FORM ACF-202 - TANF CASELOAD REDUCTION REPORT

State: Georgia		Fiscal Year to which credit applies: 2025
	Overall Report \underline{X} Two-parent Report (check one)	Apply the overall credit to the two-parent yes participation rate? x no
	6	ity Changes Made Since FY 2005 nis section for EACH change)
1.	Name of eligibility change: Change of two-p	parent households to a solely state-funded program
2.	. Implementation date of eligibility change: FY 2007	
3.	Description of policy, including the change f	rom prior policy:
		emove two-parent families subject work participation ies subject to work participation requirements are in a solely state
4.	Description of the methodology used to calculate (attach supporting materials to this form):	ulate the estimated impact of this eligibility change
	- · · · · · · · · · · · · · · · · · · ·	ber 1, 2023, and September 30, 2024, equaled 1 case. The 24 (1 case) were entered into the spreadsheet in Part-2 Estimate

OMB Control No.: 0970-0338 Expiration Date: 10/31/2026

FORM ACF-202 - TANF CASELOAD REDUCTION REPORT

Date of Completion 10/1/2024	
State: Georgia	Fiscal Year to which credit applies: 2025

PART 2 – Estimate of Caseload Reduction Credit

(Complete Part 2 using Excel Workbook provided.)

Georgia		Fiscal Year to which credit applies:		2025
		Date of Completion:	10/01/2024	
PART	2 – Estimate	of Caseload Reduction Credit		
Import of All Changes		Canaland Daduction Calculation		
Impact of All Changes Change of two percent households	-1	Caseload Reduction Calculation	44 747	
Change of two-parent households	-1	FY 2005 TANF Caseload FY 2005 SSP Caseload	41,747 208	
to solely state-funded program		Total FY 2005 Caseload		
		FY 2024 TANF Caseload	,	
		FY 2024 TANF Caseload FY 2024 SSP Caseload	4,137 0	
		Total FY 2024 Caseload		
		Excess MOE Cases in FY 2024	4,137	
		Adjusted FY 2024 Caseload	•	
		Caseload Decline	37,818	90.1%
		Decline – Net Impact	37,817	90.170
		Decline – Net Impact	31,011	
		Caseload Reduc	tion Credit =	90.1%
		0000000110000	and order	
Net Impact	-1			

OMB Control No.: 0970-0338 Expiration Date: 10/31/2026

FORM ACF-202 - TANF CASELOAD REDUCTION REPORT

Date of Completion 10/1/2024				
State: Georgia	Fiscal Year to which credit applies: 2025			

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)

OMB Control No.: 0970-0338 Expiration Date: 10/31/2026