

Guía práctica para informar actividades calificadas de Gateway

Para miembros de Georgia Pathways to Coverage™ (Pathways)



Cómo informar las horas de actividades calificadas cada mes

Todos los miembros de Pathways deben informar sus horas de actividades calificadas cada mes, a menos que estén inscritos en la Agencia de Rehabilitación Vocacional de Georgia (GVRA, en inglés) o que sus horas de actividades calificadas se verifiquen electrónicamente.

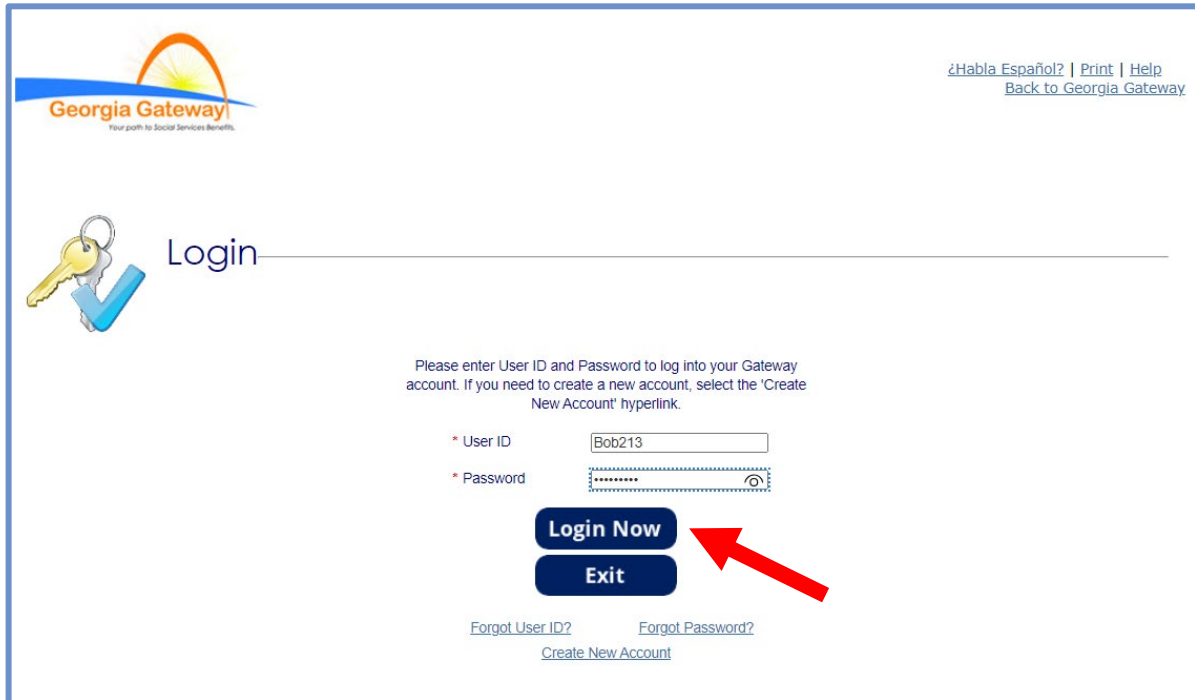
Para que las horas se verifiquen electrónicamente, los miembros deben aceptar que sus horas se verifiquen electrónicamente durante el proceso de solicitud y deben participar en horas de actividad calificadas mediante los siguientes:

- Agencia de Rehabilitación Vocacional de Georgia
- Sistema de Escuelas Técnicas Superiores de Georgia
- Sistema Universitario de Georgia
- Algunos empleadores*

**Llame al Centro de Atención al Cliente al 1-877-423-4746 para confirmar si el sistema puede verificar sus horas electrónicamente.*

Cómo informar mis actividades calificadas: paso 1

1a. Complete ambos campos y haga clic en “Login Now” (Iniciar sesión ahora).



