**FORM ACF-202 – TANF CASELOAD REDUCTION REPORT**

<table>
<thead>
<tr>
<th>Date of Completion ____________________________</th>
</tr>
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<tbody>
<tr>
<td>State: ____________________________ Fiscal Year to which credit applies: _____</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Overall Report</th>
<th>Two-parent Report</th>
<th>Fiscal Year to which credit applies: _____</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ (check one)</td>
<td>_____ yes no</td>
<td>Apply the overall credit to the two-parent participation rate?</td>
</tr>
</tbody>
</table>

### 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: ________

OMB Control No.: 0970-0338 Expiration Date: 08/31/2020
<table>
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<tr>
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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:
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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: ______

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1.</td>
<td>Name of eligibility change:</td>
</tr>
<tr>
<td>2.</td>
<td>Implementation date of eligibility change:</td>
</tr>
<tr>
<td>3.</td>
<td>Description of policy, including the change from prior policy:</td>
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<tbody>
<tr>
<td>4.</td>
<td>Description of the methodology used to calculate the estimated impact of this eligibility change: (attach supporting materials to this form)</td>
</tr>
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<tbody>
<tr>
<td>5.</td>
<td>Estimated average monthly impact of this eligibility change on caseload in comparison year:</td>
</tr>
</tbody>
</table>

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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 Case Load 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: 

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   (attach supporting materials to this form)

5. Estimated average monthly impact of this eligibility change on caseload in comparison year:
PART 2 – Estimate of Caseload Reduction Credit

(Complete Part 2 using Excel Workbook provided.)
**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)