State: Fiscal Year to which credit appropriate	
Two-parent Report (check one) participation rate?	=
PART 1 –Eligibility Changes Made Since FY 2005	
(Complete this section for EACH change)	
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 ch (attach supporting materials to this form):	ange
5. Estimated average monthly impact of this eligibility change on caseload in comparison year	ır:

Da	Date of Completion	
St	State: Fiscal Year to which credit applies: _	
1.	1. Name of eligibility change:	
2.	2. Implementation date of eligibility change:	
3.	3. Description of policy, including the change from prior policy:	
4.	4. Description of the methodology used to calculate the estimated impact of this eligibility change: (attach supporting materials to this form)	
5.	5. Estimated average monthly impact of this eligibility change on caseload in comparison year:	
ON	OMB Control No.: 0970-0338 Expiration Date:	

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Da	Date of Completion	
St	State: Fiscal Year to which credit applies: _	
1.	1. Name of eligibility change:	
2.	2. Implementation date of eligibility change:	
3.	3. Description of policy, including the change from prior policy:	
4.	4. Description of the methodology used to calculate the estimated impact of this eligibility change: (attach supporting materials to this form)	
5.	5. Estimated average monthly impact of this eligibility change on caseload in comparison year:	
ON	OMB Control No.: 0970-0338 Expiration Date:	

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Da	Date of Completion	
St	State: Fiscal Year to which credit applies: _	
1.	1. Name of eligibility change:	
2.	2. Implementation date of eligibility change:	
3.	3. Description of policy, including the change from prior policy:	
4.	4. Description of the methodology used to calculate the estimated impact of this eligibility change: (attach supporting materials to this form)	
5.	5. Estimated average monthly impact of this eligibility change on caseload in comparison year:	
ON	OMB Control No.: 0970-0338 Expiration Date:	

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Date of Completion		
Sta	ate:	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 eattach supporting materials to this form)	estimated impact of this eligibility change:
5.	Estimated average monthly impact of this eligibility cl	nange on caseload in comparison year:
OM	IB Control No.: 0970-0338 Expiration Date:	

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Date of Completion		
Sta	ate:	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 eattach supporting materials to this form)	estimated impact of this eligibility change:
5.	Estimated average monthly impact of this eligibility cl	nange on caseload in comparison year:
OM	IB Control No.: 0970-0338 Expiration Date:	

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State: Fiscal Year to which credit applies: 1. Name of eligibility change: 2. Implementation date of eligibility 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) 4. Description of the methodology used to calculate the estimated impact of this eligibility change: (attach supporting materials to this form)	Da	Date of Completion	
 Implementation date of eligibility change: Description of policy, including the change from prior policy: Description of the methodology used to calculate the estimated impact of this eligibility change: (attach supporting materials to this form) 	Sta	ate:	Fiscal Year to which credit applies:
 Description of policy, including the change from prior policy: Description of the methodology used to calculate the estimated impact of this eligibility change: (attach supporting materials to this form) 	1.	Name of eligibility change:	
4. Description of the methodology used to calculate the estimated impact of this eligibility change: (attach supporting materials to this form)	2.	Implementation date of eligibility change:	
(attach supporting materials to this form)	3.	Description of policy, including the change from prior	r policy:
(attach supporting materials to this form)			
(attach supporting materials to this form)			
(attach supporting materials to this form)			
(attach supporting materials to this form)			
(attach supporting materials to this form)			
	4.		estimated impact of this eligibility change:
5. Estimated average monthly impact of this eligibility change on caseload in comparison year:		(attach supporting materials to this form)	
5. Estimated average monthly impact of this eligibility change on caseload in comparison year:			
5. Estimated average monthly impact of this eligibility change on caseload in comparison year:			
5. Estimated average monthly impact of this eligibility change on caseload in comparison year:			
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5. Estimated average monthly impact of this eligibility change on caseload in comparison year:			
5. Estimated average monthly impact of this engloring change on caseload in comparison year.	5.	Estimated average monthly impact of this eligibility of	hange on caseload in comparison year:

Date of Completion		
Sta	ate:	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 prio	r policy:
4.	Description of the methodology used to calculate the (attach supporting materials to this form)	estimated impact of this eligibility change:
5.	Estimated average monthly impact of this eligibility of	change on caseload in comparison year:

Date of Completion		
Sta	ate:	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 eattach supporting materials to this form)	estimated impact of this eligibility change:
5.	Estimated average monthly impact of this eligibility cl	nange on caseload in comparison year:
OM	IB Control No.: 0970-0338 Expiration Date:	

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Date of Completion		
Sta	ate:	Fiscal Year to which credit applies:
1.	Name of eligibility change:	
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3.	Description of policy, including the change from prior	policy:
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OM	IB Control No.: 0970-0338 Expiration Date:	

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Date of Completion	
State:	Fiscal Year to which credit applies:

PART 2 – Estimate of Caseload Reduction Credit

(Complete Part 2 using Excel Workbook provided.)

Date of Completion		
State:	Fiscal Year to which credit applies:	
	PART 3 Certification	
and meth Further, 1	that we have provided the public an appropriate opportunity to comment on the estimates odology used to complete this report and considered those comments in completing it. I certify that this report incorporates all reductions in the caseload resulting from State or changes and changes in Federal requirements since Fiscal Year 2005.	
	(signature)	
	(name)	
	(title)	