Instructions for Completing Form ACF-202
Caseload Reduction Report (OMB Control # 0970-0338, expires XX/XX/XXXX)

A State wishing to receive a caseload reduction credit for FY 2020 or any fiscal year thereafter must complete and submit this report on behalf of the State agency administering the TANF program in accordance with these instructions. Please refer to 45 CFR 261 Subpart D for a detailed discussion of the caseload reduction credit and its requirements.

Due Date

This report must be submitted by the end of the first fiscal quarter. For example, the FY 2021 report (which compares the FY 2005 and FY 2020 caseloads) is due by December 31, 2020.

Submission

Submit the original to: Administration for Children and Families, Office of Family Assistance, Mary E. Switzer Building, 330 C Street, S.W., Washington, D.C. 20201. Submit a copy to the appropriate ACF Regional TANF Program Manager.

The Paperwork Reduction Act of 1995

Paperwork Reduction Act of 1995 (Pub. L. 104-13) Statement of Public Burden: Through this information collection, ACF is gathering information to calculate a State's caseload reduction credit. Public reporting burden for this collection of information is estimated to average 120 hours per grantee per year, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information (42 U.S.C. § 607). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0338 and the expiration date is XX/XX/XXXX. If you have any comments on this collection of information, please contact the Office of Family Assistance by email at TANFdata@acf.hhs.gov.

Purpose

This report provides ACF with the information necessary to calculate a State's caseload reduction credit.

General Instructions

Guidance

We have designed Form ACF-202 so that you can complete it electronically or manually. We do not currently have a mechanism for on-line completion of the report and need to receive a completed certification page with a valid signature. We would prefer to receive electronic copies of the report in the original Microsoft Word and Excel formats, as well as an original certification page in hard copy but you may opt to submit the report in hard copy only.

Form ACF-202 consists of a table with room for narrative descriptions, a calculation workbook, and a certification page. The calculation workbook (Part 2 of the report) is a Microsoft Excel workbook; the other parts are in a Microsoft Word document.

Each State must provide the public an opportunity to comment on the estimates and methodologies used to complete the Caseload Reduction Report.

Step-by-Step Instructions

1. Enter the date you are completing this form (or if you have revised the form, the date of the revision), the name of the State, and the fiscal year to which the credit applies in the spaces provided. For example, enter "2018" for the credit that reduces the required work participation rate for FY 2018 and compares the FY 2005 base-year caseload to the FY 2017 comparison-year caseload. Enter "2019" for the credit that reduces the FY 2019 required work participation rate and compares the decline between the FY 2005 base-year caseload to the FY 2018 comparison-year caseload. If you are completing the report electronically, you will only need to enter this information once for each part of the report.

2. Indicate with a checkmark or X on the appropriate line at the top of the first page whether the report is an overall or a two-parent report. An overall report uses data for the entire caseload; a two-parent report uses data for the two-parent caseload. If you are using the overall credit to apply to the two-parent rate, it is still an overall report.

3. If you have opted to use separate caseload reduction credits for your State's overall and two-parent participation rates, you must submit separate reports for each caseload, although you should use just the one Excel workbook provided for both reports. Indicate with a checkmark or X on the line marked "yes" at the top right of the first page if you are applying the overall credit to the two-parent rate; otherwise, check the line marked "no."

Instructions for Completing Part 1

Guidance

You must complete a separate Part 1 page for each change in eligibility criteria (including any change in Federal requirements) that the State has made on or after October 1, 2005, that could cause the State's caseload to decrease and for each eligibility change that caused a caseload increase if you wish us to use that increase to offset caseload decreases. (Please refer to 45 CFR 261.40 for more detail on this topic.) You may "bundle" eligibility changes whose effects you cannot separate from one another. In such a case, you should complete a single Part 1 page for the combined changes.

We have provided 10 blank pages in Part 1 of the form for your convenience. **If you have fewer changes to report, please delete unnecessary pages by deleting the rows in the Word table that you do not need.** If you need additional pages, you may copy and paste the appropriate rows to extend the table or photocopy blank pages and insert them.

You should not list any eligibility changes the State has implemented in the fiscal year to which the credit applies, because this report looks at the effects of eligibility changes on the prior fiscal year caseload.