The screenshot shows the Georgia Gateway login interface. At the top left is the Georgia Gateway logo with the tagline "Your path to Social Services Benefits". At the top right are links for "¿Habla Español?", "Print", "Help", and "Back to Georgia Gateway". The main heading is "Login" next to a key icon. Below this, a message states: "Please enter User ID and Password to log into your Gateway account. If you need to create a new account, select the 'Create New Account' hyperlink." There are two input fields: "User ID" with the text "Bob213" and "Password" with masked characters. Below the fields are two buttons: "Login Now" and "Exit". A red arrow points to the "Login Now" button. At the bottom, there are links for "Forgot User ID?", "Forgot Password?", and "Create New Account".

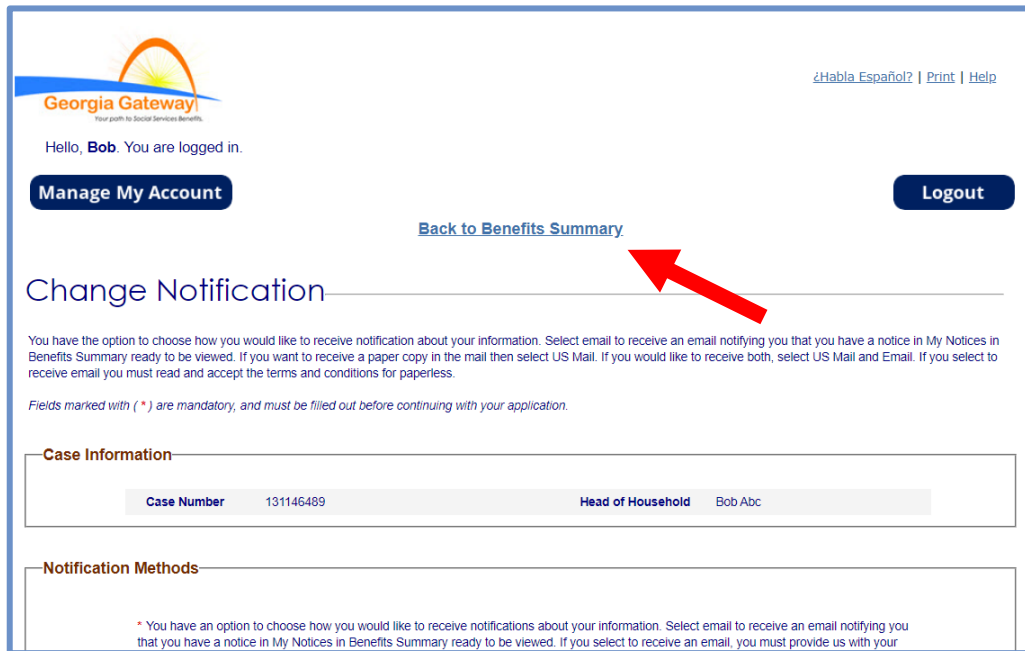
1b. Lea el Acuerdo de Confidencialidad y haga clic en “I Accept” (Acepto).



The screenshot shows the Georgia Gateway Confidentiality Agreement page. At the top left is the Georgia Gateway logo. At the top right are links for "¿Habla Español?", "Print", and "Back to Georgia Gateway". The main heading is "Confidentiality Agreement" next to a padlock icon with a green checkmark. Below this, a section titled "*Confidentiality Agreement Consent" contains a text box with the following text: "By clicking 'I Accept', you accept confidentiality, acceptable use, and other privacy policies as mandated by the State of Georgia. Please note that it is your responsibility to print and keep copies of sensitive information. Click 'I Do Not Accept' to end this session and log out." At the bottom right are two buttons: "I Accept" and "I Do Not Accept". A red arrow points to the "I Accept" button.

Cómo informar mis actividades calificadas: paso 2

2a. Si aparece la pantalla “Change Notification” (Notificación de cambio), haga clic en “Back to Benefits Summary” (Volver al resumen de beneficios) en la parte superior de la página.



Georgia Gateway
Your path to Social Services Benefits.

¿Habla Español? | [Print](#) | [Help](#)

Hello, **Bob**. You are logged in.

[Manage My Account](#) [Logout](#)

[Back to Benefits Summary](#)

Change Notification

You have the option to choose how you would like to receive notification about your information. Select email to receive an email notifying you that you have a notice in My Notices in Benefits Summary ready to be viewed. If you want to receive a paper copy in the mail then select US Mail. If you would like to receive both, select US Mail and Email. If you select to receive email you must read and accept the terms and conditions for paperless.

