First-Level Desk Review of the Distribution of Child Support Payments” form received and compare and confirm it to the information on the case records first, before entering the required information on the worksheet. For example, workers should verify that the individual has/had a child support account established with the SCU in any month during the period for which a review is requested, and that the recipient was under an assignment and in receipt of temporary assistance during this same period. Verification can be done by reviewing CSMS, ASSETS, or the Daily IV-A/IV-D Interface Reports.

Step 1: DESK REVIEW ADMINISTRATIVE INFORMATION

Date Desk Review Request Received: Enter the date that the “Request for a First-Level Desk Review of the Distribution of Child Support Payments” form was received by the SCU worker. Be sure to enter the appropriate status code of **H001 RC04 “REQUEST FOR DESK REVIEW RECD”** on the IVDJSI screen on the CSMS Case, and the date the request form was received and date stamped in the EFF ST DT field.

SCU Name: Enter the name of the SCU that received the desk review request form.

Period Covered By Pass-Through Desk Review Request: Enter the entire period covered by the desk review request form. Use month/year date format (MM/CCYY). A desk review is limited to an accounting of the collections and disbursements made during the current calendar year of the desk review request and the previous calendar year, **AND** a desk review of support payments may be requested by a current or former recipient of public assistance for the month(s) during which an assignment of support rights was in effect. For any desk review request form that is received by the SCU during the month of January, a desk review may be conducted for up to the two previous calendar years, for a maximum total review of a 24 month period terminating with the December immediately preceding the month of request.

Recipient Name: Enter the name of the individual requesting a desk review. This is found on the desk review request form.

Recipient SSN/ITIN: Enter the recipient’s Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) as provided on the desk review request form. An ITIN is a nine-digit number beginning with “9” which is issued by the Internal Revenue Service to foreign nationals and others who are required to have a U. S. taxpayer identification number but do not have, and are not eligible to obtain an SSN from the Social Security Administration. The SCU worker should also verify that the SSN/ITIN agrees with the IVDJCH screen on CSMS for the custodial parent. If it does not, the SCU worker should investigate and update if appropriate.

Recipient Address: Enter the address of the individual requesting a desk review as provided on the desk review request form. The SCU worker should also verify that it agrees with the last known address on the IVDJCH and/or IVDJCM screen on CSMS for the custodial parent and update if necessary.

Noncustodial Parent Name(s): Enter the name(s) of the noncustodial parent identified on the desk review request form. Verify that the individual(s) is/are the noncustodial parent(s) on the CSMS child support account(s) established with the SCU in any month during the period for which a review is requested.

Noncustodial Parent SSN/ITIN(s): Enter the noncustodial parent's Social Security Number(s) (SSN) or Individual Taxpayer Identification Number(s) (ITIN) as provided on the desk review request form. An ITIN is a nine-digit number beginning with "9" which is issued by the Internal Revenue Service to foreign nationals and others who are required to have a U. S. taxpayer identification number but do not have, and are not eligible to obtain, an SSN from the Social Security Administration. The SCU worker should also verify that the SSN/ITIN agrees with the IVDJRI screen on CSMS for the noncustodial parent. The SSN would appear as the primary SSN on the IVDJRI screen; the ITIN would appear as the alternate SSN only, with no primary SSN, on the IVDJRI screen. If the SSN/ITIN does not agree, verify and correct if appropriate.

CSMS Case No(s): Enter the unique 9-character alphanumeric (e.g., AA12345K1) identifier(s) assigned to each custodial parent/noncustodial parent relationship. If the custodial parent has more than one CSMS Case Number, the SCU worker should determine whether each CSMS case is relevant to the desk review request. A relevant CSMS Case Number should reflect the relationship to the temporary assistance case by matching the CAN entered on the PA CAN field on the IVDJCH screen with the CAN entered on the desk review request form. The CSMS cases included may involve a payment which impacted more than one CSMS Case Number, or a case that may involve more than one local district. Please note that if there is more than one CSMS account, the support collected for each account will be counted towards the maximum monthly pass-through for each temporary assistance household. The maximum monthly pass-through for each household is \$50.00 per month for collections received through September 30, 2008, and increases to \$100.00 per month with collections received effective October 1, 2008. Please note that the amount of the pass-through payment cannot exceed the combined support obligation amounts for all relevant CSMS Case Numbers.

Current Obligation Amount(s) and Frequency(ies) for Each CSMS Case No(s) Identified Above: Enter the current obligation amount(s) and frequency(ies) as due for each CSMS Case No. identified for this case, in the same respective order as the CSMS Case No(s) are entered above. The current obligation amount may be found in the OBLIG-AMT field on the individual current ledger page(s) of the IVDQRY screen on CSMS. The frequency may be found in the OBLIG-FREQ field on the same individual current ledger page(s) of the IVDQRY screen on CSMS

= **Total Current Obligation Amount:** Enter the total of the current obligation amounts with the frequency for all CSMS Case Nos. involved in the desk review request and entered per the above.

Temporary Assistance Case No(s) (CAN): Enter the temporary assistance CAN. The CAN number is a twelve field alphanumeric number (consisting of the WMS Case number (maximum ten alphanumeric) plus the two digit county code) assigned to a specific assistance case. This may be found in the PA CAN field on the IVDJCH screen on CSMS.

Temporary Assistance Case Suffix (NYC Only): Enter the temporary assistance case suffix. The case suffix is a two-digit value assigned to temporary assistance case numbers (e.g. 01, 02, etc) in NYC only. The same temporary assistance case number with a different suffix is considered a new temporary assistance case number. This may be found in the SUFF field following the PA CAN field on the IVDJCH screen on CSMS.

CIN No: Enter the Client Identification Number(s) (CIN) for the temporary assistance case head. The CIN number is an eight position identifier code which is assigned to each member of a temporary assistance case household. A CIN is unique to an individual and there can be many CINs associated to one CAN. The CIN for each household member can be located in the CIN field on CSMS IVDJCH screen on CSMS. (Please refer to the "Dear Colleague" letter dated May 28, 2004, for changes to the WMS data match process regarding CIN numbers.)

Dates of Temporary Assistance: Enter the beginning and ending date of the temporary assistance grant(s) involved.

Active: Check the appropriate box to identify whether the CAN is active on CSMS. The information may be located in the PA-STAT field on the CSMS IVDJCH screen for each custodial parent and child record. Active

temporary assistance case statuses are determined by the WMS individual status (disposition) codes that appear in the PA-STAT field on CSMS and include for upstate: 07 (Active) and 10 (Inactive, sanctioned); and for New York City: 07 (Active), 10 (Inactive, sanctioned), 16 (NY City code-Active), and 17 (Alternate NYC City code – Active). Every member of the temporary assistance household does not need to be active in order to consider the case to be active, but at least one party or child must have an active status. (Please refer to the “Dear Colleague” letter dated May 28, 2004, for changes to the WMS data match process regarding CAN/CIN.)

Step 2: CHILD SUPPORT COLLECTIONS AND DISBURSEMENT CALCULATIONS

(a) **Month/Year of Desk Review Request:** Enter each month/year included in the desk review request. For example, the desk review is requested for January through June of 2006. Therefore, you would enter 01/2006, 02/2006, 03/2006, 04/2006, 05/2006, and 06/2006, in this column. Please note that a desk review is limited to an accounting of the collections and disbursements made during the calendar year in which the desk review is requested and the calendar year preceding the calendar year in which the desk review is requested. For any desk review request form that is received by the SCU during the month of January, a desk review may be conducted for up to the two previous calendar years, for a maximum total review of a 24 month period terminating with the December immediately preceding the month of request.

If the total time period identified on the desk review request exceeds the space allowed in the table for Step 2, make a copy of the page and incorporate it into the desk review calculation.

(b) **CSMS Case No(s) (enter CSMS Case No(s) for each Case involved in the Desk Review):** See above information in Step 1 regarding CSMS Case Numbers. Enter CSMS Case Number(s) for all cases involved in the desk review.

CURRENT COLLECTIONS RECEIVED

(c) **Amount of Current Support Collected:** For each month of the review period, enter the amount of current support collected for each CSMS account included in the review, as it appears on the account tab, MONEY screen, on ASSETS, for each CSMS account. You may also locate the information on the IVDHTM, or if applicable, IVDITM (most current three months), and IVDHTO, or if applicable, IVDITO (nine months prior) screens on CSMS, if the time period of the review is limited to these records. ASSETS contains an account document generator tool which allows for easy identification of payments and disbursements for a set period of time.

Current support means support which is paid (or withheld from the child support payer’s wages) in the month when the support is due. It does not include past-due support/arrears collections by federal tax refund offset, nor payments that were applied to past-due support/arrears. In certain situations, the payment for the current support may be received in the month that follows and will need to be considered as part of the desk review conducted. Current support due and/or paid and systematically applied to a charging eligible ledger indicates the recipient is due a pass-through payment. Eligible pass-through payment ledgers are: 21A_, 23A_, 21BP, 23BP, 21BR, 23BR, 21CP, 23CP, 21CR, 23CR, 21CA, and 23CA, with a retained FIPS code. SCU workers can determine if there are active charging current support ledgers as identified above by reviewing IVDQFS and checking the first and last charge dates with an obligation amount greater than zero and a ledger status of 01 for active.

Current collections would include batch 50, 53, 54, 56, 57, and positive batch 71, 72, 74, and 77 transactions for the month in question. Please note that no pass-through will be allowed for payments received towards federal tax refund offsets. SCU workers must consider the batch type payment along with the ledger type to determine payments applied to current support and payments applied to past-due support/arrears.

(d) **Receipt Date of Collection:** Enter the date that each current payment was received for the batches identified above.

DISBURSEMENT OF TOTAL CURRENT COLLECTIONS RECEIVED

(e) **Total Monthly Amount Disbursed to SSD by the SCU:** Enter the total monthly amount of any CSMS disregard distribution transactions created at month end to the SSD. These will appear as a batch 98 or 97

transaction on the account tab, MONEY screen, on ASSETS, or on the IVDHTM, or if applicable, IVDITM (most current three months), or IVDHTO, or if applicable, IVDITO (nine months prior) screens on CSMS, if the time period of the review is limited to these records.

Pass-through payment authorization to the SSD is indicated by a batch 98 transaction. A batch 97 transaction in a subsequent month or months indicates additional pass-through for a prior month. This occurs typically when an employer withholds child support in the month it is due to be paid but the payments are received for the prior month or not processed on CSMS until the following month or later. The batch 97 transaction will only be created for payments dated within three months prior to the current month. No batch 97 transaction will be entered for any payment that was withheld over three months prior to the date it was processed on CSMS. Additionally, in some instances, paper case records reflecting month end authorization transactions or adjustments to the month end authorization transactions may be required.

(f) Date of Disbursement to SSD: Enter the date that the CSMS month end disregard payments were authorized to the SSD by the SCU. This will be the date that the batch 98 or 97 transaction was created on CSMS, or in some instances, the date of the paper case record reflecting month end authorization transactions or adjustments to the month end authorization transactions.

SUPPORT PAYMENTS FOR FUTURE MONTHS

(g) Amount of Available Future Support Payments, if Any (Available but Unapplied): Enter the amount of any known support payments available for future month disbursements, including any payments identified during account maintenance which are to be authorized at month end. This is support that is not due or not yet available to disburse to the family. This means that until the money is applied to current support due, and the SCU/SSD month end accounting process is completed, the family will not receive any benefit from that support including the pass-through payment. For example, a payment of \$600 is received in the month of August. \$150 is the current support ordered amount. No arrears are due for past months. \$150 of the support is applied to the current month. \$450 remains as future support. In each of the three following months, as the month arrives, \$150 will be applied to the current amount due in the month until the future payment is depleted. Typically, future support payments are represented by the last available unapplied payments.

TOTALS

(h) TOTALS: Enter the totals for columns (c), (e), and (g).

SCU WORKER COMMENTS: Enter any comments relevant to desk review that may assist the SSD worker with resolution of the desk review. Examples include:

- Conference call notes such as a change in the type of desk review requested;
- No payment has been received or payment received was not appropriate for the type of desk review payment at issue;
- The issue raised is not one to be handled through the desk review process (e.g., it is an SCU account statement matter);
- Any period or portion of the desk review period which falls outside of the allowable desk review timeframes;
- Reference that the case records do not support the type of desk review request;
- The recipient is not/was not on temporary assistance for the period of the desk review request;
- No support account had been established with the Support Collection Unit for the period of the review;
- The desk review request involves an issue which cannot be handled through the SCU or SSD;
- All support collected has been forwarded to another jurisdiction (provide that jurisdiction name and address); or
- Any other relevant comments to the desk review (E.g., the desk review request indicates that the court order shows a modified amount, and the SCU worker determines that the modified court order is accurately reflected on CSMS. In the calculation provided, the worker may enter “Modified court order accurately reflected in the calculation”).

First-Level Desk Review Completed By

Support Collection Unit: Enter the name and initials, title, and telephone number of the SCU worker who completed the worksheet and the date completed.

If Applicable, Second-Level Desk Review Completed by: If a second-level desk review has been requested through the Center for Child Well-Being (CCWB), a CCWB reviewer will confirm the information provided on the worksheet by entering the name and initials, title, and telephone number of the CCWB reviewer who completed the second-level review and confirms the information. If the first-level review contains errors, or new information is provided with the second-level desk review request that modifies the calculations, the CCWB reviewer will cross out any incorrect information and enter any correct information legibly, carry that correction forward in the calculations for Steps 1 and 2 of the worksheet, and forward the worksheet to the Center for Employment and Economic Supports (CEES) to complete the second-level desk review.

NOTE: Account maintenance of the CSMS case and ledgers may be required prior to completing Steps 1 and 2 of the worksheet. Examples include determining whether the CSMS case ledger(s) accurately reflect the status of temporary assistance; whether the CAN and CIN numbers on CSMS are in agreement with WMS/BICS records (refer to the May 28, 2004 “Dear Colleague” letter for changes to the process); and whether the recipient SSN/ITIN and address on CSMS matches what was provided with the desk review request. Be sure to review each Batch 79 transaction on IVDHST in the month and for a specific ledger or ledgers to confirm what has been applied is correct.

The SCU worker may verify temporary assistance information by utilizing the IV-A/IV-D Interface Reports; by accessing temporary assistance records through CSMS (select F-12 (upstate) or F-2 (New York City) to determine whether the CAN or CIN information on CSMS is in agreement with WMS/BICS records); or by reviewing temporary assistance records through ASSETS (from the CASE tab, enter Client or Child tabs, locate the link for the CAN or CIN fields on the page, and click on the link to bring up the temporary assistance information.

The SCU worker must review the case records and reports to determine whether updates to CSMS are appropriate and complete any updates before proceeding with the desk review and forwarding the complete package to the SSD.

Once the SCU worker completes the CSMS case review and Steps 1 and 2 of the worksheet, the worksheet must be forwarded to the SSD worker so that they may complete Steps 3, 4, and 5, and provide with the final determination:

- 1) The “Desk Review of Pass-Through Payments Calculations Worksheet” with Steps 1 and 2 completed and signed by the SCU worker and a supervisor;
- 2) The “Instructions for Completing the Desk Review of Pass-Through Payments Calculations Worksheet” for reference only; and
- 3) The original “Request for First-Level Desk Review of the Distribution of Child Support Payments” form.

STEPS 3, 4, AND 5 ARE TO BE COMPLETED BY THE SSD WORKER AND, IF A SECOND-LEVEL DESK REVIEW IS REQUESTED, CHECKED/CORRECTED BY THE CEES REVIEWER

Step 3: PASS-THROUGH PAYMENTS DISBURSED TO RECIPIENT VIA EBT CARD/PAPER CHECK

CARRY OVER INFORMATION FROM STEP 2 ABOVE

(i) **Month/Year of Desk Review Request (from column (a) of Step 2 above):** Enter each month/year included in the desk review request as it corresponds to the month/year identified in Section 2, column (a), for consistency. The format is MM/CCYY.

(j) **Amount Disbursed to SSD by SCU (from column (e) of Step 2 above):** Enter the month's total amount identified in Step 2, column (e), by the SCU as disbursed to the SSD. This will be the amount of current support collected by the SCU for the month under review, and the amount of support on which to determine the pass-through payment amount.

