| 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 \_\_\_\_ yes  participation 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: | | |
| 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: | | |

|  |  |
| --- | --- |
| 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)