

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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- [illegible]

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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 2015.

(signature)

(name)

(title)