PASS-THROUGH PAYMENTS DISBURSED TO RECIPIENT VIA EBT CARD/PAPER CHECK

(k) **Amount of Pass-through Payment that Recipient is Entitled To (Either current obligation amount or amount of pass-through for the month, whichever is less):** Enter the amount of pass-through payment that the recipient is entitled to for the month. The maximum is \$50.00 or the aggregate amount of current obligations, whichever is less, for collections received through September 30, 2008, and increases to \$100.00 or the aggregate amount of current obligations, whichever is less, effective with collections received October 1, 2008, and is dependent on whether a payment has been received by the SCU, and the amount of that payment. The amount of current obligation can be obtained from Step 1.

(l) **Amount of Pass-through Payment Disbursed to Recipient by SSD:** Enter the amount of any pass-through payments which were disbursed to the recipient by temporary assistance on an EBT card. Pass-through payments are paid to a recipient when current support has been collected on their behalf by the SCU during the previous month and disbursed at month end to the SSD. By law, up to the first \$50.00 per month of current support collected through September 30, 2008, and up to the first \$100.00 per month of current support collected effective October 1, 2008, is passed-through to a recipient.

Please note that the **maximum** total per month of pass-through payments may be disbursed for each temporary assistance family is: (1) up to the first \$50 of current support collected each month by the child support enforcement program or the current support obligation amount, whichever is less, through September 30, 2008; and (2) up to the first \$100 of current support collected each month by the child support program or the current support obligation amount, whichever is less, effective October 1, 2008, and thereafter. SSD workers can locate this information on the WMS/BICS "Case Record of Assistance (CRA)." Pass-through payments are identified by WMS/BICS payment types **D1 - IV-D Payment** or **18* - Child Support Disregard** (upstate), and payment types **70 - Child Support Bonus Payment** or **54 - Child Support Bonus Payment – Manual Issuance** (New York City).

***Please note:** Although payment type **18 - Child Support Disregard** (upstate) is identified, it is very unlikely that this payment type will result in a pass-through payment. Payment type 18 indicates a household with which direct support has been received and counted in the temporary assistance budget. With these payment types, no current support received by the SCU would be considered for the pass-through, **unless** the amount of support counted in the temporary assistance budget for the month under review was less than \$50 (if the "From" date of the budget is before September 30, 2008), or was less than \$100 (if the "From" date of the budget is October 1, 2008 or later). Workers can determine whether the case is direct support which is counted in the temporary assistance budget by a IV-D indicator of "X" on screen 1 on WMS.

(m) **Date Disbursed to Recipient by SSD via the EBT Card/Paper Check:** Enter the date that the pass-through disbursement amount was disbursed to the recipient by the SSD on their EBT card or by paper check.

CALCULATION OF PASS-THROUGH PAYMENTS DUE TO THE RECIPIENT

(n) **Amount of Pass-through Payment Not Disbursed to the Recipient (amount in column (k) minus column (l)):** Enter the difference between column (j) minus column (k). This is the total amount of pass-through payments that are due to the recipient based on the desk review.

(o) **Disbursement that has been Expunged (Expired), if any, and are Now Due to the Recipient:** Enter any amount of pass-through payments that were expunged (expired). Expunged payments are payments which were issued to the recipient but were not picked up in full or were only partially picked up and access to the funds has now expired. The expired funds may be due to the recipient. SSD workers may locate expunged funds on the EBT report entitled "EBT - Worker Actions Lists" or WMS/BICS "Case Record of Assistance (CRA)" for an individual's benefit information.

(p) **Balance Due to Recipient (total of columns (n) plus (o)):** Enter the total amount of pass-through payments that are now due to the recipient. This amount is the total of columns (n) plus (o). This includes the total amount of pass-through payments determined due to the recipient through the desk review and any funds being held by the SSD because payments issued to the recipient have now expired.

(q) **TOTALS:** Enter the totals for columns (j), (k), (l), (n), (o), and (p).

Step 4: TOTAL DUE TO RECIPIENT

Total Balance Due to Recipient from Step 3, Column (p), Row (q): Enter the total amount calculated in step 3, column (p), as entered in the totals row (q).

Step 5: IF APPLICABLE, PAYMENTS AVAILABLE FOR FUTURE SUPPORT

Total Support Payments Identified by the SCU for Future Months, if Any, from Step 2, Column (g), Row(h): Enter the total amount calculated in step 2, column (g), as entered in the totals row (h).

Step 6: RESULTS OF FIRST-LEVEL DESK REVIEW OF PASS-THROUGH PAYMENTS

The SSD worker must provide the results of the desk review by completing the "Determination of the Request for a First-Level Desk Review of the Distribution of Child Support Payments." There are four options boxes available that provide for reporting the results of a comparison of support collected to required payments disbursed to the recipient: 1) the correct amount of pass-through payments have been paid to the recipient to date; 2) an additional pass-through payment amount is owed to the recipient in the amount of \$____; 3) too much in pass-through payments have been paid to the recipient to date and the recipient now owes \$____; or 4) the budgeting of the temporary assistance benefits included the pass-through disregard amount, and the recipient is not entitled to another pass-through payment for the same month. The SSD worker must check the appropriate box which accurately reflects the results and enter dollar amounts where indicated. If too much money has been paid to the recipient, indicate the overpayment by entering brackets around the dollars entered.

Additionally, if support payments have been identified by the SCU as available for future support obligations that become due, this needs to be reported to the recipient as well. If an amount has been entered in Step 2, column (g), row (h) by the SCU, complete the "Determination of the Request for a First-Level Desk Review of the Distribution of Child Support Payments" by checking the appropriate option box for future payments and entering the amount of future support as carried down.

SSD WORKER COMMENTS: Enter any comments relevant to resolution of the desk review. For example, if the desk review request indicates temporary assistance covers a full month's period and the actual records reflect temporary assistance for a partial month, the SSD worker may enter "Temporary assistance benefits stopped on (enter actual date)." **Please note:** If there is a discrepancy between the information that the SCU has indicated and the information known to the SSD, the difference must be reconciled with the SCU because it may impact the desk review. It may also result in a determination that the SCU may be required to do an accounting of the child support case outside of the desk review process.

First-Level Desk Review Completed By

Social Services District: Enter the name and initials, title, and telephone number of the SSD worker who completed the worksheet, and the date completed.

If Applicable, Second-level Desk Review Completed by: If a second-level desk review has been requested and a CCWB reviewer has forwarded the second-level request to CEES, a CEES reviewer will confirm the information provided on the worksheet by entering the name and initials, title, and telephone number of the CEES reviewer who completed the second-level review and confirms the information. If the first-level review contains errors, or new information is provided with the second-level desk review request that modifies the calculations, the CEES reviewer will cross out any incorrect information and enter any correct information legibly, carry that correction forward in steps 4, 5, and 6, of the worksheet, and complete the second-level desk review.

Note: Account maintenance of the WMS case and records may be required prior to completing Steps 3, 4, and 5 of the worksheet. Examples include determining whether the WMS case record CAN and CIN agree with the CSMS numbers reported above; whether the recipient address on WMS is the same address as provided with the desk review request; whether any pass-through payments disbursed to the SSD require review as reported on the IV-D Exception Report; or whether previous pass-through disbursements on a recipient EBT card have been expunged (expired) and funds remain due. SSD workers must review the case records and reports to determine whether updates to WMS must be completed and accomplish those updates before proceeding with the desk review.

Once the SSD worker completes the WMS/BICS case review and Steps 4, 5, and 6 of the worksheet, they must finalize the first-level final determination by completing a “Determination of the Request for a First-Level Desk Review of the Distribution of Child Support Payments.” A copy of each of the following must be attached and become part of the final determination package:

- 1) The original “Request for a First-Level Desk Review of the Distribution of Child Support Payments” form and any documentation provided by the recipient for the desk review;
- 2) The “Desk Review of Pass-Through Payments Calculations Worksheet” with Steps 1, 2, and 3 completed and signed by the SCU worker, and Steps 4, 5, and 6 completed and signed by the SSD worker;
- 3) A “Request to New York State for a Second-Level Desk Review of the Distribution of Child Support Payments” form; and
- 4) Information and Instructions for Completing the “Request to New York State for a Second-Level Desk Review of the Distribution of Child Support Payments.”

CALCULATIONS WORKSHEET DESK REVIEW OF EXCESS CURRENT SUPPORT

FIRST-LEVEL DESK REVIEW

SECOND-LEVEL DESK REVIEW

STEPS 1 AND 2 ARE TO BE COMPLETED AS IDENTIFIED ABOVE BY THE SUPPORT COLLECTION UNIT (SCU) WORKER AND CHECKED/CORRECTED BY THE CENTER FOR CHILD WELL-BEING (CCWB) REVIEWER

Step 1: DESK REVIEW ADMINISTRATIVE INFORMATION

DATE DESK REVIEW REQUEST RECEIVED: _____ SCU NAME: _____

PERIOD COVERED BY EXCESS SUPPORT DESK REVIEW REQUEST: _____ TO _____

RECIPIENT NAME: _____ RECIPIENT SSN/ITIN: _____

RECIPIENT ADDRESS: _____

NONCUSTODIAL PARENT NAME(S): _____

NONCUSTODIAL PARENT SSN/ITIN(S): _____

CSMS CASE NO(S): _____

CURRENT OBLIGATION AMOUNT(S) AND FREQUENCY(IES) FOR EACH CSMS CASE NO(S) IDENTIFIED ABOVE:
 _____ Per _____ Per _____ Per _____ = TOTAL CURRENT OBLIGATION AMOUNT: _____ Per _____

TEMPORARY ASSISTANCE CASE NO(S) (CAN): _____

TEMPORARY ASSISTANCE CASE SUFFIX (NYC ONLY): _____

CIN NO _____

DATES OF TEMPORARY ASSISTANCE: Start _____ End _____ ACTIVE: Yes No

Step 2: CHILD SUPPORT COLLECTIONS AND DISBURSEMENT CALCULATIONS

(a)	(b)	Collections Received		Distribution of Current Support Collected			Support Payments for Future Months
		(c)	(d)	(e)	(f)	(g)	(h)
Month/ Year of Desk Review Request	CSMS Case No(s) (enter CSMS Case No(s) for each Case involved in the Desk Review)	Amount of Current Support Collected for each CSMS Case No	Receipt Date of Collections in Columns (c)	Amount of Current Support Disbursed to SSD by SCU	Amount of Current Support Disbursed to the Custodial Parent by SCU	Date of Disbursements in Columns (e) through (f)	Amount of Available Future Support Payments, if Any (Available, but Unapplied)
(i) TOTALS							

Note: Column (c) above represents current collections only for which excess current support payment may be authorized. It does not include past-due support/arrears collections by federal tax refund offset, nor payments that were applied to past-due support/arrears.

SCU WORKER COMMENTS:

First-Level Review Desk Review Completed by:

Support Collection Unit

<u>Name (Please Print and Initial)</u>	<u>Title</u>	<u>Telephone Number</u>	<u>Date</u>
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If Applicable, Second-Level Desk Review Completed by:

Center for Child Well-Being

<u>Name (Please Print and Initial)</u>	<u>Title</u>	<u>Telephone Number</u>	<u>Date</u>
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STEP 3, 4, 5, AND 6 ARE TO BE COMPLETED BY THE SOCIAL SERVICES DISTRICT (SSD) WORKER AND CHECKED/CORRECTED BY THE CENTER FOR EMPLOYMENT AND ECONOMIC SUPPORTS (CEES) REVIEWER

Step 3: EXCESS CURRENT SUPPORT CALCULATION

(j)	SUPPORT COLLECTED		CALCULATION					
	(k)	(l)	(m)	(n)	(o)	(p)	(q)	(r)
Month/Year of Desk Review Request (from column (a) above)	Amount of Current Support Collected for each CSMS Case No (from Column (c) above)	Sum of Current Support Collected for each Month/Year of the Review as listed in Column (k)	Countable Temporary Assistance Amount for the Month/Year of Review (from BICS)	Pass-through Amount Disbursed to the Recipient on EBT Card/Paper Check in the Month/Year of Review	Total Temporary Assistance for the Month/Year (Column [m] plus Column [n])	Excess Current Support (Column (l) minus Column (o))	Excess Current Support Amount Already Disbursed to the Recipient on EBT Card/Paper Check by SSD	Remaining Excess Current Support Due to Recipient with this Desk Review (Column [p] minus Column [q])
(s) TOTALS								

Step 4: TOTAL DUE TO RECIPIENT

Total Remaining Excess Current Support Due to Recipient with this Desk Review from Step 3, column (r), row (s)

Step 5: IF APPLICABLE, PAYMENTS AVAILABLE FOR FUTURE SUPPORT

Total Support Payments Identified by SCU for Future Months, if Any, from Step 2, Column (h), Row (i)

Step 6: RESULTS OF FIRST-LEVEL REVIEW OF CALCULATIONS FOR EXCESS CURRENT SUPPORT PAYMENTS

- the correct amount of excess current support payments have been paid to the recipient to date.
- an additional excess current support payment amount is owed to the recipient in the amount of \$_____.
- too much in excess current support payments have been paid to the recipient to date and the recipient now owes \$_____.
- the budgeting of the temporary assistance benefits included the pass-through disregard amount, and the recipient is not entitled to another pass-through payment for the same month.

Please note: If an amount appears in brackets (), it means that you were overpaid and that money is due to the SSD.

And, if applicable:

- additional support payments have been identified as available for future months in the amount of \$_____.

The SSD worker must complete a “Determination of the Request for a First-Level Desk Review of the Distribution of Child Support Payments” and mail the determination with a copy of this worksheet and the “Request to New York State for a Second-Level Desk Review of the Distribution of Child Support Payments” and “Information and Instructions for Completing the Request to New York State for a Second-Level Desk Review of the Distribution of Child Support Payments” to the recipient. Provide a copy of the determination and worksheet to the SCU and to the Temporary Assistance Unit (formerly the Income Maintenance Unit) directing the Temporary Assistance Unit, if appropriate, to either pay the amount calculated or recoup the overpayment amount.

**Information and Instructions for Completing the
“Calculations Worksheet Desk Review of Excess Current Support”**

The “Calculations Worksheet Desk Review of Excess Current Support” has been created for use by the Support Collection Unit (SCU) and the Social Service District (SSD) workers in properly calculating excess current support desk review requests. This worksheet must be completed to include each month for which an excess current support desk review is requested.

STEPS 1 AND 2 ARE TO BE COMPLETED BY THE SCU WORKER AND, IF A SECOND-LEVEL DESK REVIEW IS REQUESTED, CHECKED/CORRECTED BY THE CCWB REVIEWER

Identify the level of desk review being performed. For the SCU workers, the box for first-level desk review must be checked. For CCWB reviewer, the box for second-level desk review must be checked.

For any information identified below, the worker must review the information provided on the “Request for a First-Level Desk Review of the Distribution of Child Support Payments” form received and compare and confirm it to the information on the case records first, before entering the required information on the worksheet. For example, workers should verify that the individual has/had a child support account established with the SCU in any month during the period for which a review is requested, and that the recipient was under an assignment and in receipt of temporary assistance during this same period. Verification can be done by reviewing CSMS, ASSETS, or the Daily IV-A/IV-D Interface Reports.

Step 1: DESK REVIEW ADMINISTRATIVE INFORMATION

Date Desk Review Request Received: Enter the date that the “Request for a First-Level Desk Review of the Distribution of Child Support Payments” form was received by the SCU worker. Be sure to enter the appropriate status code on IVDJSI of H001RC04 “REQUEST FOR DESK REVIEW RECD” on the CSMS Case, and to enter the date the request form was received and date stamped in the EFF ST DT field.

SCU Name: Enter the name of the SCU that received the desk review request form.

Period Covered by Excess Support Desk Review Request: Enter the entire period covered by the desk review written request form. Use month/year date format (MM/CCYY). A desk review is limited to an accounting of the collections and disbursements made during the current calendar year of the desk review request and the previous calendar year, **AND** a desk review of support payments may be requested by a current or former recipient of public assistance for the month(s) during which an assignment of support rights was in effect. For any desk review request form that is received by the SCU during the month of January, a desk review may be conducted for up to the two previous calendar years, for a maximum total review of a 24 month period terminating with the December immediately preceding the month of request.