*Fields marked with (*) are mandatory, and must be filled out before continuing with your application.*

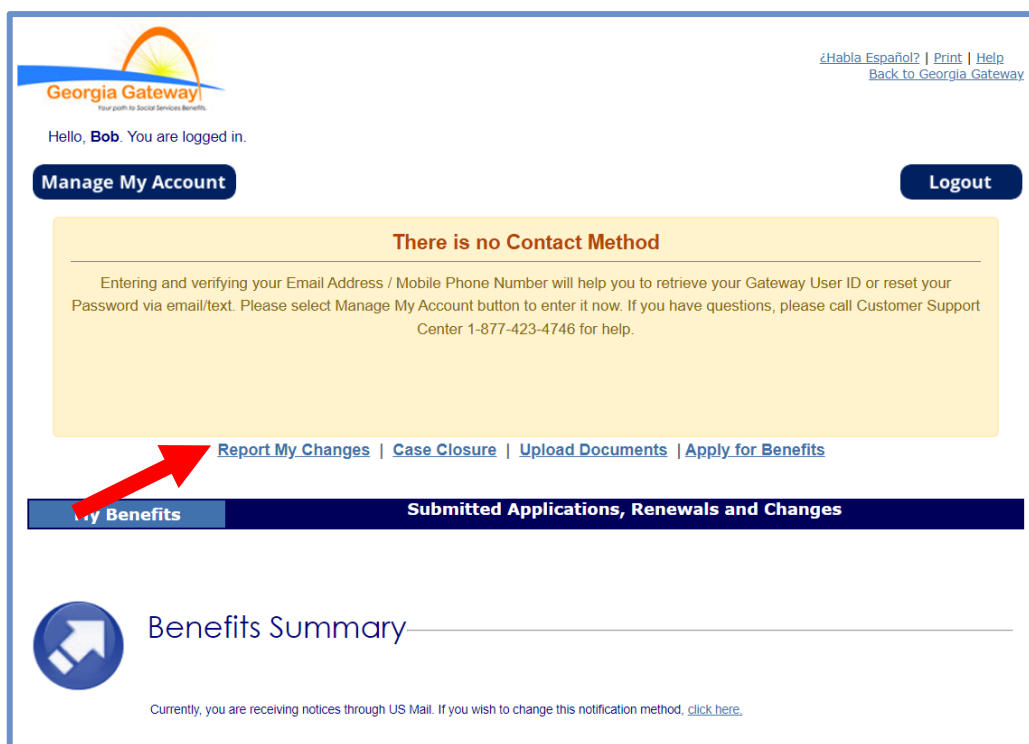
Case Information

Case Number	131146489	Head of Household	Bob Abc
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Notification Methods

* You have an option to choose how you would like to receive notifications about your information. Select email to receive an email notifying you that you have a notice in My Notices in Benefits Summary ready to be viewed. If you select to receive an email, you must provide us with your

2b. Seleccione “Report My Changes” (Informar mis cambios) en el encabezado para informar las horas de actividades calificadas. Aunque sus horas no hayan cambiado desde el mes pasado, debe seleccionar “Report My Changes” (Informar mis cambios) para informarlos.



Georgia Gateway
Your path to Social Services Benefits.

¿Habla Español? | [Print](#) | [Help](#)
[Back to Georgia Gateway](#)

Hello, **Bob**. You are logged in.

[Manage My Account](#) [Logout](#)

There is no Contact Method

Entering and verifying your Email Address / Mobile Phone Number will help you to retrieve your Gateway User ID or reset your Password via email/text. Please select Manage My Account button to enter it now. If you have questions, please call Customer Support Center 1-877-423-4746 for help.