Please remember that the caseload reduction credit is based on changes both in the State's TANF caseload and in any unduplicated separate State program caseloads claimed to meet the State's maintenance-of-effort funding requirement (MOE); therefore you should be sure that the figures in this report reflect separate State program information as well as TANF program information. You should not consider the creation or deletion of a separate State program claimed for MOE as an eligibility change, since separate State program caseloads must be included in calculating the caseload reduction credit. However, the creation or termination of a solely State-funded program (i.e., one that uses only state dollars that are NOT counted as MOE) since October 1, 2005, is considered an eligibility change.

Step-by-Step Instructions

1. Enter the name of the eligibility change.

2. Enter the implementation date of the eligibility change. A State might implement a change on one date, but not see any effect on the caseload until a later date. In that situation you should enter the date you implemented the policy and explain the delay in step 4.

3. Describe the policy relating to the eligibility criterion, particularly what changed from prior policy. For example, if your State raised the vehicle asset limit, you should make clear what the old limit was and what the new limit is. Or, for example, if your State now requires recipients to sign an Individual Responsibility Plan, be sure to explain that it is a new policy and what the consequences are for failure to meet it (e.g., denial of assistance, sanction). If you are describing a State time limit, include the number of months a family can receive TANF under the policy and what happens when the family reaches the limit.

4. Describe in detail the method you used to calculate the estimated average monthly impact of this eligibility change on the comparison-year caseload. The goal of this section is to make sure we understand how you arrived at the impact and can follow it through from beginning to end. You should describe the source of the data, what you did with those data to arrive at the impact, and how you accounted for the effect of the eligibility change over time. For example, if you count and track actual closures for a full-family sanction based on certain closures codes, you should include that information in this section. If you use a proxy instead of tracking actual cases, you need to make clear what it is and why it is a good means of estimating the effect of this eligibility change. For example, if your State changed its earnings disregard policy, you might estimate the effect by comparing the percentage of cases receiving assistance that have earnings before and after the change.

    Some estimating methods, such as a before-and-after calculation, may account for the full effect of a policy change on the caseload, but many others will not. When determining the effect over time, you must account for the effect both from month to month within a fiscal year and from one fiscal year to the next. In other words, the State's comparison-year caseload is still often

affected by case closures or denials that happened months or even years earlier due to a given change in eligibility. For example, suppose that a new full-family sanction policy caused 50 cases to close in November 2016. Some or all of those cases would still be off the caseload in December 2016, January 2017 and so on, because of that policy change. In making this calculation, you may apply a reasonable decay factor (such as a recidivism rate or a leavers' employment rate) so that you do not overstate the ongoing effect and assume that all closures due to the policy change would have otherwise been in the caseload indefinitely. If you do this, you must explain what the decay factor is, how you derived it, and how you are applying it. Not every decay factor will be appropriate for each kind of eligibility criterion. For example, if a sanction policy closes a case for a minimum of a year, it would not be appropriate to apply a monthly recidivism rate.

In estimating the impact of various eligibility changes, you should be sure that you have adjusted for any duplication in caseload impacts. In other words, there could be interaction among different eligibility changes that you should take into account to avoid overstating or understating the true effect of all the policy changes in your caseload. You should describe your approach to any such problems in this part of the form.

Be sure to attach information necessary to document your calculations. If you need additional space to describe your method fully, you should attach additional pages.

Using the Excel Impact Template

As part of the Excel Workbook for Part 2 of this report, we have included an impact template to facilitate your calculations and accompany the methodology. You are not required to use this template and some estimating methods would not fit well in it. If you do choose to use the template, you should use a separate impact table (worksheet) for each change whose impact you calculate in this way. Simply copy the tab titled "Impact Table" as many times as necessary within the workbook, rename each worksheet, and follow the instructions below. The rows in the table represent the month of closure (or denial); the columns represent the months of the comparison year. The table includes formulas to calculate the total impact on each month and averages those totals for the comparison year automatically. We have shaded with gray hash marks the cells in which no data should appear and protected the worksheets to help avoid errors. Cells in which you should enter data are shaded in light green. We have also included a sample impact table to make the template easier to follow.

