Date of Completion								
State:			Fiscal Year to which credit applies:					
	Overall Report _ Two-parent Report _	(check one)	Apply the overall credit to the two-parent participation rate?	yes no				
	-		hanges Made Since FY 2005					
		(Complete this sec	tion for EACH change)					
1.	Name of eligibility change	:						
2.	Implementation date of elig	gibility change:						
3.	Description of policy, inclu	iding the change from p	rior policy:					
4.			he estimated impact of this eligibility change					
	(attach supporting material							
5.	Estimated average monthly	impact of this eligibilit	y change on caseload in comparison year:					

# 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)

# 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:

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# 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)

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

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)	