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 participation rate? ____ yes ____ no

PART 1 –Eligibility Changes Made Since FY 2015
(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: _____

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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 2015.

_____

(signature)

_____

(name)

_____

(title)