Note that some data (the State name and comparison year) have been linked to the Part 2 calculation worksheet so you will not have to enter the data more than once; that information will not appear until you complete the Calculation Worksheet. Refer to the instructions to Part 2 below for further information.

► Enter the name of the policy in cell A2 on the impact template. The State name will appear automatically in cell A1 when you complete the Part 2 calculation worksheet. The comparison year also will appear automatically in cells B4 and M23 when you complete that worksheet.

► Enter the impact data in the green shaded area. For example, suppose the policy began to have an effect in November of the comparison year. If the policy caused 50 cases to close in November of the comparison year, you would enter "-50" in cell C9, the intersection of the November row and the November column. Unless you are using a decay factor, you would then enter "-50" in cells D9 through M9, the December through September columns, because, in the absence of the policy change, those 50 cases would have been in the caseload for those months. Please refer to the sample impact table for a more in-depth example. In the sample table, the State of Columbia applied a decay factor to its full-family sanction impacts so that, of the 33 cases that closed in October, only 30 were still closed due to the sanction in November.

► If you are calculating impacts for the FY 2018 credit (comparison year FY 2017) or later, you may need to enter "carryover" impacts from the previous year. The sample impact table shows an impact of -81 cases on the October caseload carried over from the previous fiscal year. Typically, you would take the total from the September column of the previous fiscal year's table, since each fiscal year begins with October. In the sample impact table included in the Excel workbook, the carryover for the following year would be -329, to which the State would apply its decay factor.

► Cell N23 automatically displays the average monthly impact for this eligibility change. Please refer to the sample impact table and contact ACF if you need assistance with this worksheet.

5. Enter the estimated average monthly impact of this eligibility change on the comparison-year caseload that you calculated in item 4. Because an eligibility change could have either a positive or negative impact on the caseload, be sure to indicate clearly the effect of each change. If the impact was negative, include a minus sign in front of the number. If the impact was positive, include a plus sign in front of the number. **Note: do not enter a hard return when you enter the impact or you will have problems with the form.**

Instructions for Completing Part 2

Guidance

To help avoid errors in data entry, the Excel worksheets associated with Part 2 of the form are protected and only the cells in which you need to enter data are unlocked. For your convenience, we have shaded in light green the cells where you need to enter information.

You should use just this one Excel workbook even if you wish to calculate a separate two-parent caseload reduction credit. The workbook contains all the sheets needed to calculate both credits.

Step-by-Step Instructions

1. As in Part 1, enter the date you are completing this form, the name of the State, and the fiscal year to which the credit applies in the spaces provided **in the Word document**.

2. Using the tab titled "Calculation Worksheet" in the Excel workbook provided, again enter the name of the State (deleting "State?"), the date you are completing this form, and the fiscal year to which the credit applies in cells A1, E2, and F1, respectively. It is important that you enter the fiscal year to which the credit applies correctly because other data in the workbook are linked to this cell. Remember, the credit year is the same as the year of the work participation rate that it reduces. For example, the FY 2009 credit uses the FY 2008 comparison year data to reduce the FY 2009 work participation rate. Enter only the four digits of the fiscal year.

   Please note that there is now a second calculation worksheet in the workbook for States that are completing a separate two-parent caseload reduction credit calculation. You do not need to enter the State name and credit year on the Two-Parent Calculation Worksheet as the cells on the Calculation Worksheet are linked to this sheet as they are to others in the workbook.

3. In column A – beginning in cell A6 – enter the name of each eligibility change that you listed in Part 1; enter the estimated impact you calculated (either from the impact table or your own attached calculations) for each in the corresponding cell in column B. If you need more space, you may insert additional rows, **but only insert them below row 18 and above row 26.** Be sure to use a negative sign with any impacts that that caused a caseload decrease.

   If you are completing a separate two-parent calculation, you should also enter the name of each eligibility change on the Two-Parent Calculation Worksheet and its impact on the two-parent caseload. As on the first calculation worksheet, you should list the first change in cell A6 and its impact in cell B6.

4. Cell B26 on both calculation worksheets automatically calculates the net impact of all the eligibility changes (the cell number will change if you added more rows to the table).