Recipient Name: Enter the name of the individual requesting a desk review. This is found on the desk review request form.

Recipient SSN/ITIN: Enter the recipient’s Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) as provided on the desk review request form. An ITIN is a nine-digit number beginning with “9” which is issued by the Internal Revenue Service to foreign nationals and others who are required to have a U. S. taxpayer identification number but do not have, and are not eligible to obtain, an SSN from the Social Security Administration. The SCU worker should also verify that the SSN/ITIN agrees with the IVDJCH screen on CSMS for the custodial parent. If it does not, the SCU worker should investigate and update if appropriate.

Recipient Address: Enter the address of the individual requesting a desk review as provided on the desk review request form. The SCU worker should also verify that it agrees with the last known address on the IVDJCH or IVDJCM screen on CSMS for the custodial parent and update if necessary.

Noncustodial Parent Name(s): Enter the name(s) of the noncustodial parent identified on the desk review request form. Verify that the individual(s) is/are the noncustodial parent(s) on the CSMS child support account(s) established with the SCU in any month during the period for which a review is requested.

Noncustodial Parent SSN/ITIN(s): Enter the noncustodial parent's Social Security Number(s) (SSN) or Individual Taxpayer Identification Number(s) (ITIN) as provided on the desk review request form. An ITIN is a nine-digit number beginning with "9" which is issued by the Internal Revenue Service to foreign nationals and others who are required to have a U. S. taxpayer identification number but do not have, and are not eligible to obtain, an SSN from the Social Security Administration. The SCU worker should also verify that the SSN/ITIN agrees with the IVDJRI screen on CSMS for the noncustodial parent. The SSN would appear as the primary SSN on the IVDJRI screen; the ITIN would appear as the alternate SSN only, with no primary SSN, on the IVDJRI screen. If the SSN/ITIN does not agree, verify and correct if appropriate.

CSMS Case No(s): Enter the unique 9-character alphanumeric (e.g., AA12345K1) identifier(s) assigned to each custodial parent/noncustodial parent relationship. If the custodial parent has more than one CSMS Case Number, the SCU worker should determine whether each CSMS case is relevant to the desk review request. A relevant CSMS Case Number should reflect the relationship to the temporary assistance case by matching the CAN entered on the PA CAN field on the IVDJCH screen with the CAN entered on the desk review request form. The CSMS cases included may involve a payment which impacted more than one CSMS Case Number, or a case that may involve more than one local district.

Current Obligation Amount(s) and Frequency(ies) for Each CSMS Case No(s) Identified Above: Enter the current obligation amount(s) and frequency(ies) as due for each CSMS Case No. identified for this case, in the same respective order as the CSMS Case No(s) are entered above. The current obligation amount may be found in the OBLIG-AMT field on the individual current ledger page(s) of the IVDQRY screen on CSMS. The frequency may be found in the OBLIG-FREQ field on the same individual current ledger page(s) of the IVDQRY screen on CSMS

= Total Current Obligation Amount: Enter the total of the current obligation amounts with the frequency for all CSMS Case Nos. involved in the desk review request and entered per the above.

Temporary Assistance Case No(s) (CAN): Enter the temporary assistance CAN. The CAN number is a twelve field alphanumeric number (consisting of the WMS Case number (maximum ten alphanumeric) plus the two digit county code) assigned to a specific assistance case. This may be found in the PA CAN field on the IVDJCH screen on CSMS.

Temporary Assistance Case Suffix (NYC Only): Enter the temporary assistance case suffix. The case suffix is a two-digit value assigned to temporary assistance case numbers (e.g. 01, 02, etc) in NYC only. The same temporary assistance case number with a different suffix is considered a new temporary assistance case number. This may be found in the SUFF field following the PA CAN field on the IVDJCH screen on CSMS.

CIN No: Enter the Client Identification Number(s) (CIN) for the temporary assistance case head. The CIN number is an eight position identifier code which is assigned to each member of a temporary assistance case household. A CIN is unique to an individual and there can be many CINs associated to one CAN. The CIN for each household member can be located in the CIN field on CSMS IVDJCH screen on CSMS. (Please refer to the "Dear Colleague" letter dated May 28, 2004, for changes to the WMS data match process regarding CIN numbers.)

Dates of Temporary Assistance: Enter the beginning and ending date of the temporary assistance grant(s) involved.

Active: Check the appropriate box to identify whether the CAN is active on CSMS. The information may be located in the PA -STAT field on the CSMS IVDJCH screen for each custodial parent and child record. Active temporary assistance case statuses are determined by the WMS individual status (disposition) codes that appear in the PA-STAT field on CSMS and include for upstate: 07 (Active) and 10 (Inactive, sanctioned); and for New York City: 07 (Active), 10 (Inactive, sanctioned), 16 (NY City code-Active), and 17 (Alternate NYC City code –

Active). Every member of the temporary assistance household does not need to be active in order to consider the case to be active, but at least one party or child must have an active status. (Please refer to the "Dear Colleague" letter dated May 28, 2004, for changes to the WMS data match process regarding CAN/CIN.)

Step 2: CHILD SUPPORT COLLECTIONS AND DISBURSEMENT CALCULATIONS

Information for Step 2 must be recorded for each separate month of the review using a separate line for each month. If the number of payments received and recorded exceeds the capacity allowed in Step 2 of the worksheet, please make a copy of the page and insert it with the worksheet package. Continue recording payments as required and bring the total of the multiple pages forward.

This step is for child support collections and disbursements only.

(a) Month/Year of Desk Review Request: Enter each month/year included in the desk review request. For example, the desk review is requested for January through June of 2006. Therefore, you would enter 01/2006, 02/2006, 03/2006, 04/2006, 05/2006, and 06/2006, in this column. Please note that a desk review is limited to an accounting of the collections and disbursements made during the calendar year in which the desk review is requested and the calendar year preceding the calendar year in which the desk review is requested. For any desk review request form that is received by the SCU during the month of January, a desk review may be conducted for up to the two previous calendar years, for a maximum total review of a 24 month period terminating with the December immediately preceding the month of request.

(b) CSMS Case No(s) (enter CSMS Case No(s) for each Case involved in the Desk Review): See above information in Step 1 regarding CSMS Case Numbers. Enter CSMS Case Number(s) for all cases involved in the desk review.

COLLECTIONS RECEIVED

(c) Amount of Current Support Collected for each CSMS Case No: For each month of the review period, enter the amount of current support collected for each CSMS account included in the review, as it appears on the account tab, MONEY screen, on ASSETS, for each CSMS account. You may also locate the information on the IVDHTM, or if applicable, IVDITM (most current three months), or IVDHTO, or if applicable, IVDITO (nine months prior) screens on CSMS, if the time period of the review is limited to these records. ASSETS contains an account document generator tool which allows for easy identification of payments and disbursements for a set period of time.

Excess current support only requires a review of all charging ledgers with a 21A__, 23A__, 21BI, 23BI, 21BP, 23BP, 21BR, 23BR, 21CA, or 23CA ledger types. SCU workers can determine if there are active charging current support ledgers as identified above by reviewing IVDQFS and checking the first and last charge dates with an obligation amount greater than zero and a ledger status of "01" for active.

Current support means support which is paid (or withheld from the child support payer's wages) in the month when the support is due. In certain situations, the payment for the current support may be received in the month that follows and will need to be considered as part of the desk review conducted. It does not include past-due support/arrears collections by federal tax refund offset, nor payments that were applied to past-due support/arrears. Please note that collections for current support would appear in the PAID column on the money screens as noted above as batches 50, 53, 54, 56, and 57 transactions, and will appear in the APPL (Applied) column on the money screens as noted above as positive batches 71, 72, 74, and 77 transactions, for the month in question.

SCU workers must consider the batch type payment along with the ledger type to determine payments systematically applied to current support and payments systematically applied to past-due support/arrears.

(d) Receipt Date of Collections in Column (c): Enter the date that each current support payment was received for the batches identified above.

DISTRIBUTION OF CURRENT SUPPORT COLLECTED

(e) **Amount of Current Disbursed to SSD by the SCU:** Enter the amount of the distribution to the SSD by the SCU. These will appear as batch 89 transactions with a beneficiary indicator of -2- in the BATCH NO. field on the account tab, MONEY screen, on ASSETS, or on the IVDHTM, or if applicable, IVDITM (most current three months), or IVDHTO, or if applicable, IVDITO (nine months prior) screens on CSMS, if the time period of the review is limited to these records.

(f) **Amount of Current Support Disbursed to the Custodial Parent by SCU:** Enter the amount of any distribution transaction during the month to the custodial parent (recipient). These would appear as batch 89 transactions with a beneficiary indicator of -1- or -5- in the BATCH NO. field on the account tab, MONEY screen, on ASSETS, or on the IVDHTM, or if applicable, IVDITM (most current three months), or IVDHTO, or if applicable, IVDITO (nine months prior) screens on CSMS, if the time period of the review is limited to these records.

(g) **Date of Disbursements in Columns (e) through (f):** Enter the date that the current payments were disbursed and/or authorized to the SSD or to the custodial parent.

SUPPORT PAYMENTS FOR FUTURE MONTHS

(h) **Amount of Available Future Support Payments, if Any (Available but Unapplied):** Enter the amount of any known support payments available for future month disbursements, including any payments identified during account maintenance which are to be authorized at month end. This is support that is not due or not yet available to disburse to the family. This means that until the money is applied to current support due, and the SCU/SSD month end accounting process is completed, the family will not receive any benefit from that support including the pass-through payment. For example, a payment of \$600 is received in the month of August. \$150 is the current support ordered amount. No arrears are due for past months. \$150 of the support is applied to the current month. \$450 remains as future support. In each of the three following months, as the month arrives, \$150 will be applied to the current amount due in the month until the future payment is depleted. Typically, future support payments are represented by the last available unapplied payments.

TOTALS

(i) **TOTALS:** Enter the totals for columns (c), (e), (f), and (h).

SCU WORKER COMMENTS: Enter any comments relevant to desk review that may assist the SSD worker with resolution of the desk review. Examples include:

- Conference call notes such as a change in the type of desk review requested;
- No payment has been received or payment received was not appropriate for the type of desk review payment at issue;
- The issue raised is not one to be handled through the desk review process (e.g., it is an SCU account statement matter);
- Any period or portion of the desk review period which falls outside of the allowable desk review timeframes;
- Reference that the case records does not support the type of desk review request;
- The recipient is not/was not on temporary assistance for the period of the desk review request;
- No support account had been established with the Support Collection Unit for the period of the review;
- The desk review requests involves an issue which cannot be handled through the SCU or SSD;
- All support collected has been forwarded to another jurisdiction (provide that jurisdiction name and address);
or
- Any other relevant comments to the desk review (E.g., the desk review request indicates that the court order shows a modified amount, and the SCU worker determines that the modified court order is accurately reflected on CSMS. In the calculations provided, the worker may enter "Modified court order accurately reflected in the calculation").

First-Level Desk Review Completed By

Support Collection Unit: Enter the name and initials, title, and telephone number of the SCU worker who completed the worksheet and the date completed.

If Applicable, Second-Level Desk Review Completed by: If a second-level desk review has been requested through the Center for Child Well-Being (CCWB), a CCWB reviewer will confirm the information provided on the worksheet by entering the name and initials, title, and telephone number of the CCWB reviewer who completed the second-level review and confirms the information. If the first-level review contains errors, or new information is provided with the second-level desk review request that modifies the calculations, the CCWB reviewer will cross out any incorrect information and enter any correct information legibly, carry that correction forward in the calculations for Steps 1, 2, and 3 of the worksheet, and forward the worksheet to the Center for Employment and Economic Supports (CEES) to complete the second-level desk review.

NOTE: Account maintenance of the CSMS case and ledgers may be required prior to completing Steps 1 and 2 of the worksheet. Examples include determining whether the CSMS case ledger(s) accurately reflect the status of temporary assistance; whether the CAN and CIN numbers on CSMS are in agreement with WMS records (refer to the May 28, 2004 “Dear Colleague” letter for changes to the process); and whether the recipient SSN/ITIN and address on CSMS matches what was provided with the desk review request. Be sure to review each Batch 79 transaction on IVDHST in the month and for a specific ledger or ledgers to confirm what has been applied is correct.

The SCU worker may verify temporary assistance information by utilizing the IV-A/IV-D Interface Reports; by accessing temporary assistance records through CSMS (select F-12 (upstate) or F-2 (New York City) to determine whether the CAN or CIN information on CSMS is in agreement with WMS/BICS records); or by reviewing temporary assistance records through ASSETS (from the CASE tab, enter Client or Child tabs, locate the link for the CAN or CIN fields on the page, and click on the link to bring up the temporary assistance information.

The SCU worker must review the case records and reports to determine whether updates to CSMS are appropriate and complete any updates before proceeding with the desk review and forwarding the complete package to the SSD.

Once the SCU worker completes the CSMS case review and Steps 1 and 2 of the worksheet, the worksheet must be forwarded to the SSD worker so that they may complete Steps 3, 4, 5, and 6, and provide with the final determination:

- 1) The “Desk Review for Excess Support Calculations Worksheet” with Steps 1 and 2 completed and signed by the SCU worker and a supervisor;
- 2) The “Instructions for Completing the Desk Review for Excess Support Calculations Worksheet” for reference only; and
- 3) The original “Request for First-Level Desk Review of the Distribution of Child Support Payments” form.

STEPS 3, 4, 5, AND 6 ARE TO BE COMPLETED BY THE SSD WORKER AND, IF A SECOND-LEVEL DESK REVIEW IS REQUESTED, CHECKED/CORRECTED BY THE CEES REVIEWER

Excess current support cases appear on the monthly report, the CSMS-8649, "Obligation and Collections Greater than Assistance Granted." The report is based on the ABEL budget stored/authorized as of the date of the report pull down, and is available by the first Friday of every month. Upstate BICS' operators must print the monthly CSMS 8649 for immediate distribution to SSD workers. If the SSD worker determines that the countable temporary assistance (plus the child support pass-through) issued in the month is less than the support collected in the month, the worker must issue the excess current support using payment type D3 upstate with special claiming code N (Non-reimbursable), and 71 (NYC). This report is also an important tool for determining when a case with regular collections of assigned support may become ineligible for TA based on excess income.

Step 3: EXCESS CURRENT SUPPORT CALCULATION

(j) Month/Year of Desk Review Request (from column (a) above): Enter each month/year included in the desk review request as it corresponds to the month/year identified under Step 2, column (a), for consistency. The format is MM/CCYY.

SUPPORT COLLECTED

(k) Amount of Current Support Collected for each CSMS Case No (from Column (c) above): Enter the amount of current support collected for each CSMS account included in the review from column (c) above.

(l) Sum of Current Support Collected for each Month/Year of the Review as listed in Column (k): Total each month's current support collected as carried down to column (k). Enter the total amount of current support collected for each month identified in the desk review request. For example, if column (k) includes two payments of \$100 and \$120 for 03/06, enter the total of \$220 for the month 03/06. This will allow transformation to a monthly calculation going forward.

CALCULATION

(m) Countable Temporary Assistance Amount for the Month/Year of Review: Enter the total countable temporary assistance amount for the month/year of the review. For payments issued for the period 12/96 or later, include only "assistance" payments. Do not include payments that are designated as "non-assistance." SSD workers may locate this on the WMS/BICS "Case Record of Assistance (CRA)" which provides individual's benefit information.

(n) Pass-Through Amount Disbursed to the Recipient on EBT Card/Paper Check for Month/Year of Review (column (q) above): Enter the total amount of pass-through disbursed to the recipient on the EBT card and/or by paper check for the month/year of the review. SSD workers may also locate this on the WMS/BICS "Case Record of Assistance (CRA)."

(o) Total Temporary Assistance Amount for the Month/Year (Column [m] plus Column [n]): Enter the sum of the Total Temporary Assistance Amount for the Month/Year of the Review (PLUS) the Total Pass-Through Amount Disbursed to the Recipient on the EBT Card/Paper Check in the Month/Year of the Review.

(p) Excess Current Support (Column [l] minus Column [o]): Enter the difference between the Sum of Current Support Collected for each Month/Year of the Review (from column [l]) (MINUS) Total Temporary Assistance Amount for the Month/Year (from column [o]).