[Report My Changes](#) | [Case Closure](#) | [Upload Documents](#) | [Apply for Benefits](#)

My Benefits Submitted Applications, Renewals and Changes

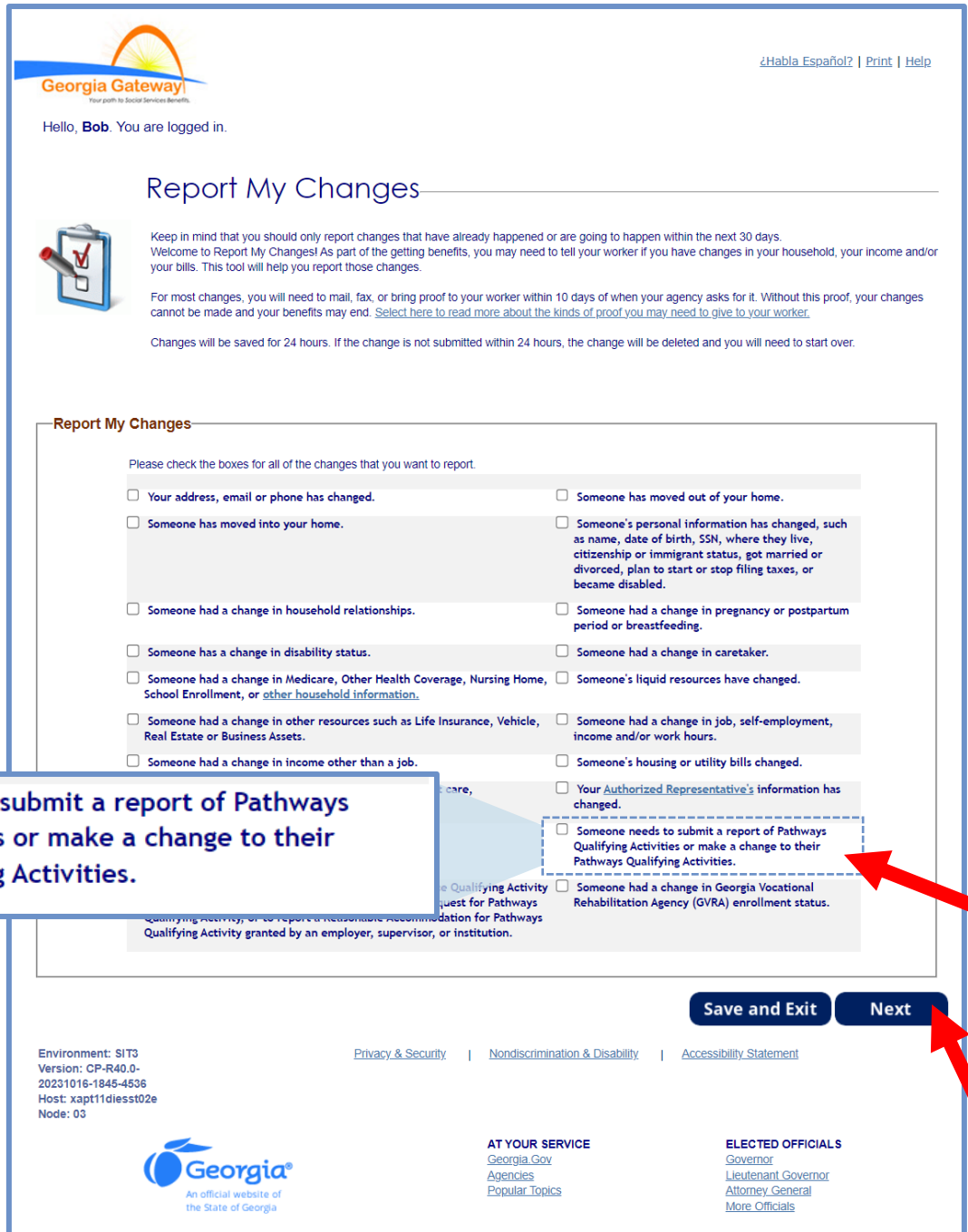
Benefits Summary

Currently, you are receiving notices through US Mail. If you wish to change this notification method, [click here](#).

Cómo informar mis actividades calificadas: paso 3

3a. Seleccione “Someone needs to submit a report of Pathways Qualifying Activities or make a change to their Pathways Qualifying Activities” (Alguien necesita enviar un informe de actividades calificadas de Pathways o hacer un cambio en sus actividades calificadas de Pathways).

3b. A continuación, haga clic en “Next” (Siguiente).



