Rev. 04/2022

Calculations Worksheet for Desk Review of Pass-through Payments

| Desk Review Administrative Information (Top portion completed by the Support Collection Unit [SCU]; signature section completed as Is Date Request Received: Recipient's Name: Client Identification Number (CIN) Recipient's Address: Temporary Assistance Case Number(s) (TA-CAN): ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; | | ond-Level Desk Review | ☐ Sec | esk Review | Revised First-Level De | ew 🔲 | rst-Level Desk Review | |
|---|----------|------------------------|----------|---------------|--------------------------|------------------------|--------------------------|----------------------------|
| Client Identification Number (CIN) Recipient's Address: Temporary Assistance Case Number(s) (TA-CAN): ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; | abeled.) | ection completed as la | | | | leted by the | Гор portion comple | - |
| Temporary Assistance Case Number(s) (TA-CAN): | | | | | Recipient's Name: | | eceived: | Date Request F |
| New York Case Identifier(s) (Child Support Account Number): | | | | | Recipient's Address: | | ion Number (CIN) | Client Identifica |
| Review Period: from: | | ; | | _; | | (s) (TA-CAN): _ | stance Case Number(s) | Temporary Ass |
| Date(s) of TA: from: | | ;; _ | | | Number): | oport Account N | dentifier(s) (Child Supp | lew York Case |
| from: | | | | | onth/year) | to (mo | from:(month/year) | Review Period: |
| First-Level Desk Review Completed by the Support Collection Unit Name: Title: Telephone Number: Da First-Level Desk Review Completed by the TA Unit Name: Title: Telephone Number: Da f Applicable, Second-Level Desk Review Completed by OTDA Division of Child Support Services Name: Title: Telephone Number: Da | to | ; from: t | | to _ | ; from: | to | from: | Date(s) of TA: |
| Name: | 0 | ; from: to | | to _ | ; from: | to | rom: | |
| Name: Title: Telephone Number: Da Applicable, Second-Level Desk Review Completed by OTDA Division of Child Support Services Name: Title: Telephone Number: Da Telephone Number: Da | | | | | t Collection Unit | y the Support | Review Completed by | irst-Level Des |
| Name: Title: Telephone Number: Da FApplicable, Second-Level Desk Review Completed by OTDA Division of Child Support Services Name: Title: Telephone Number: Da | ate: | Da | umber: | _ Telephone N | | Title: | | Name: |
| Applicable, Second-Level Desk Review Completed by OTDA Division of Child Support Services Name: Title: Telephone Number: Da | | | | | : | y the TA Unit | Review Completed by | irst-Level Des |
| Name: Title: Da | ate: | Da | umber: | _ Telephone N | | Title: | | Name: |
| | | | Services | Child Support | ed by OTDA Division of C | view Complete | cond-Level Desk Revie | ^f Applicable, S |
| | ate: | Da | umber: | _ Telephone N | | Title: | | Name: |
| f Applicable, Second-Level Desk Review Completed by OTDA TA Bureau | | | | | ed by OTDA TA Bureau | view Complete | cond-Level Desk Revie | f Applicable, S |
| Name: Title: | ate: | Da | umber: | _ Telephone N | | Title: | | Name: |

Rev. 04/2022 Attachment 7

| Step | 2 | | | | | | Page 1 of | | |
|---|---|-------------------|--------------------|---------------------|--------------------|---------------------|-----------|--|--|
| _ | Child Support Information | | | | | | | | |
| (to be completed by the SCU) | | | | | | | | | |
| | Month / Year (List All Months of Review Period) | | | | | | | | |
| 1. | Factored Monthly Current Support Obligation | | | | | | | | |
| | Total Monthly Amount of Current Support Collected and Disbursed to District | | | | | | | | |
| Step | 3 | | | | | | | | |
| | TA Information (to be completed by the TA Unit) | | | | | | | | |
| 3. | Enter Lesser Amount from Line 1 and Line 2 | | | | | | | | |
| 4. | Maximum Pass-through Case may be Eligible for (enter \$0.00, \$100.00 or \$200.00) | | | | | | | | |
| _ | Enter Lesser Amount from Line 3 and Line 4 | | | | | | | | |
| 6. | Pass-through Payment Previously Issued (enter amount and date) | | | | | | | | |
| | Subtract Line 6 from Line 5. This is the Amount of Pass-through Owed to the Recipient | | | | | | | | |
| 8. | Enter the total amount of all columns from Line 7. This is the amount of pass-through payment that is owed or was overpaid to the Recipient | | | | | | | | |
| Step | 4 | | | | | | | | |
| RESULTS OF FIRST-LEVEL DESK REVIEW OF PASS-THROUGH PAYMENTS (check one) | | | | | | | | | |
| | The correct amount of pass-through payn | nents has been pa | id to the Recipien | t to date. No addit | ional payments are | owed to the Recipie | nt. | | |
| | An additional pass-through payment is owed to the Recipient in the amount of | | | | | | | | |
| | The Recipient has been paid too much in pass-through payments and owes | | | | | | | | |
| Comme | ents (SCU/TA Unit): | | | | | | | | |

Rev. 04/2022 Additional Worksheet for Review Periods Longer Than Six Months Additional Worksheet for Review Periods Longer Than Six Months

| Child Support Information (to be completed by the SCU) Month /Year (list all months of review period) 1. Factored Monthly Current Support | | | | | | | |
|---|--|--|--|--|--|--|--|
| (to be completed by the SCU) Month /Year (list all months of review period) | | | | | | | |
| Month /Year (list all months of review period) | | | | | | | |
| (list all months of review period) | | | | | | | |
| | | | | | | | |
| 1. Factored Monthly Carrent Support | | | | | | | |
| Obligation | | | | | | | |
| 2. Total Monthly Amount of Current | | | | | | | |
| Support Collected and Disbursed to | | | | | | | |
| District | | | | | | | |
| Step 3 | | | | | | | |
| TA Information | | | | | | | |
| (to be completed by the TA Unit) | | | | | | | |
| 3. Enter Lesser Amount from Line 1 and | | | | | | | |
| Line 2 | | | | | | | |
| 4. Maximum Pass-through Case may be | | | | | | | |
| Eligible for | | | | | | | |
| (enter \$0.00, \$100.00 or \$200.00) | | | | | | | |
| 5. Enter Lesser Amount from Line 3 and | | | | | | | |
| Line 4 | | | | | | | |
| 6. Pass-through Payment Previously Issued | | | | | | | |
| (enter amount and date) | | | | | | | |
| 7. Subtract Line 6 from Line 5. This is the | | | | | | | |
| Amount of Pass-through Owed to the | | | | | | | |
| Recipient | | | | | | | |
| Enter the total amount of all columns from Line 7 of this additional worksheet to Line 8 of the original worksheet | | | | | | | |