

CALCULATIONS WORKSHEET DESK REVIEW OF PASS-THROUGH PAYMENTS

☐ FIRST-LEVEL DESK REVIEW

☐ SECOND-LEVEL DESK REVIEW

**STEPS 1, 2, AND 3 ARE TO BE COMPLETED BY THE SUPPORT COLLECTION UNIT (SCU) WORKER
AND CHECKED/CORRECTED BY THE DIVISION OF CHILD SUPPORT ENFORCEMENT (DCSE) 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): _____

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

CIN No. _____

DATES OF PUBLIC ASSISTANCE: Start _____ End _____ ACTIVE: ☐ Yes ☐ No

Step 2: CHILD SUPPORT COLLECTIONS AND DISBURSEMENT CALCULATIONS

(a) Month/Year of Desk Review Request	(b) CSMS Case No (enter only if multiple CSMS Case Nos)	Current Collections Received		Disbursement of Total Current Available Collections Received		Support Payments Identified for Future Months
		(c) Amount of Current Support Collected	(d) Receipt Date of Current Collection	(e) Amount of Pass- Through Disbursed to SSD by the SCU	(f) Date of Pass- Through Disbursement to SSD	(g) Amount of Available Future Support Payments
(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.

Step 3: SUMMARY TOTAL DISBURSEMENTS

Total Amount of Current Support Collected from Step 2(h), Column (c)

Total Amount of Pass-Through Disbursed To SSD by the SCU from Step 2(h), Column (e)

Total Amount of Available Future Support Payments Step 2(h), Column (g)

First-Level Desk Review Completed by:

Support Collection Unit

Name (Please Print and Initial)

Title

Telephone Number

Date

If Applicable, Second-Level Desk Review Completed by:

Division of Child Support Enforcement

Name (Please Print and Initial)

Title

Telephone Number

Date

**STEPS 4, 5, AND 6 ARE TO BE COMPLETED BY THE SOCIAL SERVICES DISTRICT (SSD) WORKER
AND CHECKED/CORRECTED BY THE DIVISION OF EMPLOYMENT AND TRANSITIONAL SUPPORTS (DETS) REVIEWER**

Step 4: PASS-THROUGH PAYMENTS DISBURSEMENT TO RECIPIENT VIA EBT CARD/PAPER CHECK

Carry Over Information from Step 2 Above		Pass-Through Payments Disbursed to Recipient Via the EBT Card/Paper Check		Calculation of Pass-Through Payments Due to the Recipient			Support Payments Identified for Future Months
(i)	(j)	(k)	(l)	(m)	(n)	(o)	(p)
Month/Year of Desk Review Request (from column (a) of Step 2 above)	Amount of Pass- Through Payments Disbursed to SSD by SCU (from column (e) of Step 2 above)	Amount of Pass- through Payment Disbursed to Recipient by SSD	Date Disbursed to Recipient by SSD via the EBT Card/Paper Check	Amount of Pass- through Payment Not Disbursed to the Recipient (amount in column (j) minus (k))	Disbursements that have been Expunged (Expired), if any, and are Now Due to the Recipient	Balance Due to Recipient (total of columns (m) plus (n))	Amount of Available Future Support Payments (from column (g) of Step 2 above)
(q) TOTALS							

Step 5: TOTAL DUE TO RECIPIENT

Total Balance Due to Recipient from Step 4, Column (o)

Total Support Payments Identified for Future Months from Step 4, Column (p)

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 \$_____.

And, if applicable,

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

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

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.

First-Level Desk Review Completed by:**Social Services District:**_____
Name (Please Print and Initial)_____
Title_____
Telephone Number_____
Date**If Applicable, Second-Level Desk Review Completed by:****Division of Employment and Transitional Support**_____
Name (Please Print and Initial)_____
Title_____
Telephone Number_____
Date