(q) Excess Current Support Amount Already Disbursed to the Recipient on EBT Card/Paper Check by SSD: Enter the amount of excess current support already disbursed to the recipient. SSD workers may locate this on the WMS/BICS "Case Record of Assistance (CRA)" for an individual's benefit information.

(r) Remaining Excess Current Support Due to Recipient with this Desk Review (Column [p] minus Column [q]): Enter the difference between the Excess Current Support (column [p]) (MINUS) Excess Current

Support Amount Already Disbursed to the Recipient (column [q]). This is the amount of excess current support now due to the recipient via the desk review calculation.

(s) **TOTALS:** Enter the totals for columns (l), (m), (n), (o), (p), (q), and (r).

Step 4: TOTAL DUE TO RECIPIENT

Total Remaining Excess Current Support Due to Recipient with this Desk Review, from Step 3: Enter the total amount of excess current support due to recipient as calculated in step 3, column (r), and entered in total row (s).

Step 5: IF APPLICABLE, PAYMENTS AVAILABLE FOR FUTURE SUPPORT

Total Support Payments identified by SCU for future months, from Step 2: Enter the amount of any available future support payments calculated by the SCU in step 2, column (h), row (i).

Step 6: RESULTS OF FIRST-LEVEL DESK REVIEW OF EXCESS SUPPORT PAYMENTS

The SSD worker must provide the results of the desk review by completing the "Determination of the Request for a First-Level Desk Review of the Distribution of Child Support Payments." There are three options boxes available that provide for reporting the results of a comparison of support collected to required payments disbursed to the recipient: 1) the correct amount of pass-through payments have been paid to the recipient to date; 2) an additional pass-through payment amount is owed to the recipient in the amount of \$____; 3) too much in pass-through payments have been paid to the recipient to date and the recipient now owes \$____; or 4) the budgeting of the temporary assistance benefits included the pass-through disregard amount, and the recipient is not entitled to another pass-through payment for the same month. The SSD worker must check the appropriate box which accurately reflects the results and enter dollar amounts where indicated. If too much money has been paid to the recipient, indicate the overpayment by entering brackets around the dollars entered.

Additionally, if support payments have been identified by the SCU as available for future support obligations that become due, this needs to be reported to the recipient as well. If an amount has been carried down to Step 5, complete the "Determination of the Request for a First-Level Desk Review of the Distribution of Child Support Payments" by checking the appropriate option box for future payments and entering the amount of future support as carried down.

SSD WORKER COMMENTS: Enter any comments relevant to resolution of the desk review. For example, if the desk review request indicates temporary assistance covers a full month's period and the actual records reflect temporary assistance for a partial month, the SSD worker may enter "Temporary assistance benefits stopped on (enter actual date)." **Please note:** If there is a discrepancy between the information that the SCU has indicated and the information known to the SSD, the difference must be reconciled with the SCU because it may impact the desk review. It may also result in a determination that the SCU may be required to do an accounting of the child support case outside of the desk review process.

First-Level Desk Review Completed By

Social Services District: Enter the name and initials, title, and telephone number of the SSD worker who completed the worksheet, and the date completed.

If Applicable, Second-level Desk Review Completed by: If a second-level desk review has been requested and a CCWB reviewer has forwarded the second-level request to CEES, a CEES reviewer will confirm the information provided on the worksheet by entering the name and initials, title, and telephone number of the CEES reviewer who completed the second-level review and confirms the information. If the first-level review contains errors, or new information is provided with the second-level desk review request that modifies the calculations, the CEES reviewer will cross out any incorrect information and enter any correct information legibly, carry that correction forward in steps 3, 4, 5, and 6, as appropriate, on the worksheet, and complete the second-level desk review.

Note: Account maintenance of the WMS case and/or records may be required prior to completing Steps 3, 4, 5, and 6 of the worksheet. Examples include determining whether the WMS case record CAN and CIN agree with the CSMS numbers reported above; whether the recipient address on WMS is the same address as provided with the desk review request; whether any pass-through payments disbursed to the SSD require review as reported on the IV-D Exception Report; and/or whether previous pass-through disbursements on a recipient EBT card have been expunged (expired) and funds remain due. SSD workers must review the case records and reports to determine whether updates to WMS must be completed and accomplish those updates before proceeding with the desk review.

Once the SSD worker completes the WMS/BICS case review and Steps 3, 4, 5, and 6 of the worksheet, as appropriate, they must finalize the first-level final determination by completing a “Determination of the Request for a First-Level Desk Review of the Distribution of Child Support Payments.” A copy of each of the following must be attached and become part of the final determination package:

- 1) The original “Request for a First-Level Desk Review of the Distribution of Child Support Payments” form and any documentation provided by the recipient for the desk review;
- 2) The “Desk Review for Excess Current Support Calculations Worksheet” with Steps 1 and 2 completed as appropriate and signed by the SCU worker, and Steps 3, 4, 5, and 6 completed and signed by the SSD worker;
- 3) A “Request to New York State for a Second-Level Desk Review of the Distribution of Child Support Payments” form; and
- 4) Information and Instructions for Completing the “Request to New York State for a Second-Level Desk Review of the Distribution of Child Support Payments.”

ATTACHMENT 7

- The budgeting of the temporary assistance benefits provided to you included the pass-through disregard amount. Therefore, you are not also entitled to a pass-through payment for the same month.
- For the period, or a portion of the period, for which you requested a review, no payment was received, or the payment received was not appropriate for the type of payment you are requesting. For a pass-through payment, a current support payment must be received from the noncustodial parent in the month due before you can receive a child support pass-through payment for that month. For an excess current support payment, a current support payment for the month must be received to be considered in the calculation of money due to you for that month. For an excess arrears support payment, a support payment for "past-due/arrears" must be received to be considered in the calculation of money due to you. Therefore, no additional support is due to you.
- Desk reviews are limited to the calendar year in which the review is requested and the prior calendar year. The period, or a portion of the period, for which you requested a desk review is not within the calendar year in which you requested the review or the prior calendar year. Therefore, no desk review was conducted for the disallowed period, and no support is due to you for that period.
- Review of the case records does not support the type of desk review request that you submitted. Records indicate that a pass-through payment review an excess current support payment review an excess arrears support payment review is inappropriate at this time, and therefore, no desk review was conducted and no support is due to you.
- You were not a recipient of temporary assistance or you had no support account established with the Support Collection Unit at any time during the months for which you requested a review. Therefore, no support is due to you.
- Your request does not involve a matter that can be addressed by the local support collection unit or the social services district. Therefore, no action can be taken by these agencies.
- All current support collected on your behalf was forwarded to another social services district for distribution. For a desk review of your account with that social services district, you will need to submit your desk review request to:

- Other (specify): _____

Detailed information for each month of the period of the desk review regarding the child support payments received and the distribution of those payments is shown on the enclosed worksheet. A copy of any documentation provided to support your desk review request and considered in the desk review conducted is also enclosed.

Sincerely,

SCU/SSD First-Level Desk Review Unit

Telephone Number: _____

NOTE: If you dispute specific facts contained in this desk review determination, you may request a second-level review by the New York State Center for Child Well-Being by submitting a written request on the enclosed "Request to New York State for a Second-level Desk Review of the Distribution of Child Support Payments" within 20 calendar days of the date of the above SSD determination. You must have received an SSD determination of a desk review request **before** you request a second-level review. Your request must specify the facts in dispute and must include a copy of this SSD determination complete with all enclosures. You may include any additional but previously unavailable documentation that may support your claim. Send the request to:

NYS Center for Child Well-Being
ATTN: Bureau of Program Operations, Second-level Desk Review
40 N. Pearl Street, 13th Floor,
Albany, NY 12243-0001

**Request to New York State for a Second-Level Desk Review
of the Distribution of Child Support Payments**

BEFORE COMPLETING THIS FORM - Please read the other side of this form for information regarding the second-level desk review and further instructions.

Name: _____ SSN: _____

Mailing Address: _____
number & street or post office box *apt.*

City: _____ State: _____ Zip: _____

Telephone Number: _____ Best Time to Contact You: Daytime Evening

Public Assistance Case Number(s): _____

Child Support Case ID Number(s): _____

Facts in Dispute: Please state the facts that support your reason for disputing the SSD's desk review determination. Please be specific:

Name of the County Social Services District (SSD) who issued the determination for your initial desk review request: _____

Documentation: You must attach a copy of the SCU/SSD desk review determination letter and any additional but previously unavailable documentation in support of your claim that distribution was incorrect. Please confirm this by checking the appropriate boxes:

I have attached a copy of the SCU/SSD determination and it is dated within 20 calendar days of this request.

I have also attached additional documentation to support my claim which was previously unavailable.

Certification: I am hereby disputing the SCU/SSD **Determination of the Request for a First-Level Desk Review of the Distribution of Child Support Payments** issued by the _____ County SSD dated _____ in regards to my claim that the SCU did not distribute child support payments correctly during a period of time I was receiving public assistance, and as a result I did not receive a pass-through or excess support child support payment(s) in an amount that I believe I was entitled to receive. As such, I request that the New York State Division of Child Support Enforcement and Division of Employment and Transitional Supports conduct a second-level desk review of my child support payments.

signature of person requesting second-level desk review print name of person requesting desk review date

Return completed form to: New York State Division Child Support Enforcement
ATTN: Bureau of Program Operations, Second-Level Desk Review
40 N. Pearl Street, 13th Floor
Albany, New York 12243-0001

Information and Instructions for Completing the “Request to New York State for a Second-Level Desk Review of the Distribution of Child Support Payments”

You may request a second-level desk review of the distribution of your child support payments if you dispute specific facts contained in the Support Collection Unit (SCU) and Social Services District (SSD) **Determination of the Request for a First-Level Desk Review of the Distribution of Child Support Payments** provided in this package. If you wish to request a second-level desk review, you must complete this form, attach a copy of the SCU/SSD **Determination of the Request for a First-Level Desk Review of the Distribution of Child Support Payments** and any attachments such as the worksheet and documentation provided, and a copy of any additional but previously unavailable documentation that supports your claim that the distribution was incorrect, and return it to the New York State Division of Child Support Enforcement (DCSE) within 20 calendar days of the date of the SCU/SSD’s determination at the address shown at the bottom of this form. DCSE will work with the New York State Division of Employment and Transitional Supports (DETS) to issue a written determination on your request within 30 calendar days of the date that your written request is received.

If you wish to request a second-level desk review, you must complete this form as follows:

Personal information: Enter your name, Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN), current mailing address, contact telephone number, and the best time to reach you at that number. An ITIN is a nine-digit number beginning with “9” which is issued by the Internal Revenue Service to foreign nationals and others who are required to have a U. S. taxpayer identification number but do not have, and are not eligible to obtain, an SSN from the Social Security Administration.

Case information: Enter your public assistance case number(s) (CAN), and/or child support account number(s). You must include as much of this information as you have in order to properly identify your case(s).

Facts in Dispute: Clearly state the fact(s) identifying why you disagree with the first-level desk review determination. You must be specific (for example, an additional payment in the amount of \$100.00 is missing from the calculation).

Name of the County Social Services District (SSD): Please state the name of the county SSD that provided the **Determination of the Request for a First-Level Desk Review of the Distribution of Child Support Payments**. This can be located on the determination letterhead.

Documentation: You must attach to this form a copy of the SCU/SSD **Determination of the Request for a First-Level Desk Review of the Distribution of Child Support Payments**, and any attachments such as the worksheet and documentation provided with the first-level desk review. You may also provide a copy of any additional but previously unavailable documentation that supports your claim that the distribution was incorrect (for example, if you dispute the facts based on a missing payment, you may include a copy of the missing payment instrument). Please confirm the type of documentation included by checking the appropriate box(es).

Certification: Complete the certification for the second-level desk review request by entering the name of the county SSD office that issued the SCU/SSD **Determination of the Request for a First-Level Desk Review of the Distribution of Child Support Payments** letter and the date of the determination letter. You must sign, print your name, and date the request for a second-level desk review.

Once you have completed the **Request to New York State for a Second-Level Desk Review of the Distribution of Child Support Payments**, submit the completed form and documentation to DCSE at the address shown at the bottom of the form. After you send in the **Request to New York State for a Second-Level Desk Review of the Distribution of Child Support Payments** and any new documentation, DCSE and DETS will review your case and the results of the SCU/SSD’s first-level determination. The review and results will determine if an adjustment is necessary and you are owed an additional payment or if too much support has been paid to you, or if no adjustment is necessary and you have received the correct amount of support. If you are owed an additional payment, the DETS may direct the SSD to distribute that payment to you on your Electronic Benefits (EBT) card or, in some circumstances, by check. If too much support has been paid to you, the DETS may direct the SSD to recoup the overpayment through the monthly benefits process within 30 calendar days from the date of the determination letter. Once the second-level desk review is completed, the DETS will issue a written response to you within 30 calendar days of the date that your written request is received.

If you have questions or concerns regarding the notice or instructions provided, contact the Customer Service Helpdesk at 1-888-208-4485.



New York State

**Office of Temporary and Disability Assistance
Division of Employment and Transitional Supports**

Excess Support Desk Review Unit - 40 N. Pearl Street, 11th Floor - Albany, NY 12243

TO:

Date: _____

PA Case No. _____

CSMS Case No. _____

Determination of the Second-Level Desk Review

Dear _____:

The request for a second-level desk review submitted for the distribution of child support payments received on the case(s) identified above conducted by the _____ Social Services District (SSD), dated _____, has been completed. In your request you stated that you disputed the following specific facts contained in the SSD **Determination of the Request for a First-Level Desk Review of the Distribution of Child Support Payments**:

Your **Request to New York State for a Second-Level Desk Review of the Distribution of Child Support Payments** included did not include additional but previously unavailable documentation to support your claim. The New York State Division of Child Support Enforcement (DCSE) and Division of Employment and Transitional Supports (DETS) staff reviewed the accuracy of the SSD **Determination of the Request for a First-Level Desk Review of the Distribution of Child Support Payments** with respect to the facts you identified to us that you dispute, and reviewed any additional but previously unavailable documentation you provided to us.

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

- NYS DCSE/DETS agrees with the determination of the SSD.
- NYS DCSE/DETS does not agree with the determination of the SSD.

	<u>SCU/SSD determination</u>	<u>DCSE/DETS determination</u>
1. Total amount of pass-through payments and/or excess support payments you were entitled to receive :	1. _____	1. _____
2. Total amount of pass-through payments and/or excess support payments previously sent to you :	2. _____	2. _____
3. Balance owed to you (line 1 minus line 2);	3. _____	3. _____

or

4. Amount you were overpaid (line 2 minus line 1) 4. (_____) 4. (_____)

Additional Information: _____

A copy of any revised and/or additional calculation worksheets and any new documentation considered in the second-level desk review is enclosed. A copy of this second-level determination has been provided to the SCU and the SSD. A copy has also been provided to the local district Temporary Assistance Unit with direction to issue a payment or initiate recoupment action, if applicable.

