

FORM ACF-202 – TANF CASELOAD REDUCTION REPORT

Date of Completion _____	
State: _____	Fiscal Year to which credit applies: _____

PART 2 – Estimate of Caseload Reduction Credit

(Complete Part 2 using Excel Workbook provided.)

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Date of Completion _____

State: _____

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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 2005.

(signature)

(name)

(title)