5. Enter your State's average monthly TANF and SSP-MOE caseloads for FY 2005 in cells E6 and E7, respectively. If you are completing a separate two-parent calculation, enter your State's average monthly two-parent TANF and SSP-MOE caseloads for FY 2005 in cells E6 and E7, respectively on the Two-Parent Calculation Worksheet. These data should match the data you reported to us via the TANF Data Reporting System in Section 3 of the TANF and SSP-MOE data reports unless you have made corrections in accordance with 45 CFR 261.40(d). You should explain any such corrections in your methodology in Part 1.

6. Enter your State's average monthly TANF and SSP-MOE caseloads for the comparison year in cells E9 and E10, respectively. If you are completing a separate two-parent calculation, enter your State's average monthly two-parent TANF and SSP-MOE caseloads for the comparison year in cells E9 and E10, respectively on the Two-Parent Calculation Worksheet. These data should match the data you reported to us via the TANF Data Reporting System in Section 3 of the TANF and SSP-MOE data reports unless you have made corrections in accordance with 45 CFR 261.40(d). You should explain any such correction in your methodology in Part 1.

7. If you are opting to report only the pro rata share of the average monthly comparison-year caseload that is used to meet basic MOE (i.e., you want "excess MOE credit"), you must complete the Excess MOE Worksheet (see instructions immediately below). The due date for

the ACF-202, the Caseload Reduction Report, for a particular fiscal year is December 31 of the preceding calendar year. For example, the ACF-202 for FY 2018 is due by December 31, 2017. To count as "excess MOE", the state must have reported the MOE as expended on the ACF-196R for the quarter ending September 30, 2017 (including any revisions) by no later than December 31, 2017. The amount reported by this date will be the maximum amount considered for the calculation of the caseload reduction credit. If you are using your entire average monthly comparison-year caseload for the caseload reduction calculation (i.e., you are not requesting "excess MOE credit"), this calculation sheet will automatically enter a zero on the line for the number of cases funded with excess MOE.

Using the Excess MOE Worksheet

Your State's name, the date of completion, and the fiscal year to which the credit applies are linked to the information you input in the Calculation Worksheet. The last will automatically generate the correct fiscal year for the comparison-year data (both caseload and financial data), as it did on the Calculation Worksheet.

Similarly, caseload data from the Calculation Worksheet and Two-Parent Calculation Worksheet will automatically populate this worksheet; therefore, you should not enter any data in column B. Please be sure to enter those caseload data as instructed in item 6 above before beginning this worksheet.

All financial data should be consistent with the data you reported on the ACF-196R financial reporting form. As noted above, to count as "excess MOE", the state must have reported the MOE as expended on the ACF-196R for the quarter ending September 30, 2017 (including any revisions) by no later than December 31, 2017.

► Enter the total Federal expenditures in the comparison year in cell F7. Be sure that you enter all expenditures made in the fiscal year, even if they came from Federal grants associated with prior fiscal years. Also, do not enter an average monthly calculation, but rather the total Federal expenditures for the comparison year.

► Enter the total MOE (State) expenditures in the comparison year in cell F8. Be sure that you enter all expenditures made in the fiscal year that are used for MOE purposes, whether inside the TANF program or in a separate State program. As above, do not enter an average monthly calculation, but rather the total MOE expenditures for the comparison year.

► Enter the total Federal expenditures on assistance in the comparison year in cell F12 and the total MOE expenditures on assistance in the comparison year in cell F13. Since FY 2015, the financial data form, the ACF-196R, does not include a line item for "assistance." The form does include "basic assistance" and "assistance authorized solely under prior law," but child care and transportation "assistance" are no longer reported separately from other child care or transportation expenditures. If you do not have the "assistance" figures, you may estimate them. (The accuracy of the estimates will not affect the estimated caseload reduction credit.)

► Enter the dollar amount of your State's required minimum basic MOE for the comparison year in cell F22. Remember that this is equal to 80 percent of the State's historic State expenditures unless the State meets the work participation requirements for the comparison year, in which case it is 75 percent. You should use the 80-percent amount unless we have published the work participation rates for the comparison year and your State met all requirements for that year. If, at a later time, the State's requirement becomes 75 percent, the State may request that we recalculate the number of cases funded with excess MOE using that lower percentage. Please refer to 45 CFR 263.1 for further information about the minimum basic MOE.

