

Form ACF-202 -- TANF Caseload Reduction Report

State _____		Fiscal Year _____	
PART I – Implementation of All Eligibility Changes Made by the State Since FY 1995			
#	Eligibility Change	Implementation Date	Estimated Impact on Caseload Since Change (positive or negative impact)
<u>Changes Required by Federal Law</u>			
<u>State-Implemented Changes</u>			
Changes Related to Income and Resources			
Changes Related to Categorical or Demographic Eligibility Factors			
Changes Related to Behavioral Requirements			
Changes Due to Full-Family Sanctions			
Other Eligibility Changes			

State _____		Fiscal Year _____	
	Estimated Total Net Impact on the Caseload of All Eligibility Changes		
	Total Prior Year Caseload		
	Estimated Caseload Reduction Credit		

OMB Approval No.: 0970-0199 Expiration Date: 06/30/2002

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State _____ Fiscal Year _____				
PART II – Application Denials and Case Closures, By Reason				
	Fiscal Year 1995		Fiscal Year _____	
Reason for Application Denials	Number	Percentage	Number	Percentage
Total Application Denials				
Reasons for Case Closures	Number	Percentage	Number	Percentage

Total Case Closures				

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State _____ Fiscal Year _____
Part III – Description of the Methodology Used to Calculate the Caseload Reduction Estimates (attach supporting data to this form)

State _____ Fiscal Year _____

PART IV -- 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 1995. (A summary of public comments is attached.)

(signature)

(name)

(title)