| 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 \_\_\_\_ yesparticipation rate? \_\_\_\_ no |
| **PART 1 –Eligibility Changes Made Since FY 2005**(Complete this section for EACH change) |  |
| 1. Name of eligibility change:
 |
| 1. Implementation date of eligibility change:
 |
| 1. Description of policy, including the change from prior policy:
 |
| 1. Description of the methodology used to calculate the estimated impact of this eligibility change (attach supporting materials to this form):
 |
| 1. Estimated average monthly impact of this eligibility change on caseload in comparison year: \_\_\_\_\_\_\_
 |
| 1. Name of eligibility change:
 |
| 1. Implementation date of eligibility change:
 |
| 1. Description of policy, including the change from prior policy:
 |
| 1. Description of the methodology used to calculate the estimated impact of this eligibility change: (attach supporting materials to this form)
 |
| 1. Estimated average monthly impact of this eligibility change on caseload in comparison year:
 |
| 1. Name of eligibility change:
 |
| 1. Implementation date of eligibility change:
 |
| 1. Description of policy, including the change from prior policy:
 |
| 1. Description of the methodology used to calculate the estimated impact of this eligibility change: (attach supporting materials to this form)
 |
| 1. Estimated average monthly impact of this eligibility change on caseload in comparison year:
 |
| 1. Name of eligibility change:
 |
| 1. Implementation date of eligibility change:
 |
| 1. Description of policy, including the change from prior policy:
 |
| 1. Description of the methodology used to calculate the estimated impact of this eligibility change: (attach supporting materials to this form)
 |
| 1. Estimated average monthly impact of this eligibility change on caseload in comparison year:
 |
| 1. Name of eligibility change:
 |
| 1. Implementation date of eligibility change:
 |
| 1. Description of policy, including the change from prior policy:
 |
| 1. Description of the methodology used to calculate the estimated impact of this eligibility change: (attach supporting materials to this form)
 |
| 1. Estimated average monthly impact of this eligibility change on caseload in comparison year:
 |
| 1. Name of eligibility change:
 |
| 1. Implementation date of eligibility change:
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| 1. Description of policy, including the change from prior policy:
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| 1. Description of the methodology used to calculate the estimated impact of this eligibility change: (attach supporting materials to this form)
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| 1. Estimated average monthly impact of this eligibility change on caseload in comparison year:
 |
| 1. Name of eligibility change:
 |
| 1. Implementation date of eligibility change:
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| 1. Description of the methodology used to calculate the estimated impact of this eligibility change: (attach supporting materials to this form)
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| 1. Estimated average monthly impact of this eligibility change on caseload in comparison year:
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| 1. Name of eligibility change:
 |
| 1. Implementation date of eligibility change:
 |
| 1. Description of policy, including the change from prior policy:
 |
| 1. Description of the methodology used to calculate the estimated impact of this eligibility change: (attach supporting materials to this form)
 |
| 1. Estimated average monthly impact of this eligibility change on caseload in comparison year:
 |
| 1. Name of eligibility change:
 |
| 1. Implementation date of eligibility change:
 |
| 1. Description of policy, including the change from prior policy:
 |
| 1. Description of the methodology used to calculate the estimated impact of this eligibility change: (attach supporting materials to this form)
 |
| 1. Estimated average monthly impact of this eligibility change on caseload in comparison year:
 |
| 1. Name of eligibility change:
 |
| 1. Implementation date of eligibility change:
 |
| 1. Description of policy, including the change from prior policy:
 |
| 1. Description of the methodology used to calculate the estimated impact of this eligibility change: (attach supporting materials to this form)
 |
| 1. Estimated average 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

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)

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(name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(title)