► Excel will automatically calculate total expenditures (cell F9), total expenditures on assistance (cell F14), the percentage of expenditures on assistance (cell F15), the average expenditures per case and average expenditures per case on assistance (cells F18 and F19), excess MOE expenditures and excess MOE expenditures on assistance (cells F23 and F24) and finally the number of cases funded by excess MOE (cell F26, cell F27 for 2-parent cases). If you are calculating a separate two-parent caseload reduction credit, you should have entered two-parent caseload data on the Two-Parent Calculation Worksheet. If you have, the Excess MOE Worksheet will automatically calculate the number of two-parent cases funded with excess MOE in cell F27 by applying the two-parent caseload percentage to the number of cases funded with excess MOE. It will also calculate the adjusted comparison-year caseload in cell B26 for the overall caseload and cell B27 for the two-parent caseload.

8. Cell E12 on the Calculation Worksheet is linked to the number cases funded with excess MOE on the Excess MOE Worksheet; therefore you should not enter any data here, but rather complete the Excess MOE Worksheet as instructed above. The same is true for cell E12 on the Two-Parent Calculation Worksheet.

9. Excel will automatically calculate the total average monthly caseload for the base year (FY 2005) and the adjusted caseload for the comparison year in cells E8 and E13, respectively. (The adjusted comparison-year caseload should match the result in cell B26 or B27 on the Excess MOE Worksheet.) Your estimated credit will appear in cell F17. Cell F14 will show the maximum credit your State could receive if you have no eligibility changes or a net positive effect of all changes. Remember that a State is not entitled to a greater credit than its actual decline between the base-year and (adjusted) comparison-year caseloads.

If you are calculating a separate two-parent caseload reduction credit, the same cells on the Two-Parent Calculation Worksheet will automatically calculate the corresponding results on the Two-Parent Calculation Worksheet. Your estimated two-parent credit will appear in cell F17 of that worksheet.

Instructions for Completing Part 3

1. As in Part 1, enter the name of the State, the fiscal year to which the credit applies, and the date you are completing this form in the spaces provided in the Word document.

2. Enter the name and title of the individual making the certification on behalf of the State.

3. Sign the certification. Although you may complete the form electronically, you must submit this page with the original signature to the Office of Family Assistance and a copy to the ACF TANF Program Manager for your region, as indicated above.

Attachments

Be sure that all attachments are numbered and include the name of the State and fiscal year to which the credit applies and indicate that they are attachments to Form ACF-202.

FORM ACF-202 – TANF CASELOAD REDUCTION REPORT

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 ____ yes participation rate? ____ no

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 change (attach supporting materials to this form):

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

Date of Completion _____

State: _____   **Fiscal Year to which credit applies:** _____

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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:

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:

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:

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:

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:

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:

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:

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:

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:

OMB Control No.: 0970-0338   Expiration Date: XX/XX/XXXX

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)

FORM ACF-202 – TANF CASELOAD REDUCTION REPORT
Overall Credit

	A	B	C	D	E	F
1	**State?**			**Fiscal Year to which credit applies:**		
2				**Date of Completion:**		
3				**PART 2 – Estimate of Caseload Reduction Credit**		
4						
5	Impact of All Changes			Caseload Reduction Calculation		
6				FY 2005 TANF Caseload		
7				FY 2005 SSP Caseload		
8				**Total FY 2005 Caseload**	**0**	
9				FY TANF Caseload		
10				FY SSP Caseload		
11				**Total FY Caseload**	**0**	
12				Excess MOE Cases in FY	0	
13				**Adjusted FY Caseload**	**0**	
14				Caseload Decline	0	0.0%
15				Decline – Net Impact	0	
16						
17				Caseload Reduction Credit =		**0.0%**
18						
19						
20						
21						
22						
23						
24						
25						
26	**Net Impact**	**0**				
27						
28						