Sincerely,

New York State Division of
Employment and Transitional Supports
Desk Review Unit

NOTE: This is the final decision as issued by New York State. If you dispute specific facts contained in the **Determination of Second-Level Desk Review** conducted by the New York State Division of Child Support Enforcement and the Division of Employment and Transitional Supports, you may request a review of this second-level 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 the following telephone number: _____

CALCULATIONS WORKSHEET DESK REVIEW OF EXCESS ARREARS SUPPORT

FIRST-LEVEL DESK REVIEW

SECOND-LEVEL DESK REVIEW

**STEPS 1 AND 2 ARE TO BE COMPLETED BY THE SUPPORT COLLECTION UNIT (SCU) WORKER
AND CHECKED/CORRECTED BY THE CENTER FOR CHILD WELL-BEING (CCWB) REVIEWER**

Step 1: DESK REVIEW ADMINISTRATIVE INFORMATION

DATE DESK REVIEW REQUEST RECEIVED: _____ SCU NAME: _____

PERIOD COVERED BY EXCESS SUPPORT DESK REVIEW REQUEST: _____ TO _____

RECIPIENT NAME: _____ RECIPIENT SSN/ITIN: _____

RECIPIENT ADDRESS: _____

NONCUSTODIAL PARENT NAME(S): _____

NONCUSTODIAL PARENT SSN/ITIN(S): _____

CSMS CASE NO(S): _____

CURRENT OBLIGATION AMOUNT(S) AND FREQUENCY(IES) FOR EACH CSMS CASE NO(S) IDENTIFIED ABOVE:
_____ Per _____ Per _____ Per _____ = TOTAL CURRENT OBLIGATION AMOUNT: _____ Per _____

TEMPORARY ASSISTANCE CASE NO(S) (CAN): _____

TEMPORARY ASSISTANCE CASE SUFFIX (NYC ONLY): _____

CIN NO _____

DATES OF TEMPORARY ASSISTANCE: Start _____ End _____ ACTIVE: Yes No

SCU WORKER COMMENTS:

First-Level Review Desk Review Completed by:

Support Collection Unit

<u>Name (Please Print and Initial)</u>	<u>Title</u>	<u>Telephone Number</u>	<u>Date</u>
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If Applicable, Second-Level Desk Review Completed by:

Center for Child Well-Being

<u>Name (Please Print and Initial)</u>	<u>Title</u>	<u>Telephone Number</u>	<u>Date</u>
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STEPS 3, 4, 5, 6, AND 7 ARE TO BE COMPLETED BY THE SOCIAL SERVICES DISTRICT (SSD) WORKER AND CHECKED/CORRECTED BY THE CENTER FOR EMPLOYMENT AND ECONOMIC SUPPORTS (CEES) REVIEWER

Step 3: ASSISTANCE REPAYMENTS TO TEMPORARY ASSISTANCE

Period of Temporary Assistance Grant Review: From _____ To _____

Type of "Assistance" Repayment	Date of Repayment	Amount of Repayment to be Credited
<input type="checkbox"/> SSI Interim Assistance Amount		
<input type="checkbox"/> Lottery Amount		
<input type="checkbox"/> Lien/Mortgage/Judgment Amount		
<input type="checkbox"/> Cash Repayment Amount (after Temporary Assistance closed)		
<input type="checkbox"/> Lawsuit Settlement Amount		
<input type="checkbox"/> Other Repayment Type (Describe on line(s) below):		
TOTAL REPAYMENT		

Step 4: EXCESS PAST-DUE SUPPORT/ARREARS CALCULATION

Period (Month/Year) of Review:	From: <input style="width: 100%;" type="text"/>	To: <input style="width: 100%;" type="text"/>	
Temporary Assistance Amount for Period (include the countable "assistance" payments, excess current support payments and excess arrears support payments. Do not include pass-through payments issued for support collected 12/96 or later and do not include "non-assistance" payments made for the period 12/96 or later. Include pass-through and emergency payments if for periods <u>prior</u> to 12/96.			= <input style="width: 100%;" type="text"/>
Total Assistance Repayments from Step 3			- <input style="width: 100%;" type="text"/>
Total Unreimbursed Temporary Assistance Amount for Period			= <input style="width: 100%;" type="text"/>
<u>CALCULATION:</u>			
Total Amount of Support Disbursed to SSD by SCU from Step 2, column (e), and totaled in row (i) located at the bottom of page 2			<input style="width: 100%;" type="text"/>
Enter the Total Unreimbursed Temporary Assistance Amount for Period, as calculated above			- <input style="width: 100%;" type="text"/>
Excess Arrears Support Due to the Recipient			= <input style="width: 100%;" type="text"/>

Step 5: TOTAL DUE TO RECIPIENT

Total Remaining Excess Arrears Support Due to Recipient with this Desk Review from Step 4	<input style="width: 100%;" type="text"/>
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Step 6: IF APPLICABLE, PAYMENTS AVAILABLE FOR FUTURE SUPPORT

Total Support Payments Identified by the SCU for Future Months, if Any, from Step 2, column (h), row (i)	<input style="width: 100%;" type="text"/>
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Step 7: RESULTS OF FIRST-LEVEL REVIEW OF CALCULATIONS FOR EXCESS ARREARS SUPPORT PAYMENTS

- the correct amount of excess arrears support payments have been paid to the recipient to date.
- an additional excess arrears support payment amount is owed to the recipient in the amount of \$_____.
- too much in excess arrears support payments have been paid to the recipient to date and the recipient now owes \$_____.
- the budgeting of the temporary assistance benefits included the pass-through disregard amount, and the recipient is not entitled to another pass-through payment for the same month.

Please note: If an amount appears in brackets (), it means that you were overpaid and that money is due to the SSD.

And, if applicable:

- additional support payments have been identified by the SCU as being available for future months in the amount of \$_____.

The SSD worker must complete a “Determination of the Request for a First-Level Desk Review of the Distribution of Child Support Payments” and mail the determination with a copy of this worksheet and the “Request to New York State for a Second-Level Desk Review of the Distribution of Child Support Payments” and “Information and Instructions for Completing the Request to New York State for a Second-Level Desk Review of the Distribution of Child Support Payments” to the recipient. Provide a copy of the determination and worksheet to the SCU and to the Temporary Assistance Unit (formerly the Income Maintenance Unit) directing the Temporary Assistance Unit, if appropriate, to either pay the amount calculated or recoup the overpayment amount.

SSD WORKER COMMENTS:

First-Level Review Desk Review Completed by:

Social Services District:

Name (Please Print and Initial)	Title	Telephone Number	Date
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If Applicable, Second-level Desk Review Completed by:

Center for Employment and Economic Supports

Name (Please Print and Initial)	Title	Telephone Number	Date
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**Information and Instructions for Completing the
“Calculations Worksheet Desk Review of Excess Arrears Support”**

The “Calculations Worksheet Desk Review for Excess Arrears Support” has been created for use by the Support Collection Unit (SCU) and the Social Service District (SSD) workers in properly calculating excess arrears support desk review requests. This worksheet must be completed to include the entire assignment period for which an arrears excess support desk review is requested.

STEPS 1 AND 2 ARE TO BE COMPLETED BY THE SCU WORKER AND, IF A SECOND-LEVEL DESK REVIEW IS REQUESTED, CHECKED/CORRECTED BY THE CCWB REVIEWER

Identify the level of desk review being performed. For the SCU workers, the box for first-level desk review must be checked. For CCWB reviewer, the box for second-level desk review must be checked.

For any information identified below, the worker must review the information provided on the “Request for a First-Level Desk Review of the Distribution of Child Support Payments” form received and compare and confirm it to the information on the case records first, before entering the required information on the worksheet. For example, workers should verify that the individual has/had a child support account established with the SCU in any month during the period for which a review is requested, and that the recipient was under an assignment and in receipt of temporary assistance during this same period. Verification can be done by reviewing CSMS, ASSETS, or the Daily IV-A/IV-D Interface Reports.

Step 1: DESK REVIEW ADMINISTRATIVE INFORMATION

Date Desk Review Request Received: Enter the date that the “Request for a First-Level Desk Review of the Distribution of Child Support Payments” form was received by the SCU worker. Be sure to enter the appropriate status code on IVDJSI of H001RC04 “REQUEST FOR DESK REVIEW RECD” on the CSMS Case, and to enter the date the request form was received and date stamped in the EFF ST DT field.

SCU Name: Enter the name of the SCU that received the desk review request form. This is found on the desk review request form.

Period Covered by Excess Arrears Support Desk Review Request: Enter the entire period covered by the desk review written request form. Use month/year date format (MM/CCYY). A desk review is limited to an accounting of the collections and disbursements made during the current calendar year of the desk review request and the previous calendar year, **AND** a desk review of support payments may be requested by a current or former recipient of public assistance for the month(s) during which an assignment of support rights was in effect. For excess arrears support desk reviews, this means that collections and disbursements must be made during the calendar year in which the desk review is requested and the calendar year preceding the calendar year in which the desk review is requested, but that the desk review must be conducted for the entire period of assignment. For any desk review request form that is received by the SCU during the month of January, a desk review may be conducted for up to the two previous calendar years, for a maximum total review of a 24 month period terminating with the December immediately preceding the month of request.

Recipient Name: Enter the name of the individual requesting a desk review.

Recipient SSN/ITIN: Enter the recipient’s Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) as provided on the desk review request form. An ITIN is a nine-digit number beginning with “9” which is issued by the Internal Revenue Service to foreign nationals and others who are required to have a U. S. taxpayer identification number but do not have, and are not eligible to obtain, an SSN from the Social Security Administration. The SCU worker should also verify that the SSN/ITIN agrees with the IVDJCH screen on CSMS for the custodial parent. If it does not, the SCU worker should investigate and update if appropriate.

Recipient Address: Enter the address of the individual requesting a desk review as provided on the desk review request form. The SCU worker should also verify that it agrees with the last known address on the IVDJCH or IVDJCM screen on CSMS for the custodial parent and update if necessary.

Noncustodial Parent Name(s): Enter the name(s) of the noncustodial parent identified on the desk review request form. Verify that the individual(s) is/are the noncustodial parent(s) on the CSMS child support account(s) established with the SCU in any month during the period for which a review is requested.

Noncustodial Parent SSN/ITIN(s): Enter the noncustodial parent's Social Security Number(s) (SSN) or Individual Taxpayer Identification Number(s) (ITIN) as provided on the desk review request form. An ITIN is a nine-digit number beginning with "9" which is issued by the Internal Revenue Service to foreign nationals and others who are required to have a U. S. taxpayer identification number but do not have, and are not eligible to obtain, an SSN from the Social Security Administration. The SCU worker should also verify that the SSN/ITIN agrees with the IVDJRI screen on CSMS for the noncustodial parent. The SSN would appear as the primary SSN on the IVDJRI screen; the ITIN would appear as the alternate SSN only, with no primary SSN, on the IVDJRI screen. If the SSN/ITIN does not agree, verify and correct if appropriate.

CSMS Case No(s): Enter the unique 9-character alphanumeric (e.g., AA12345K1) identifier(s) assigned to each custodial parent/noncustodial parent relationship. If the custodial parent has more than one CSMS Case Number, the SCU worker should determine whether each CSMS case is relevant to the desk review request. A relevant CSMS Case Number should reflect the relationship to the temporary assistance case by matching the CAN entered on the PA CAN field on the IVDJCH screen with the CAN entered on the desk review request form. The CSMS cases included may involve a payment which impacted more than one CSMS Case Number, or a case that may involve more than one local district.

Current Obligation Amount(s) and Frequency(ies) for Each CSMS Case No(s) Identified Above: Enter the current obligation amount(s) and frequency(ies) as due for each CSMS Case No. identified for this case, in the same respective order as the CSMS Case No(s) are entered above. The current obligation amount may be found in the OBLIG-AMT field on the individual current ledger page(s) of the IVDQRY screen on CSMS. The frequency may be found in the OBLIG-FREQ field on the same individual current ledger page(s) of the IVDQRY screen on CSMS

= Total Current Obligation Amount: Enter the total of the current obligation amounts with the frequency for all CSMS Case Nos. involved in the desk review request and entered per the above.

Temporary Assistance Case No(s) (CAN): Enter the temporary assistance CAN. The CAN number is a twelve field alphanumeric number (consisting of the WMS Case number (maximum ten alphanumeric) plus the two digit county code) assigned to a specific assistance case. This may be found in the PA CAN field on the IVDJCH screen on CSMS.

Temporary Assistance Case Suffix (NYC Only): Enter the temporary assistance case suffix. The case suffix is a two-digit value assigned to temporary assistance case numbers (e.g. 01, 02, etc) in NYC only. The same temporary assistance case number with a different suffix is considered a new temporary assistance case number. This may be found in the SUFF field following the PA CAN field on the IVDJCH screen on CSMS.

CIN No: Enter the Client Identification Number(s) (CIN) for the temporary assistance case head. The CIN number is an eight position identifier code which is assigned to each member of a temporary assistance case household. A CIN is unique to an individual and there can be many CINs associated to one CAN. The CIN for each household member can be located in the CIN field on CSMS IVDJCH screen on CSMS. (Please refer to the "Dear Colleague" letter dated May 28, 2004, for changes to the WMS data match process regarding CIN numbers.)

Dates of Temporary Assistance: Enter the beginning and ending date of the temporary assistance grant(s) involved.

Active: Check the appropriate box to identify whether the CAN is active on CSMS. The information may be located in the PA -STAT field on the CSMS IVDJCH screen for each custodial parent and child record. Active temporary assistance case statuses are determined by the WMS individual status (disposition) codes that appear in the PA-STAT field on CSMS and include for upstate: 07 (Active) and 10 (Inactive, sanctioned); and for New York City: 07 (Active), 10 (Inactive, sanctioned), 16 (NY City code-Active), and 17 (Alternate NYC City code – Active). Every member of the temporary assistance household does not need to be active in order to consider the case to be active, but at least one party or child must have an active status. (Please refer to the “Dear Colleague” letter dated May 28, 2004, for changes to the WMS data match process regarding CAN/CIN.)

Step 2: CHILD SUPPORT COLLECTIONS AND DISBURSEMENT CALCULATIONS

Information for Step 2 must be recorded for each separate month of the review using a separate line for each month. If the number of payments received and recorded exceeds the capacity allowed in Step 2 of the worksheet, please make a copy of the page and insert it with the worksheet package. Continue recording payments as required and bring the total of the multiple pages forward.

This step is for child support collections and disbursements only.

(a) Month/Year of Desk Review Request: Enter each month/year included in the desk review request. For example, the desk review is requested for January through June of 2006. Therefore, you would enter 01/2006, 02/2006, 03/2006, 04/2006, 05/2006, and 06/2006, in this column. Please note that a desk review is limited to an accounting of the collections and disbursements made during the calendar year in which the desk review is requested and the calendar year preceding the calendar year in which the desk review is requested. For any desk review request form that is received by the SCU during the month of January, a desk review may be conducted for up to the two previous calendar years, for a maximum total review of a 24 month period terminating with the December immediately preceding the month of request.

(b) CSMS Case No(s) (enter CSMS Case No(s) for each Case involved in the Desk Review): See above information in Step 1 regarding CSMS Case Numbers. Enter CSMS Case Number(s) for all cases involved in the desk review.

COLLECTIONS RECEIVED

(c) Amount of Support Collected for each CSMS Case No: For each month of the review period, enter the amount of support collected for each CSMS account included in the review, as it appears on the account tab, MONEY screen, on ASSETS, for each CSMS account. You may also locate the information on the IVDHTM, or if applicable, IVDITM (most current three months), or IVDHTO, or if applicable, IVDITO (nine months prior) screens on CSMS, if the time period of the review is limited to these records. ASSETS contains an account document generator tool which allows for easy identification of payments and disbursements for a set period of time.

Please note that collections for both current and arrears would appear in the PAID column on the money screens as noted above as batches 50, 53, 54, 55, 56, and 57 transactions, and will appear in the APPL (Applied) column on the money screens as noted above as positive batches 71, 72, 74, 75 and 77 transactions, for the month in question. SCU workers must consider the batch type payment along with the ledger type to determine payments systematically applied to current support and payments systematically applied to past-due support/arrears.

Because excess support involves current and former recipients of temporary assistance, all ledgers will require review in this process. All eligible excess support ledgers are 2_A___, 2_BJ___, 2_BI___, 2_BP___, 2_BR___, 2_CA___, 24AX, or 24BX. Excess support review may also include review of all ledgers with a “1” in the first position for custodial parents as beneficiaries.

(d) Receipt Date of Collections in Column (c): Enter the date that each support payment was received for the batches identified above.

DISTRIBUTION OF SUPPORT COLLECTED

(e) **Amount of Support Disbursed to SSD by the SCU:** Enter the amount of the distribution to the SSD by the SCU. These will appear as batch 89 transactions with a beneficiary indicator of -2- in the BATCH NO. field on the account tab, MONEY screen, on ASSETS, or on the IVDHTM, or if applicable, IVDITM (most current three months), or IVDHTO, or if applicable, IVDITO (nine months prior) screens on CSMS, if the time period of the review is limited to these records.

(f) **Amount of Support Disbursed to the Custodial Parent by SCU:** Enter the amount of any distribution transaction during the month to the custodial parent (recipient). These would appear as batch 89 transactions with a beneficiary indicator of -1- or -5- in the BATCH NO. field on the account tab, MONEY screen, on ASSETS, or on the IVDHTM, or if applicable, IVDITM (most current three months), or IVDHTO, or if applicable, IVDITO (nine months prior) screens on CSMS, if the time period of the review is limited to these records.