Georgia Gateway
Your path to Social Services Benefits

¿Habla Español? | Print | Help

Hello, **Bob**. You are logged in.

Report My Changes

Keep in mind that you should only report changes that have already happened or are going to happen within the next 30 days. Welcome to Report My Changes! As part of the getting benefits, you may need to tell your worker if you have changes in your household, your income and/or your bills. This tool will help you report those changes.

For most changes, you will need to mail, fax, or bring proof to your worker within 10 days of when your agency asks for it. Without this proof, your changes cannot be made and your benefits may end. [Select here to read more about the kinds of proof you may need to give to your worker.](#)

Changes will be saved for 24 hours. If the change is not submitted within 24 hours, the change will be deleted and you will need to start over.

Report My Changes

Please check the boxes for all of the changes that you want to report.

<input type="checkbox"/> Your address, email or phone has changed.	<input type="checkbox"/> Someone has moved out of your home.
<input type="checkbox"/> Someone has moved into your home.	<input type="checkbox"/> Someone's personal information has changed, such as name, date of birth, SSN, where they live, citizenship or immigrant status, got married or divorced, plan to start or stop filing taxes, or became disabled.
<input type="checkbox"/> Someone had a change in household relationships.	<input type="checkbox"/> Someone had a change in pregnancy or postpartum period or breastfeeding.
<input type="checkbox"/> Someone has a change in disability status.	<input type="checkbox"/> Someone had a change in caretaker.
<input type="checkbox"/> Someone had a change in Medicare, Other Health Coverage, Nursing Home, School Enrollment, or other household information.	<input type="checkbox"/> Someone's liquid resources have changed.
<input type="checkbox"/> Someone had a change in other resources such as Life Insurance, Vehicle, Real Estate or Business Assets.	<input type="checkbox"/> Someone had a change in job, self-employment, income and/or work hours.
<input type="checkbox"/> Someone had a change in income other than a job.	<input type="checkbox"/> Someone's housing or utility bills changed.
	<input type="checkbox"/> Your Authorized Representative's information has changed.
	<input type="checkbox"/> Someone needs to submit a report of Pathways Qualifying Activities or make a change to their Pathways Qualifying Activities.
	<input type="checkbox"/> Someone had a change in Georgia Vocational Rehabilitation Agency (GVRA) enrollment status.

Someone needs to submit a report of Pathways Qualifying Activities or make a change to their Pathways Qualifying Activities.

Next

Environment: SIT3
Version: CP-R40.0-20231016-1845-4536
Host: xapt11diesst02e
Node: 03

Privacy & Security | Nondiscrimination & Disability | Accessibility Statement

Georgia
An official website of the State of Georgia

AT YOUR SERVICE
Georgia Gov
Agencies
Popular Topics

ELECTED OFFICIALS
Governor
Lieutenant Governor
Attorney General
More Officials

El orden de las opciones puede variar en función de cada caso. Lea atentamente el texto antes de marcar las opciones.

