Calculations Worksheet for Desk Review of Cumulative Excess Support Payments

☐ First-Level Desk Review   ☐ Revised First-Level Desk Review   ☐ Second-Level Desk Review

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Step 1

Desk Review Administrative Information
(Top portion completed by the Support Collection Unit [SCU]; signature section completed as labeled.)

Date Request Received: _____   **Recipient's Name**: _____

Client Identification Number (CIN)_____   **Recipient's Address**: _____

Temporary Assistance Case Number(s) (TA-CAN): _____; _____; _____; _____

New York Case Identifier(s) (Child Support Account Number): _____, _____; _____; _____

Review Period: from:_____ to _____   **(Begin on the first date the Recipient received TA or the date of birth of the oldest
            (month/year)   (month/year)   child, whichever is later. End on the last day of the last month child support was kept
                                                                          by the district)**

Date(s) of TA: from:_____ to _____; from:_____ to _____; from:_____ to _____

           from:_____ to _____; from:_____ to _____; from:_____ to _____

First-Level Desk Review Completed by the Support Collection Unit

  Name: _____ Title: _____ Telephone Number: _____ Date: _____

First-Level Desk Review Completed by the TA Unit

  Name: _____ Title: _____ Telephone Number: _____ Date: _____

If Applicable, Second-Level Desk Review Completed by OTDA Division of Child Support Services

  Name: _____ Title: _____ Telephone Number: _____ Date: _____

If Applicable, Second-Level Desk Review Completed by the OTDA TA Bureau

  Name: _____ Title: _____ Telephone Number: _____ Date: _____

Step 2	**PA Grant Paid** (Completed by the TA Unit. Attach all applicable TA payment records.)	
Total Applicable PA Grant Paid in the Review Period		$

Step 3	**Total Repayments** (Completed by the SCU and the TA Unit. For each source of repayment, attach payment record.)	
A. Child Support **(to be completed by SCU)**		$
B. Supplemental Security Income (SSI) Interim Assistance **(to be completed by TA Unit)**		$
C. Lottery **(to be completed by TA Unit)**		$
D. Lien/Mortgage/Judgment **(to be completed by TA Unit)**		$
E. Cash Repayment (after Temporary Assistance closed) **(to be completed by TA Unit)**		$
F. Lawsuit Settlement **(to be completed by TA Unit)**		$
G. Other (to be completed by the TA Unit)		$

Step 4	**RESULTS** (Completed by the TA Unit)		
Total Applicable PA Grant Paid in the Review Period (Step 2)			$
Total Repayments (From Step 3- total of A-G)		**MINUS**	$
Total Cumulative Excess Support Amount (If this amount is less than zero, this is the total amount of cumulative excess support due to the Recipient. If this amount is not zero or greater, there is no cumulative excess support due to the Recipient.)		**EQUALS**	$

Comments (SCU/TA Unit):

_____
_____
_____
_____