(g) **Date of Disbursements in Columns (e) through (f):** Enter the date that the current payments were disbursed and/or authorized to the SSD or to the custodial parent.

SUPPORT PAYMENTS FOR FUTURE MONTHS

(h) **Amount of Available Future Support Payments, if Any (Available but Unapplied):** Enter the amount of any known support payments available for future month disbursements, including any payments identified during account maintenance which are to be authorized at month end. This is support that is not due or not yet available to disburse to the family. This means that until the money is applied to current support due, and the SCU/SSD month end accounting process is completed, the family will not receive any benefit from that support including the pass-through payment. For example, a payment of \$600 is received in the month of August. \$150 is the current support ordered amount. No arrears are due for past months. \$150 of the support is applied to the current month. \$450 remains as future support. In each of the three following months, as the month arrives, \$150 will be applied to the current amount due in the month until the future payment is depleted. Typically, future support payments are represented by the last available unapplied payments.

TOTALS

(i) **TOTALS:** Enter the totals for columns (c), (e), (f), and (h).

SCU WORKER COMMENTS: Enter any comments relevant to desk review that may assist the SSD worker with resolution of the desk review. Examples include:

- Conference call notes such as a change in the type of desk review requested;
- No payment has been received or payment received was not appropriate for the type of desk review payment at issue;
- The issue raised is not one to be handled through the desk review process (e.g., it is an SCU account statement matter);
- Any period or portion of the desk review period which falls outside of the allowable desk review timeframes;
- Reference that the case records does not support the type of desk review request;
- The recipient is not/was not on temporary assistance for the period of the desk review request;
- No support account had been established with the Support Collection Unit for the period of the review;
- The desk review requests involves an issue which cannot be handled through the SCU or SSD;
- All support collected has been forwarded to another jurisdiction (provide that jurisdiction name and address);
or
- Any other relevant comments to the desk review (e.g., the desk review request indicates that the court order shows a modified amount, and the SCU worker determines that the modified court order is accurately reflected on CSMS. In the calculations provided, the worker may enter “Modified court order accurately reflected in the calculation”).

First-Level Desk Review Completed By

Support Collection Unit: Enter the name and initials, title, and telephone number of the SCU worker who completed the worksheet and the date completed.

If Applicable, Second-Level Desk Review Completed by: If a second-level desk review has been requested through the Center for Child Well-Being (CCWB), a CCWB reviewer will confirm the information provided on the worksheet by entering the name and initials, title, and telephone number of the CCWB reviewer who completed the second-level review and confirms the information. If the first-level review contains errors, or new information is provided with the second-level desk review request that modifies the calculations, the CCWB reviewer will cross out any incorrect information and enter any correct information legibly, carry that correction forward in the calculations for Steps 1, 2, and 3 of the worksheet, and forward the worksheet to the Center for Employment and Economic Supports (CEES) to complete the second-level desk review.

NOTE: Account maintenance of the CSMS case and ledgers may be required prior to completing Steps 1 and 2 of the worksheet. Examples include determining whether the CSMS case ledger(s) accurately reflect the status of temporary assistance; whether the CAN and CIN numbers on CSMS are in agreement with WMS records (refer to the May 28, 2004 “Dear Colleague” letter for changes to the process); and whether the recipient SSN/ITIN and address on CSMS matches what was provided with the desk review request. Be sure to review each Batch 79 transaction on IVDHST in the month and for a specific ledger or ledgers to confirm what has been applied is correct.

The SCU worker may verify temporary assistance information by utilizing the IV-A/IV-D Interface Reports; by accessing temporary assistance records through CSMS (select F-12 (upstate) or F-2 (New York City) to determine whether the CAN or CIN information on CSMS is in agreement with WMS/BICS records); or by reviewing temporary assistance records through ASSETS (from the CASE tab, enter Client or Child tabs, locate the link for the CAN or CIN fields on the page, and click on the link to bring up the temporary assistance information.

The SCU worker must review the case records and reports to determine whether updates to CSMS are appropriate and complete any updates before proceeding with the desk review and forwarding the complete package to the SSD.

Once the SCU worker completes the CSMS case review and Steps 1 and 2 of the worksheet, the worksheet must be forwarded to the SSD worker so that they may complete Steps 3, 4, 5, 6, and 7, and provide with the final determination:

- 1) The “Desk Review for Excess Support Calculations Worksheet” with Steps 1 and 2 completed and signed by the SCU worker and a supervisor;
- 2) The “Instructions for Completing the Desk Review for Excess Support Calculations Worksheet” for reference only; and
- 3) The original “Request for First-Level Desk Review of the Distribution of Child Support Payments” form.

STEPS 3, 4, 5, 6, AND 7 ARE TO BE COMPLETED BY THE SSD WORKER AND, IF A SECOND-LEVEL DESK REVIEW IS REQUESTED, CHECKED/CORRECTED BY THE CEES REVIEWER

Excess past-due support/arrears is the automated process in which the total of all countable temporary assistance payments plus previously issued excess support payments, over the life of the temporary assistance case, are measured against the total child support retained by the SSD agency for the same period. It does not include pass-through payments issued for support collected December 1996 or later and does not include "non-assistance" payments made for the period December 1996 or later.

The automated process captures most, but not all necessary case financial information. For example, repayments from sources such as lawsuit settlements, liens on real property, cash repayments by SSI interim assistance reimbursement, etc. are not considered in the automated process. However, the automated lottery offset for repayment of temporary assistance is considered in the automated process. Excess past-due support/arrears payments are made using D4 with special claiming code N (Non-reimbursable) upstate, and 72 in NYC.

Step 3: ASSISTANCE REPAYMENTS TO TEMPORARY ASSISTANCE

This step is established to identify any repayments made to temporary assistance towards recouping "assistance" benefits administered. The SSD will need to inquire through their accounting department to determine if any of the items listed (SSI Interim Assistance Amount; Lottery Amount; Lien/Mortgage/Judgment Amount; Cash Repayment Amount; Lawsuit Settlement Amount; or any other repayments) have occurred. If no "assistance" repayments have occurred, Step 5 may be skipped. If "assistance" repayments have occurred, continue with this step.

Period of Temporary Assistance Grant Review: Enter the beginning (FROM) and ending (TO) period to identify the entire temporary assistance grant review period for which repayments are being reviewed. The format is MM/CCYY.

Type of Repayment: Check the appropriate box that identifies the type(s) of repayments that have been identified by the SSD accounting department. If the repayment is from a source not identified, check the box for "Other Repayment" and enter a description of the type of repayment.

Date of Repayment: Enter the date of each repayment identified.

Amount of Repayment to be Credited: Enter the amount of each repayment that is to be credited during the period of assignment for the grant. Any repayments made that effect the desk review grant period included in the desk review request must be included in the past-due support/arrears final calculations in Step 6 below. For example, if a temporary assistance recipient received a monthly grant amount of \$700 for March 20XX through June 20XX; a lottery amount was received for \$300 in August 20XX; and the excess past-due/arrears desk review request is received for the period of assignment, the \$300 lottery amount would be applied to the desk review calculation towards repayment of the grant amount of \$700.

Total Repayment: Enter the total repayment amount.

Step 4: EXCESS PAST-DUE/ARREARS SUPPORT CALCULATION

Period (Month/Year) of Review: Enter the beginning (FROM) and ending (TO) period included in the desk review request. The format is MM/CCYY.

Temporary Assistance Amount for the Period: Enter the amount of temporary assistance for the period. The temporary assistance amount for period includes the countable "assistance" payments, excess current support payments and excess arrears support payments. Do not include pass-through payments issued for support collected 12/96 or later and do not include "non-assistance" payments made for the period 12/96 or later. Include pass-through and emergency payments if for periods prior to 12/96. SSD workers may locate this on the WMS/BICS "Case Record of Assistance (CRA)" which provides individual's benefit information.

Total Assistance Repayments from Step 3: Enter the total amount of any assistance repayments calculated in Step 3 that effect the amount of temporary assistance during the period of assignment for the desk review. This information is available through the accounting department of the SSD.

Total Unreimbursed Temporary Assistance Amount for the Period: Enter the results of Temporary Assistance Amount for the Period (MINUS) the Total Repayments from Step 3.

CALCULATION:

Total Amount of Support Disbursed to SSD by SCU from Step 2, column (e), row (i). Enter the total of the amount of support disbursed to the SSD by the SCU in Step 2, column (e), and totaled in row (i) which is located at the bottom of page 2 of the worksheet.

Enter the Total Unreimbursed Temporary Assistance Amount for the Period, as calculated above: Enter the amount calculated initially in Step 4.

Excess Arrears Support due to the Recipient: Enter the difference between the Total Amount of Support Disbursed to SSD by SCU (MINUS) Total Unreimbursed Temporary Assistance Amount for the Period. This is the amount of excess past-due support/arrears now due to the recipient via the desk review calculation.

Step 5: TOTAL DUE TO RECIPIENT

Total Remaining Excess Arrears Due to Recipient with this Desk Review from Step 4: Enter the total amount of excess arrears due to the recipient as calculated in step 4.

Step 6: IF APPLICABLE, PAYMENTS AVAILABLE FOR FUTURE SUPPORT

Total Support Payments Identified by the SCU for Future Months, if Any, from Step 2: Enter the amount of any available future support payments identified by the SCU in step 2, column (h), row (i).

Step 7: RESULTS OF FIRST-LEVEL DESK REVIEW OF EXCESS ARREARS SUPPORT PAYMENTS

The SSD worker must provide the results of the desk review by completing the "Determination of the Request for a First-Level Desk Review of the Distribution of Child Support Payments." There are three options boxes available that provide for reporting the results of a comparison of support collected to required payments disbursed to the recipient: 1) the correct amount of pass-through payments have been paid to the recipient to date; 2) an additional pass-through payment amount is owed to the recipient in the amount of \$____; 3) too much in pass-through payments have been paid to the recipient to date and the recipient now owes \$____; or 4) the budgeting of the temporary assistance benefits included the pass-through disregard amount, and the recipient is not entitled to another pass-through payment for the same month. The SSD worker must check the appropriate box which accurately reflects the results and enter dollar amounts where indicated. If too much money has been paid to the recipient, indicate the overpayment by entering brackets around the dollars entered.

Additionally, if support payments have been identified by the SCU as available for future support obligations that become due, this needs to be reported to the recipient as well. If an amount has been carried down to Step 6, complete the "Determination of the Request for a First-Level Desk Review of the Distribution of Child Support Payments" by checking the appropriate option box for future payments and entering the amount of future support as carried down.

SSD WORKER COMMENTS: Enter any comments relevant to resolution of the desk review. For example, if the desk review request indicates temporary assistance covers a full month's period and the actual records reflect temporary assistance for a partial month, the SSD worker may enter "Temporary assistance benefits stopped on (enter actual date)." **Please note:** If there is a discrepancy between the information that the SCU has indicated and the information known to the SSD, the difference must be reconciled with the SCU because it may impact the

desk review. It may also result in a determination that the SCU may be required to do an accounting of the child support case outside of the desk review process.

First-Level Desk Review Completed By

Social Services District: Enter the name and initials, title, and telephone number of the SSD worker who completed the worksheet, and the date completed.

If Applicable, Second-level Desk Review Completed by: If a second-level desk review has been requested and a CCWB reviewer has forwarded the second-level request to CEES, a CEES reviewer will confirm the information provided on the worksheet by entering the name and initials, title, and telephone number of the CEES reviewer who completed the second-level review and confirms the information. If the first-level review contains errors, or new information is provided with the second-level desk review request that modifies the calculations, the CEES reviewer will cross out any incorrect information and enter any correct information legibly, carry that correction forward in steps 3, 4, 5, 6, and 7, as appropriate, on the worksheet, and complete the second-level desk review.

Note: Account maintenance of the WMS case and/or records may be required prior to completing Steps 3, 4, 5, 6, and 7 of the worksheet. Examples include determining whether the WMS case record CAN and CIN agree with the CSMS numbers reported above; whether the recipient address on WMS is the same address as provided with the desk review request; whether any pass-through payments disbursed to the SSD require review as reported on the IV-D Exception Report; and/or whether previous pass-through disbursements on a recipient EBT card have been expunged (expired) and funds remain due. SSD workers must review the case records and reports to determine whether updates to WMS must be completed and accomplish those updates before proceeding with the desk review.

Once the SSD worker completes the WMS/BICS case review and Steps 3, 4, 5, 6, and 7 of the worksheet, as appropriate, they must finalize the first-level final determination by completing a “Determination of the Request for a First-Level Desk Review of the Distribution of Child Support Payments.” A copy of each of the following must be attached and become part of the final determination package:

- 1) The original “Request for a First-Level Desk Review of the Distribution of Child Support Payments” form and any documentation provided by the recipient for the desk review;
- 2) The “Desk Review for Excess Arrears Support Calculations Worksheet” with Steps 1 and 2 completed as appropriate and signed by the SCU worker, and Steps 3, 4, 5, 6, and 7 completed and signed by the SSD worker;
- 3) A “Request to New York State for a Second-Level Desk Review of the Distribution of Child Support Payments” form; and
- 4) Information and Instructions for Completing the “Request to New York State for a Second-Level Desk Review of the Distribution of Child Support Payments.”

**IMPORTANT NOTICE REGARDING CHILD SUPPORT
TO PERSONS APPLYING FOR OR RECEIVING TEMPORARY ASSISTANCE OR FOSTER
CARE MAINTENANCE PAYMENTS UNDER TITLE IV-E**

Assignment and Cooperation with Child Support

As an applicant for or recipient of “temporary assistance” (officially known as “family assistance” and “safety net assistance”) or, where appropriate, certain foster care maintenance payments, you are required to assign your support rights to the Department and, unless you claim good cause or domestic violence for not doing so, cooperate with the Child Support Enforcement Unit (CSEU) to:

- Establish paternity of each child born out-of-wedlock for whom you are applying for, or receiving, temporary assistance;
- Locate noncustodial parents, including biological parents, stepparents, or adoptive parents;
- Establish or modify child support obligations from the noncustodial parent of each child; and
- Collect and enforce support obligations through the Support Collection Unit from noncustodial parents for the support of each child.

Rights and Obligations Which May Result From Establishing Paternity

- If paternity establishment is necessary, the court order establishing paternity (called an “order of filiation”) will name the father of your child.
- The noncustodial parent will be chargeable by the court to pay support until the child is twenty-one (21) years of age. As a recipient of temporary assistance, you will receive up to the first \$100 of current support collected each month or up to the current support obligation amount, whichever is less, without reducing your assistance grant or affecting your eligibility for assistance. This is referred to as the “pass-through” payment. Effective January 1, 2010, the \$100 pass-through payment level will continue for temporary assistance families with one child but will also increase to up to the first \$200 each month of current support collected or up to the current support obligation amount, whichever is less, for temporary assistance families with two or more children.
- Your child gains right to inheritance from his or her parents. Parents also may have rights of inheritance from their child.
- Your child may be entitled to receive death or disability benefits if either parent dies or becomes permanently disabled.
- The noncustodial parent has the right to ask the court for visitation with and/or custody of your child.
- The noncustodial parent will also have the right to be consulted before any adoption or foster care placement proceedings may occur for your child and may oppose any such adoption or foster care placement.

Rights to Information Regarding Legal Proceedings

You have the right to be kept informed of the time, date and place of any court proceedings involving you. You will be provided with a copy of any order establishing, modifying, adjusting or enforcing a child support obligation or, in the case of modification or adjustment, a determination that no change is warranted.

Legal Representation

An attorney will be assigned to your case for any actions that require a court proceeding. The attorney assigned to your case is the legal representative of the Commissioner of the Department of Social Services, and does not represent you personally. The attorney’s representation in this matter is limited to the establishment of paternity and the establishment, modification, adjustment, and enforcement of support obligations. Matters of custody, visitation, or other issues not related to support will not be handled by the Department’s attorney.

Any information, written or oral, which you provide to the Department’s attorney or staff **may not** remain confidential, including information indicating welfare fraud, which must be reported to appropriate officials.

If you have any questions concerning other legal issues, or you wish to have your own legal representation, you should contact a legal services or legal aid organization for assistance, or obtain the services of a private attorney of your own choosing at your own expense.

