

FORM ACF-202 – TANF CASELOAD REDUCTION REPORT

Date of Completion _____

State: _____

Fiscal Year to which credit applies: _____

1. Name of eligibility change:
2. Implementation date of eligibility change:
3. Description of policy, including the change from prior policy:

4. Description of the methodology used to calculate the estimated impact of this eligibility change:
(attach supporting materials to this form)

5. Estimated average monthly impact of this eligibility change on caseload in comparison year:

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OMB Control No.: 0970-0338 Expiration Date: _____

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PART 2 – Estimate of Caseload Reduction Credit

(Complete Part 2 using Excel Workbook provided.)

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PART 3 -- Certification

I certify that we have provided the public an appropriate opportunity to comment on the estimates and methodology used to complete this report and considered those comments in completing it. Further, I certify that this report incorporates all reductions in the caseload resulting from State eligibility changes and changes in Federal requirements since Fiscal Year 2005.

(signature)

(name)

(title)