<b>Date of Completion </b> <u>11/12/2021</u>							
State: Georgia		Fiscal Year to which credit applies: 2022					
Overall Report _ Two-parent Report _	x_ (check one)	Apply the overall credit to the two-parentyes participation rate?xno					
PART 1 –Eligibility Changes Made Since FY 2005 (Complete this section for EACH change)							
1. Name of eligibility change: Change of two-parent households to a solely state-funded program							
2. Implementation date of eligibility change: FY 2007							
	subject work participation	oolicy: Beginning October 2007, Georgia opted to requirements from TANF. Two-parent families subject funded-program.					
(attach supporting materials	s to this form): The average d 28 cases. The average mo	timated impact of this eligibility change monthly caseload between October 1, 2020 and onthly two-parent cases for FY 2021 (28 cases) was load Reduction Credit.					
5. Estimated average monthly	impact of this eligibility ch	ange on caseload in comparison year: 28					

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## **Date of Completion** <u>11/12/2021</u>

State: Georgia Fiscal Year to which credit applies: 2022

## PART 2 – Estimate of Caseload Reduction Credit

(Complete Part 2 using Excel Workbook provided.)

Georgia			Fiscal Year to which credit applies:		2022			
			Date of Completion:	11/12/2021				
PART 2 – Estimate of Caseload Reduction Credit								
Impact of All Changes			Caseload Reduction Calculation					
Change of two-parent households	-28		FY 2005 TANF Caseload	41,747				
to solely state-funded program			FY 2005 SSP Caseload	208				
			Total FY 2005 Caseload	41,955				
			FY 2021 TANF Caseload	9,358				
			FY 2021 SSP Caseload					
			Total FY 2021 Caseload	9,358				
			Excess MOE Cases in FY 2021	0				
			Adjusted FY 2021 Caseload	9,358				
			Caseload Decline	32,597	77.7%			
			Decline – Net Impact	32,569				
			Caseload Reducti	on Credit =	77.6%			
Net Impact	-28							

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## Date of Completion <u>11/12/2021</u>

State: Georgia Fiscal Year to which credit applies: 2022

## **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)				
\ <b>\C</b>				
Candice Broce				
(name)				
DHS Commissioner   DFCS Division Director				
(title)				

OMB Control No.: 0970-0338 Expiration Date: 11/30/2023