AVISO IMPORTANTE EN RELACIÓN CON EL SUSTENTO DE MENORES PARA SOLICITANTES O BENEFICIARIOS DE ASISTENCIA TEMPORAL O DE PAGOS DE MANTENIMIENTO DE CUIDADO DE CRIANZA SEGÚN EL TÍTULO IV-E.

Asignación y cooperación con el sistema de sustento de menores

En su calidad de solicitante o beneficiario de «Asistencia Temporal» (oficialmente denominada «Asistencia para Familias» y «Asistencia Red de Seguridad») o, de ser pertinente, de ciertos pagos de mantenimiento de cuidado de crianza, se le exige asignar sus derechos de sustento al departamento y, a menos que usted aduzca causa justa o violencia doméstica como motivo para no hacerlo, que coopere con la Unidad de Ejecución de Pagos de Sustento de Menores (*Child Support Enforcement Unit, CSEU*), a fin de:

- determinar la paternidad de cada niño nacido fuera del matrimonio para quien usted solicite o reciba asistencia temporal;
- localizar los padres no custodios, incluyendo los padres biológicos, la madrastra / el padrastro o los padres adoptivos;
- establecer o modificar obligaciones de sustento de menores a cumplir para cada niño por parte de los padres no custodios;
- y
- cobrar y ejecutar obligaciones de sustento por medio de los servicios de la Unidad de Cobros de Sustento de los padres no custodios a favor de cada niño.

Derechos y obligaciones que surgen al establecer paternidad

- Si es necesario determinar paternidad, la orden judicial por la cual se la determine (llamada «orden de filiación») identificará al padre de su hijo.
- Los padres no custodios deberán pagar, por orden judicial, sustento de menores hasta que el niño en cuestión cumpla los veintiún (21) años de edad. Como beneficiario de Asistencia Temporal, usted recibirá una suma de hasta los primeros \$100 del sustento actual de menores cobrado cada mes **o una suma de hasta el monto obligatorio de sustento actual, lo que sea menos**, sin reducir su subvención de asistencia ni afectar su habilitación para recibir asistencia. Esto se denomina «pago traspasado». A partir del 1 de enero de 2010, el pago traspasado por el monto de \$100 continuará siendo efectuado a las familias con un niño beneficiario de Asistencia Temporal, pero también se incrementará a una suma de hasta los primeros \$200 del sustento actual cobrado cada mes **o una suma de hasta el monto obligatorio de sustento actual, lo que sea menos**, para familias con dos o más niños beneficiarios de Asistencia Temporal.
- Su hijo adquiere derechos de herencia de los padres de él / ella. Los padres también pueden tener derechos de herencia de sus hijos.
- Su hijo puede tener el derecho de recibir beneficios por fallecimiento o incapacidad de los padres si uno de ellos muere o queda permanentemente incapacitado.
- Cualquiera de los padres no custodios tiene el derecho de pedir a la corte que se le permita pasar tiempo con su hijo y/o que se le otorgue la custodia del niño.
- Los padres no custodios también tendrán el derecho de que se les consulte antes de llevarse a cabo cualquier proceso de adopción o colocación en una familia de crianza que involucre a su hijo, y puede oponerse a tal adopción o colocación en una familia de crianza.

Derechos a información relativa a procedimientos legales

Usted tiene el derecho de que se le informe la hora, la fecha y el lugar de todo procedimiento legal que lo/la involucre. Se le proporcionará una copia de toda orden que establezca, modifique, adapte o ejecute una obligación de sustento de menores o, en el caso de una modificación o adaptación, de la determinación donde se establezca que no se justifica cambio alguno.

Representación legal

Se asignará un abogado a su caso para toda acción que requiera un proceso legal. El abogado asignado a su caso es el representante legal del Comisionado del Departamento de Servicios Sociales y no es su representante personal. La representación del abogado en esta materia está limitada a la determinación de paternidad y al establecimiento, la modificación, la adaptación y la ejecución de las obligaciones de sustento. Los casos de custodia, derechos de visita y otros temas no relacionados con el sustento no serán tratados por el abogado del departamento.

Toda información, escrita u oral, que usted le proporcione al abogado o al personal del departamento **no se mantendrá, necesariamente, de manera confidencial**, inclusive datos pertinentes a fraude en prestaciones sociales, de lo que deberá darse parte a las autoridades pertinentes.

Si usted tiene alguna pregunta en relación con otros temas legales o si desea su propia representación legal, debe ponerse en contacto con una organización de servicios legales o de ayuda legal para recibir asistencia, o debe obtener los servicios de un abogado privado, de su elección y por su cuenta.

REPORT OF SUPPORT COLLECTED

Line 1.

Line 2.

Case No.

Rpt. No.

The Local Department of Social Services (LDSS) must pay you the first \$100 of support paid in the month it is due for someone in your household. This payment is called a “pass-through” payment. This report summarizes the amount of support LDSS received for you last month. It also tells you the pass-through payment you will receive.

Line 1 is the amount of support received by LDSS last month that was due to be paid last month. You will receive a pass-through payment of **up to \$100** of this amount. This payment will not affect the amount of your temporary assistance benefit but may affect the amount of your food stamp benefit next month. If Line 1 lists “0”, LDSS did not receive a support payment for you last month and you will not receive a pass-through payment.

Line 2 is the amount of support received by LDSS last month that was paid on time in previous months but not received by LDSS until last month. If you did not already receive the full amount of your pass-through payment for the month(s) when these payments were made, you will receive an additional pass-through payment for those months. This payment will not affect your temporary assistance benefit or your food stamp benefit. If Line 2 lists “0”, LDSS did not receive a support payment for you last month for any prior months and you will not receive an additional pass-through payment for those months.

You will receive your pass-through payment when you receive your temporary assistance payment via the Electronic Benefit Transfer (EBT) system. Your EBT receipt will **not** separately identify this payment. If you disagree with the amount of the payment, or have other questions regarding this support pass-through payment, contact your temporary assistance worker at your local district. If your concern is not resolved, you may call 1-888-208-4485, at no charge to you, to obtain the form for submitting your written request for a desk review.

**INFORME SOBRE LA
MANUTENCIÓN COLECTADA**

Linea 1.

Linea 2.

Case No.

Rpt. No.

El Departamento de Servicios Sociales Local (LDSS) debe pagarle los primeros \$100 de manutención que hayan sido pagados durante el mes en que debían pagarse para alguien en su hogar. Este pago se denomina “pago traspasado” (“pass-through”). Este informe resume la cantidad de manutención que el LDSS recibió para usted el mes pasado. También le informa el pago traspasado que usted recibirá.

La **Línea 1** detalla la cantidad de manutención recibida por el LDSS el mes pasado que debía pagarse el mes pasado. Usted recibirá un pago traspasado de **hasta \$100** de esa cantidad. Este pago no afectará la cantidad de su beneficio de Asistencia Temporal, pero puede que afecte la cantidad de su beneficio de Cupones para Alimentos el próximo mes. Si la Línea 1 indica “0”, esto significa que el LDSS no recibió un pago de manutención para usted el mes pasado y que usted no recibirá un pago traspasado.

La **Línea 2** detalla la cantidad de manutención recibida por el LDSS el mes pasado que fue pagada a tiempo en meses anteriores, pero que no fue recibida por el LDSS hasta el mes pasado. Si usted no recibió todavía la cantidad completa de su pago traspasado para el/ los mes(es) en el/los que estos pagos se efectuaron, usted recibirá un pago traspasado adicional para esos meses. Este pago no afectará su beneficio de Asistencia Temporal o su beneficio de Cupones de Alimentos. Si la Línea 2 indica “0”, esto significa que el LDSS no recibió un pago de manutención para usted el mes pasado para ningún mes anterior, y usted no recibirá un pago traspasado adicional para esos meses.

Usted recibirá su pago traspasado cuando usted reciba su pago de Asistencia Temporal vía el sistema de Transferencia Electrónica de Beneficios (Electronic Benefit Transfer—EBT). Su recibo de EBT **no** indicará este pago por separado. Si usted está en desacuerdo con la cantidad del pago, o tiene otras preguntas respecto a este pago traspasado de manutención, póngase en contacto con su trabajador(a) de asistencia temporal en su distrito local. Si su asunto no se resuelve, puede llamar al 1-888-208-4485, gratuitamente y solicite el formulario de petición por escrito por medio del cual puede solicitar una revisión.

REPORT OF SUPPORT COLLECTED

Line 1.

Line 2.

Case No.

Rpt. No.

The Human Resources Administration (HRA) must pay you the first \$100 of support paid in the month it is due for someone in your household. This payment is called a “pass-through” payment. This report summarizes the amount of support HRA received for you last month. It also tells you the pass-through payment you will receive.

Line 1 is the amount of support received by HRA last month that was due to be paid last month. You will receive a pass-through payment of **up to \$100** of this amount. This payment will not affect the amount of your temporary assistance benefit but may affect the amount of your food stamp benefit next month. If Line 1 lists “0”, HRA did not receive a support payment for you last month and you will not receive a pass-through payment.

Line 2 is the amount of support received by HRA last month that was paid on time in previous months but not received by HRA until last month. If you did not already receive the full amount of your pass-through payment for the month(s) when these payments were made, you will receive an additional pass-through payment for those months. This payment will not affect your temporary assistance benefit or your food stamp benefit. If Line 2 lists “0”, HRA did not receive a support payment for you last month for any prior months and you will not receive an additional pass-through payment for those months.

You will receive your pass-through payment when you receive your temporary assistance payment via the Electronic Benefit Transfer (EBT) system. Your EBT receipt will **not** separately identify this payment. If you disagree with the amount of the payment, or have other questions regarding this support pass-through payment, contact the HRA Information Line at 1-877-472-8411, and outside New York City at (718) 557-1399. If your concern is not resolved, you may call 1-888-208-4485, at no charge to you, to obtain the form for submitting your written request for a desk review.

**INFORME SOBRE LA
MANUTENCIÓN COLECTADA**

Linea 1.

Linea 2.

Case No.

Rpt. No.

La Administración de Recursos Humanos (Human Resources Administration—HRA) debe pagarle los primeros \$100 de manutención que hayan sido pagados durante el mes en que debían pagarse para alguien en su hogar. Este pago se denomina “pago traspasado” (“pass-through”). Este informe resume la cantidad de manutención que la HRA recibió para usted el mes pasado. También le informa el pago traspasado que usted recibirá.

La **Línea 1** detalla la cantidad de manutención recibida por la HRA el mes pasado que debía pagarse el mes pasado. Usted recibirá un pago traspasado de **hasta \$100** de esa cantidad. Este pago no afectará la cantidad de su beneficio de Asistencia Temporal, pero puede que afecte la cantidad de su beneficio de Cupones de Alimentos el próximo mes. Si la Línea 1 indica “0”, esto significa que la HRA no recibió un pago de manutención para usted el mes pasado y que usted no recibirá un pago traspasado.

La **Línea 2** detalla la cantidad de manutención recibida por la HRA el mes pasado que fue pagada a tiempo en meses anteriores, pero que no fue recibida por la HRA hasta el mes pasado. Si usted no recibió todavía la cantidad completa de su pago traspasado para el/los mes(es) en el/los que estos pagos se efectuaron, usted recibirá un pago traspasado adicional para esos meses. Este pago no afectará su beneficio de Asistencia Temporal o su beneficio de Cupones de Alimentos. Si la Línea 2 indica “0”, esto significa que la HRA no recibió un pago de manutención para usted el mes pasado para ningún mes anterior, y usted no recibirá un pago traspasado adicional para esos meses.

Usted recibirá su pago traspasado cuando usted reciba su pago de Asistencia Temporal vía el sistema de Transferencia Electrónica de Beneficios (Electronic Benefit Transfer—EBT). Su recibo de EBT **no** indicará este pago por separado. Si usted está en desacuerdo con la cantidad del pago, o tiene otras preguntas respecto a este pago traspasado de manutención, póngase en contacto con la Línea de Información de la HRA llamando al 1-877-472-8411, y fuera de la Ciudad de Nueva York, llamando al (718) 557-1399. Si su asunto no se resuelve, puede llamar al 1-888-208-4485, gratuitamente y solicite el formulario de petición por escrito por medio del cual puede solicitar una revisión.

NOTICE OF RESPONSIBILITIES AND RIGHTS FOR SUPPORT

YOUR RESPONSIBILITIES

When you sign a Temporary Assistance (TA) Medical Assistance (MA) application, and for as long as you get TA and/or MA, you must:

- I. **Tell your worker if you are pregnant or were pregnant in the last two months because some of the requirements below may not apply to you at this time.**
- II. **Turn over (“assign”) to the State and your local Department of Social Services (“the Department”) your rights and the rights of any applying family member to get support (including medical support) from anyone else. [Social Services Law (SSL) 158 and 348] If you are applying only for MA, you assign to the State and the Department your rights and the rights of any applying family member to get medical support including the rights to any medical benefits. [SSL 366(4)(h)]**
- III. **Cooperate with the Department to legally name who the father of your child is (“establish paternity”) and to get any support (including medical support) owed to you and any child living with you [SSL 132-a, 158, 349-b and 366(4)(h)]. If you have a good reason not to cooperate, be sure to read the “YOUR RIGHTS IF YOU DO NOT COOPERATE” section below.**

To cooperate means you will have to:

- ◆ Go to the TA office and, if required, to the child support office and court to sign papers or tell what you know about the absent parent. Some things that you may be asked you may already know. See the back of this form for the section on **“Information You May Already Have On The Absent Parent”**.
- ◆ Name the absent parent of any child applying for or getting TA or MA, and tell what you know to help find that parent.
- ◆ Help the court in legally naming the father of any child who was born to unmarried parents.
- ◆ Tell what you know about the absent parent’s income to help the Department help you or any child getting TA or MA to get financial and/or medical support.
- ◆ Help the Department help you to get medical support including medical benefits for any child getting MA.
- ◆ Turn over to the Department any money given to you by the absent parent for you or any child getting TA; you still will be able to get your full TA grant.

NOTE: By signing the TA/MA application, you are attesting under penalty of perjury that you will give true and complete information. If you don’t know information about the parent of your child, you must sign a form saying you don’t know.

A child should get support from both parents. By cooperating, you are investing in your child’s future. Some of the benefits of cooperating are:

- ◆ Finding the absent parent
- ◆ Legally naming who the father of your child is (see the back of this form for the section on **“Fathers’ Rights When Paternity is Established in Court”**)
- ◆ Up to **\$100** per month of current support collected is given to you (this is called a “pass-through” or “bonus” check)
- ◆ Getting support that could help you so that you might not need TA
- ◆ Your child gains inheritance rights to medical and life insurance
- ◆ You and your child gain rights to future Social Security, Veteran’s or other government benefits.

YOUR RIGHTS IF YOU DO NOT COOPERATE

- I. **If you feel that cooperating would not be good for you or your child:**
 - A. You have the right to make a “good cause claim” for not cooperating. The following are reasons that the Department will use to see if it can approve your good cause claim:
 - ◆ Your cooperation is likely to cause physical or emotional harm to you or your child
 - ◆ Your child came from a pregnancy due to incest or rape
 - ◆ You are working with the court or an authorized adoption agency to have your child adopted.
 - B. You have the right to make a “good cause claim” at any time by telling a worker. If you make a good cause claim, you must:
 - ◆ Give evidence to the Department to prove this. See the back of this form for the section on **“Examples Of Evidence You Can Give For A Good Cause Claim”**. If you need help getting the evidence, the Department will give you reasonable help. If your claim is due to fear of physical harm, and you cannot get the evidence, the Department may still be able to approve your good cause claim.
 - ◆ Give your evidence **within 20 days** of making your good cause claim. You may only have 20 days if you have a hard time getting evidence.

NOTE: If you are applying for TA or MA, you must give evidence and tell what you know about the absent parent, or you will get less TA and you will not get MA for yourself.

Once you make a good cause claim, the Department will do one of the following:

- ◆ Approve your claim based on the evidence you have given to prove one of the good cause reasons listed in Section I.A. above. If your claim is approved, you will not have to cooperate with the Department.
- ◆ Deny your claim because the evidence you gave was not enough to prove one of the reasons listed in Section I.A. above.
- ◆ Look into (“investigate”) your claim further so that the Department can get the information it needs to see if it can approve your claim. You may have to tell what you know about the absent parent, such as their name and address. The Department will not contact the absent parent without telling you first.