FORM ACF-202 – TANF CASELOAD REDUCTION REPORT
Two-Parent Credit

	A	B	C	D	E	F
1				**Fiscal Year to which credit applies:**		
2				**Date of Completion:**		
3			**PART 2 – Estimate of Caseload Reduction Credit -- 2-Parent Caseload**			
4						
5	Impact of All Changes			Caseload Reduction Calculation		
6				FY 2005 TANF 2-Parent Caseload		
7				FY 2005 SSP 2-Parent Caseload		
8				**Total FY 2005 Caseload**	**0**	
9				FY TANF 2-Parent Caseload		
10				FY SSP 2-Parent Caseload		
11				**Total FY 2-Parent Caseload**	**0**	
12				Excess MOE 2-Parent Cases in FY	0	
13				**Adjusted FY Caseload**	**0**	
14				Caseload Decline	0	0.0%
15				Decline – Net Impact	0	
16						
17				2-Parent Caseload Reduction Credit =		**0.0%**
18						
19						
20						
21						
22						
23						
24						
25						
26	**Net Impact**	**0**				
27						
28						

Policy Name

Date of Completion:

Time of Closure	Impact on Each Month in FY ?												
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	
Prior years carryover													
Oct													
Nov													
Dec													
Jan													
Feb													
Mar													
Apr													
May													
Jun													
Jul													
Aug													
Sep													Grand Total
Total	0	0	0	0	0	0	0	0	0	0	0	0	0

FY ? monthly average   0

Columbia

Impact #3, Full Family Sanction

Date of Completion: 12/15/2008

Time of Closure	Impact on Each Month in FY 2007												
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	
Prior years carryover	-81	-76	-72	-69	-67	-65	-63	-61	-60	-59	-57	-56	
Oct	-33	-30	-28	-26	-24	-21	-18	-16	-15	-13	-10	-8	
Nov		-42	-39	-36	-34	-32	-29	-27	-25	-23	-21	-20	
Dec			-55	-53	-51	-48	-46	-43	-41	-40	-38	-37	
Jan				-64	-61	-59	-56	-53	-52	-51	-49	-47	
Feb					-27	-25	-25	-24	-24	-24	-22	-21	
Mar						-22	-20	-20	-20	-19	-18	-18	
Apr							-16	-16	-12	-11	-11	-11	
May								-26	-23	-21	-21	-19	
Jun									-24	-20	-18	-17	
Jul										-31	-26	-26	
Aug											-29	-23	
Sep												-26	Grand Total
Total	-114	-148	-194	-248	-264	-272	-273	-286	-296	-312	-320	-329	-3,056
										FY 2007 monthly average			-255

FORM ACF-202 – TANF CASELOAD REDUCTION REPORT
Excess MOE Worksheet

	A	B	C	D	E	F
1				**Fiscal Year to which credit applies:**		
2				**Date of Completion:**		
3				**Excess MOE Calculation Worksheet**		
4						
5	**Caseload Data**			**Expenditure Data**		
6	FY 2005 TANF Caseload	0		**Total Expenditures**		
7	FY 2005 SSP Caseload	0		FY Total Federal Expenditures		
8	**Total FY 2005 Caseload**	**0**		FY Total MOE Expenditures		
9	FY TANF Caseload	0		**Total Expenditures (Federal + MOE)**		$0
10	FY SSP Caseload	0				
11	**Total FY Caseload**	**0**		**Assistance Expenditures**		
12				FY Federal Expenditures on Assistance		
13	**2-Parent Caseload Data**			FY MOE Expenditures on Assistance		
14	FY 2005 2-p TANF Caseload	0		**Total Expenditures on Assistance (Federal + MOE)**		$0
15	FY 2005 2-p SSP Caseload	0		Percentage of Expenditures on Assistance		0.00%
16	**Total FY 2005 Caseload**	**0**				
17	FY 2-p TANF Caseload	0		**Expenditures Per Case**		
18	FY 2-p SSP Caseload	0		Average Expenditures per Case		$0
19	**Total FY Caseload**	**0**		Average Expenditures per Case on Assistance		$0
20						
21				**MOE and Excess MOE**		
22				Required MOE (80% or 75%)		
23				Excess MOE Expenditures		$0
24				Excess MOE Expenditures on Assistance		$0
25	**Adjusted Caseload Data**					
26	Adjusted FY Overall Caseload	**0**		**Assistance Cases Funded by Excess MOE**		**0**
27	Adjusted FY 2-parent Caseload	**0**		**2-Parent Assistance Cases Funded by Excess MOE**		**0**
28						
29						
30						
31						
32						