Date of Completion		
State: Fiscal Y		Fiscal Year to which credit applies:
	Overall Report (check one)	Apply the overall credit to the two-parent yes participation rate? no
		Changes Made Since FY 2005 ection for EACH change)
1.	Name of eligibility change:	
2.	Implementation date of eligibility change:	
3.	Description of policy, including the change from	prior policy:
٥.	Description of poney, including the change from	prior poney.
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 eligibil	lity 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:

Date of Completion	
St	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 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		
	Fiscal Year to which credit applies:	
1. Name of eligib	ility change:	
2. Implementation	n date of eligibility change:	
3. Description of	policy, including the change from prior policy:	
	the methodology used to calculate the estimated impact of this eligibility change: ing materials to this form)	
5. Estimated aver	age monthly impact of this eligibility change on caseload in comparison year:	

Date of Completion	
St	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 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:

Da	Date of Completion	
State:		Fiscal Year to which credit applies:
	. Name of eligibility change:	
	. Implementation date of eligibility change:	
i.	. Description of policy, including the change from prior polic	y:
••	. Description of the methodology used to calculate the estima (attach supporting materials to this form)	ted impact of this eligibility change:

Date of Completion	
St	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 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	
St	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 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		
	Fiscal Year to which credit applies:	
1. Name of eligibil	ity change:	
2. Implementation	date of eligibility change:	
3. Description of po	olicy, including the change from prior policy:	
	ne methodology used to calculate the estimated impact of this eligibility change: ng materials to this form)	
5. Estimated average	ge monthly impact of this eligibility change on caseload in comparison year:	

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 me Further	that we have provided the public an appropriate opportunity to comment on the estimates thodology 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 ity changes and changes in Federal requirements since Fiscal Year 2005.
	(signature)
	(name)
	(title)