NOTE: The Child Support Enforcement Unit (CSEU) may review the Department’s findings and the good cause decision. If you ask for a hearing on your good cause claim, the CSEU may be involved with that hearing. If your good cause claim is approved, the CSEU may try to establish paternity or collect support only if the Department decides that this can be done without risk to you or your child. This will not be done without telling you first.

- II. **If you do not cooperate and do not have a good cause claim or domestic violence waiver that was approved:**
 - ◆ You will get less TA and will not get MA for yourself.
 - ◆ TA for your child may be paid to someone else called a “protective payee”.

I have read the front and back of this notice, <input type="checkbox"/> I can cooperate in pursuing child support without exposing my children or myself to physical or emotional harm. <input type="checkbox"/> I cannot pursue child support, as it would expose my children or myself to physical or emotional harm.		<input type="checkbox"/> I have given the applicant/recipient a copy of this notice.	
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SIGNATURE OR APPLICANT/RECIPIENT	DATE	SIGNATURE OF WORKER	DATE
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I. INFORMATION YOU MAY ALREADY HAVE ON THE ABSENT PARENT(S)

You will be asked to give as much information about the absent parent(s) as possible. Social Security Number(s) and date(s) of birth are especially important. Please check the absent parent's:

- ◆ Pay stubs
- ◆ Tax returns (may be joint returns)
- ◆ Tax Department forms and letters
- ◆ Unemployment Benefits (UIB) booklet
- ◆ Social Security/Veterans Administration records
- ◆ Workers' Compensation statement
- ◆ School/College records
- ◆ Life and auto insurance policies
- ◆ Bank books (current and old)
- ◆ Medical/Dental records and bills
- ◆ Marriage certificate
- ◆ ID cards (health insurance, school ID, alien registration)
- ◆ Other personal records

II. EXAMPLES OF EVIDENCE YOU CAN GIVE FOR A GOOD CAUSE CLAIM:

- ◆ Birth Certificate, or medical or law enforcement records, which show that your child came from a pregnancy due to incest or rape
- ◆ Court records or other records which show that action on a legal adoption is pending in court
- ◆ Court, medical, criminal, child protective services, social services, psychological or law enforcement records which show that the alleged or absent parent might physically or emotionally harm you or your child
- ◆ Medical records which show emotional health history and present health history and present health status of you or your child; or written statements from mental health staff showing a diagnosis or prognosis on the emotional health of you or your child
- ◆ A written statement from a public or private agency that you are being helped to decide whether to keep or give up your child for adoption and
- ◆ Sworn statements from people including friends, neighbors, clergy, social workers and medical staff who would know your situation and could confirm the basis of your good cause claim

If you need help in getting evidence, ask the Department. The Department will give you reasonable help in getting the evidence you need.

III. FATHERS' RIGHTS WHEN PATERNITY IS ESTABLISHED IN COURT

When a court has established who is the father of a child, or when a mother and father acknowledge that he is the child's father by signing an Acknowledgment of Paternity form immediately before or anytime after the child is born, the father may ask to:

- ◆ Get custody of the child
- ◆ Visit with the child
- ◆ Take part in any adoption or foster care plans for the child
- ◆ Disagree with any adoption or foster care placements of the child
- ◆ Inherit from the child

NOTIFICACION SOBRE LOS DERECHOS Y LAS RESPONSABILIDADES RELATIVOS A LA MANUTENCION

SUS RESPONSABILIDADES

Cuando usted firma una solicitud de Asistencia Temporal (Temporary Assistance (TA) Asistencia Médica (Medical Assistance - MA), y durante el tiempo que reciba TA y/o MA, usted **debe**:

- I. Notificar** a su trabajador(a) si usted está embarazada o estuvo embarazada durante los dos últimos meses, debido a que puede ser que algunos requisitos de abajo no se apliquen a usted en este momento.
- II. Entregar** ("ceder") al Estado y a su departamento local de servicios sociales ("el Departamento") sus derechos y los derechos de todo miembro de su familia que está solicitando ayuda (incluyendo soporte médico) de alguien más. [Ley de Servicio Social (Social Services Law - SSL) 158 y 348.]
Si usted está solicitando MA solamente, usted concede al Estado y al Departamento sus derechos y los derechos de cualquier miembro de familia que esté aplicando para recibir ayuda médica, incluyendo los derechos a cualquier beneficio médico. [SSL 366(4)(H)]
- III. Cooperar** con el Departamento para nombrar legalmente al padre de su niño(a) ("establecer la paternidad") y para recibir cualquier manutención (incluyendo soporte médico) que se le deba a usted y a cualquier niño(a) que viva con usted [SSL 132-a, 158, 349-b y 366(4)(h)]. Si usted tiene buenos motivos para no cooperar asegúrese de leer la sección "**SUS DERECHOS SI NO COOPERA**" más abajo.

Cooperar significa que usted tendrá que:

- Ir a la oficina de TA y, si se requiere, a la de manutención infantil o a los tribunales para firmar papeles o para decir lo que sabe sobre el padre/madre ausente. Pueden preguntarle algunas cosas que usted ya sabe. Vea el **reverso** de este formulario para la sección sobre "**Información que Usted Puede ya Tener sobre el Padre/Madre Ausente**".
- Nombrar al padre/madre ausente de cualquier niño(a) que solicite o esté recibiendo TA o MA, y decir lo que sepa para ayudar a encontrar a ese padre/madre.
- Ayudar al tribunal, a nombrar legalmente al padre de cualquier niño(a) nacido de padres no casados.
- Indique lo que sabe acerca del ingreso del padre/madre ausente para que el Departamento le ayude a obtener apoyo financiero o médico tanto a usted como a cualquier niño(a) que está recibiendo TA o MA.
- Ayude a que el Departamento le ayude a obtener apoyo médico, incluyendo beneficios médicos para cualquier niño(a) recibiendo MA.
- Entregar al Departamento cualquier dinero que el padre/madre ausente le haya dado a usted; usted aún podrá recibir su subsidio de TA completo para usted o cualquier niño(a) recibiendo TA.

NOTA: Al firmar la solicitud de TA/MA, usted está declarando bajo pena de perjurio que dará información verdadera y completa. Si no sabe cierta información sobre el padre/madre de su niño(a), **debe** firmar un formulario diciendo que no sabe.

Un niño(a) debe obtener apoyo de ambos padres. Al cooperar, usted está invirtiendo en el futuro de su hijo(a). Algunos de los beneficios de cooperar son:

- Encontrar al padre/madre ausente.
- Nombrar legalmente al padre de su niño(a) (ver el reverso de este formulario para la sección "**Derechos del Padre Cuando la Paternidad Se Establece Judicialmente**").
- Se le da a usted \$100 por mes de la manutención cobrada actualmente [esto se llama "cheque traspasado" (pass-through) o "extraordinario" (bonus)].
- Obtener manutención que podría ayudarle y hacer posible que usted no necesite PA.
- Su niño(a) obtiene derechos de herencia, a seguro médico y de vida.
- Usted y su niño(a) obtienen derechos a futuros beneficios de Seguro Social, de Veteranos de Guerra u otros beneficios del gobierno.

SUS DERECHOS SI NO COOPERA

I. Si cree que cooperar no sería bueno para usted o su niño(a):

- A.** Tiene derecho a hacer una "demanda por tener una buena razón" para no cooperar. Las siguientes son las razones que el Departamento usará para ver si puede aprobar su demanda por buena razón:
 - Es probable que su cooperación cause daño físico o emocional a usted o su niño(a)
 - Su niño(a) provino de un embarazo debido a un incesto o una violación.
 - Está trabajando con el tribunal o con una agencia de adopciones autorizada para hacer adoptar a su niño(a).
- B.** Tiene derecho a hacer una "demanda por buena razón" en **cualquier** momento diciéndole a un trabajador(a). Si hace una demanda por buena razón **debe**:
 - Dar evidencia al Departamento para probarlo. Vea el reverso de este formulario, la sección "**Ejemplos de Evidencia que Usted Puede Dar para una Demanda por Buena Razón**". Si necesita ayuda para obtener la evidencia, el Departamento le dará ayuda razonable. Si su demanda se debe al temor de daño físico, y usted no puede obtener la evidencia, es probable que el Departamento todavía pueda aprobar su demanda por buena razón.
 - Dar su evidencia en un plazo de 20 días luego de hacer su demanda por buena razón. **Sólo** puede tener más de 20 días si tiene dificultades para conseguir la evidencia.

NOTA: Si usted está solicitando PA o MA, usted debe proporcionar evidencia e indicar lo que sabe acerca del padre/madre ausente, o usted recibirá menos TA y no recibirá MA para usted.

Una vez que haga una demanda por buena razón, el Departamento hará algo de lo siguiente:

- Aprobará su demanda basándose en la evidencia que usted ha dado para probar una de las razones de buena razón mencionadas en la Sección I.A. anterior. Si se aprueba su demanda, usted no tendrá que cooperar con el Departamento.
- Rechazará su demanda porque la evidencia que usted dio no fue suficiente para probar una de las razones de buena razón mencionadas en la sección I.A. anterior.
- Considerará ("investigará") su demanda adicionalmente para que el Departamento pueda obtener la información que necesite para ver si puede aprobar su demanda. Usted puede tener que decir lo que sabe sobre el padre/madre ausente, tal como su nombre y dirección. El Departamento no se comunicará con el padre/madre ausente sin antes decírselo a usted.

NOTA: La Unidad Estatal de Coacción de Manutención Infantil (State Child Support Enforcement Unit - CSEU) puede examinar el fallo del Departamento y la decisión de buena razón. Si usted pide una audiencia para su demanda por buena razón, es posible que la CSEU tome parte en esa audiencia. Si se aprueba su demanda por buena razón, es probable que la CSEU intente establecer la paternidad o cobrar la manutención **sólo si** el Departamento decide que esto se puede realizar sin riesgo a su persona o a su niño(a). Esto no se hará sin antes avisarle a usted.

II. Si usted no coopera y no tiene una demanda por buena razón aprobada:

- No puede obtener PA para usted
- Cualquier PA para su niño(a) puede pagársele a otra persona llamada "cobrador protectorivo".

He leído el frente y el reverso de esta notificación.

- Puedo** cooperar en conseguir manutención infantil sin exponer a mis hijos o a mi persona a daños físicos o emocionales.
- No puedo tratar de** conseguir manutención infantil ya que expondrá a mis hijos o a mi persona a daños físicos o emocionales.

Le he dado al solicitante/beneficiario(a) una copia de esta notificación

FIRMA DEL SOLICITANTE/BENEFICIARIO(A)	FECHA	FIRMA DEL TRABAJADOR(A)	FECHA
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I. INFORMACION QUE USTED PUEDE YA TENER SOBRE EL PADRE/MADRE AUSENTE:

Se le pedirá que dé el máximo posible de información sobre el padre/madre ausente. El/Los número(s) de Seguro Social y la(s) fecha(s) de nacimiento son especialmente importantes. Por favor indique los siguientes datos del padre/madre ausente(s):

- Talones de pago
- Declaraciones de impuestos (pueden ser conjuntas)
- Formularios y cartas del Departamento de Impuestos
- Libreta de Beneficios de Desempleo (Unemployment Benefits-UIB)
- Seguro Social/Récords de la Administración de Veteranos
- Declaración de Compensación Laboral (Workers' Compensation)
- Récords Universitarios/Escolares
- Pólizas de seguro de vida o de automóvil
- Libretas Bancarias (actuales y viejas)
- Facturas y récords dentales/médicos
- Certificado de matrimonio
- Tarjetas de identificación (seguro de salud, identificación estudiantil, registro de extranjero)
- Otros expedientes personales

II. EJEMPLOS DE EVIDENCIA QUE USTED PUEDE DAR PARA UNA DEMANDA POR BUENA RAZON:

- Partidas de nacimiento, o expedientes médicos o de cumplimiento de la ley que muestren que su niño(a) provino de un embarazo debido a un incesto o una violación;
- Expedientes judiciales u otros expedientes que demuestren que existe una acción legal de adopción pendiente en un tribunal; Expedientes judiciales, médicos, penales, de servicios de protección infantil, servicios sociales, servicios psicológicos o de cumplimiento de la ley que muestren que el supuesto padre/madre ausente podría dañarle a usted o a su niño(a) física o emocionalmente;
- Expedientes médicos que muestren un historial de salud emocional y un historial de salud actual, además de presentar la condición actual de su salud o la de su niño(a); o declaraciones escritas de personal de salud mental que muestren un diagnóstico o una prognosis sobre su salud emocional o la de su niño(a);
- Una declaración por escrito de una agencia pública o privada de que le están ayudando a decidir si usted debe mantener o ceder a su niño(a) para la adopción; y
- Declaraciones juradas de personas, incluyendo amigos, vecinos, clérigos, trabajadores sociales y personal médico que conozcan su situación y puedan confirmar la base de su demanda por buena razón.
- Si necesita ayuda para obtener la evidencia, pídale al Departamento. El Departamento le dará ayuda razonable para obtener la evidencia que necesita.

III. DERECHOS DEL PADRE CUANDO LA PATERNIDAD SE ESTABLECE JUDICIALMENTE

Cuando un tribunal ha establecido quién es el padre de un niño(a), o cuando una madre y un padre reconocen que éste es el padre del niño(a) firmando un formulario de Reconocimiento de Paternidad inmediatamente antes o en cualquier momento después de que el niño(a) nazca, el padre puede solicitar:

- Obtener custodia del niño(a)
- Visitar al niño(a)
- Tomar parte en cualquier plan de adopción o de cuidado de crianza (foster care) del niño(a)
- Diferir con cualquier colocación de adopción o de cuidado de crianza del niño(a)
- Heredar del niño(a).

Attachment 21

Book 1 Insert (LDSS-4148A, Book 1, “What You Should Know About Your Rights and Responsibilities”)

THE SOCIAL SERVICES LAW HAS CHANGED. IT IS IMPORTANT TO KNOW ABOUT THE CHANGES AND IT IS NECESSARY TO DETERMINE IF ANY OF THE CHANGES AFFECT YOUR CASE.

Rights Regarding Support Pass-Through and Excess Support Payments - Temporary Assistance

Support Pass-Through:

A portion of any current child support payment made timely will be given to you in addition to the monthly Temporary Assistance grant. The portion of the child support payment given to you is called a “pass-through payment.” Effective October 1, 2008, the pass-through payment will increase to an amount up to the first \$100 of current support collected each month or the current support obligation amount, whichever is less; and effective January 1, 2010, the \$100 pass-through payment will continue for one child but will increase to up to the first \$200 per month of current support collected for Temporary Assistance families with two or more children or the current support obligation amount, whichever is less. This pass-through payment is not counted against your Temporary Assistance grant, but may reduce your Food Stamp Benefits.

Excess Support:

Effective October 1, 2008, child support payments received in excess of **the first \$100.00** of the current support collected for the month will be paid to the State and to the local department of social services for reimbursement of up to the total amount of Temporary Assistance that has been paid to you. You are entitled to receive any support collected that exceeds the total amount of Temporary Assistance paid to you.

Attachment 22

Book 2 Insert (LDSS-4148B, Book 2, “What You Should Know About Social Services Programs”)

THE SOCIAL SERVICES LAW HAS CHANGED. IT IS IMPORTANT TO KNOW ABOUT THE CHANGES AND IT IS NECESSARY TO DETERMINE IF ANY OF THE CHANGES AFFECT YOUR CASE.

Child Support

Section C

Q. If I receive Temporary Assistance will I also get child support?

A. For Temporary Assistance recipients, the child support payments are kept by the agency to reimburse the benefits provided to you and your children. However, the household may receive a “pass-through payment.” Effective October 1, 2008, the pass-through payment will increase to an amount up to the first \$100 of current support collected each month by the child support program or the current support obligation amount, whichever is less; and effective January 1, 2010, the \$100 pass-through payment will continue for one child but will increase to up to the first \$200 per month of current support collected by the child support program for Temporary Assistance families with two or more children or the current support obligation amount, whichever is less.