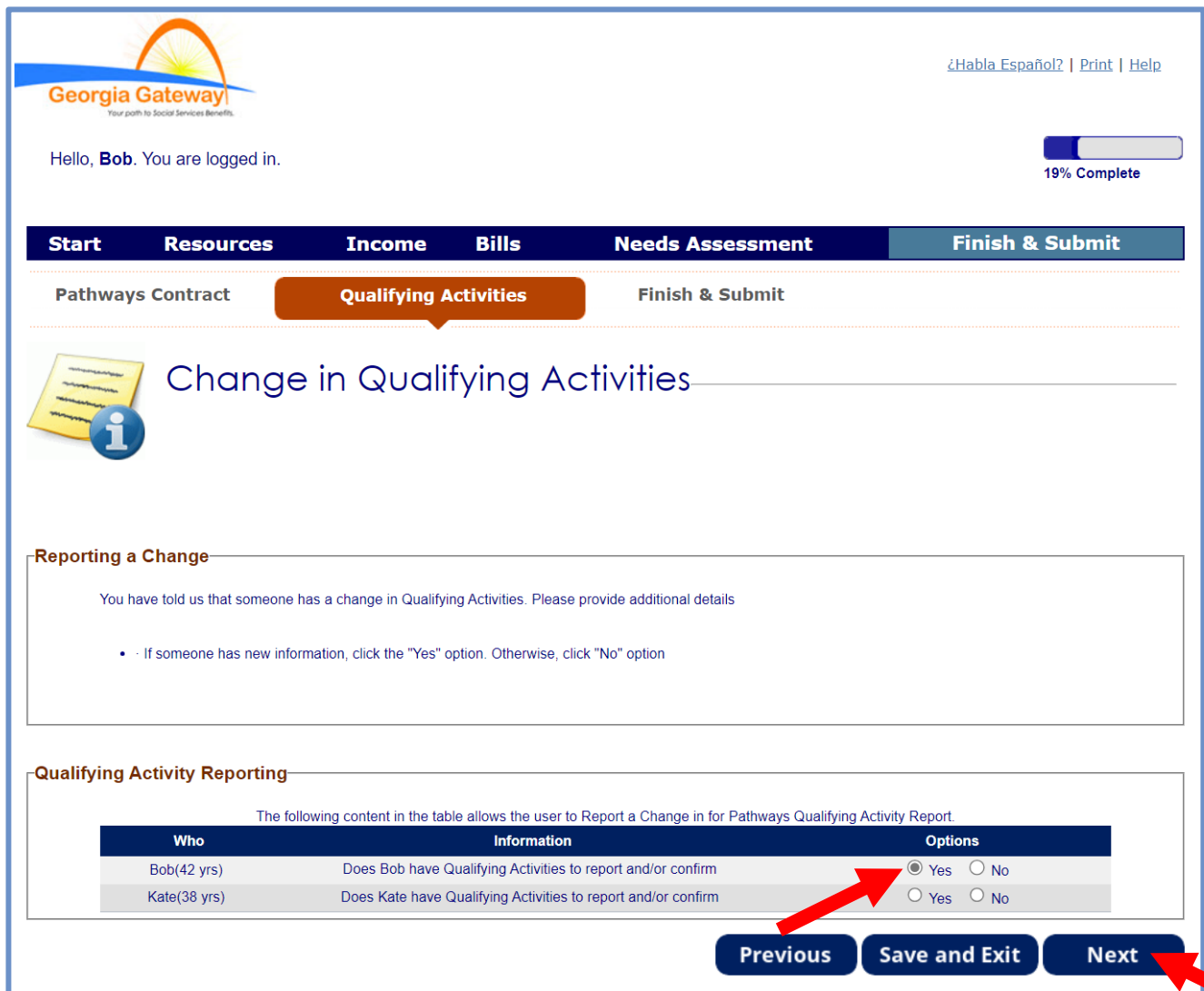
Cómo informar mis actividades calificadas: paso 4

En esta pantalla verá a todas las personas en su unidad familiar que están inscritas en Pathways y que deben informar las horas de actividades calificadas.

4a. Debe seleccionar “Yes” (Sí) para todos los miembros para los que está ingresando horas.

4b. A continuación, haga clic en “Next” (Siguiente).

Si selecciona más de un miembro, se le pedirá que envíe las horas de cada miembro en el orden en que aparecen en esta pantalla. Una vez que envíe las horas del primer miembro, se le pedirá que envíe las horas del siguiente miembro.



Georgia Gateway
Your path to Social Services Benefits.

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Hello, **Bob**. You are logged in.

19% Complete

Start **Resources** **Income** **Bills** **Needs Assessment** **Finish & Submit**

Pathways Contract **Qualifying Activities** Finish & Submit

Change in Qualifying Activities

Reporting a Change

You have told us that someone has a change in Qualifying Activities. Please provide additional details

- If someone has new information, click the "Yes" option. Otherwise, click "No" option

Qualifying Activity Reporting

The following content in the table allows the user to Report a Change in for Pathways Qualifying Activity Report.

Who	Information	Options
Bob(42 yrs)	Does Bob have Qualifying Activities to report and/or confirm	<input checked="" type="radio"/> Yes <input type="radio"/> No
Kate(38 yrs)	Does Kate have Qualifying Activities to report and/or confirm	<input type="radio"/> Yes <input type="radio"/> No

Previous **Save and Exit** **Next**

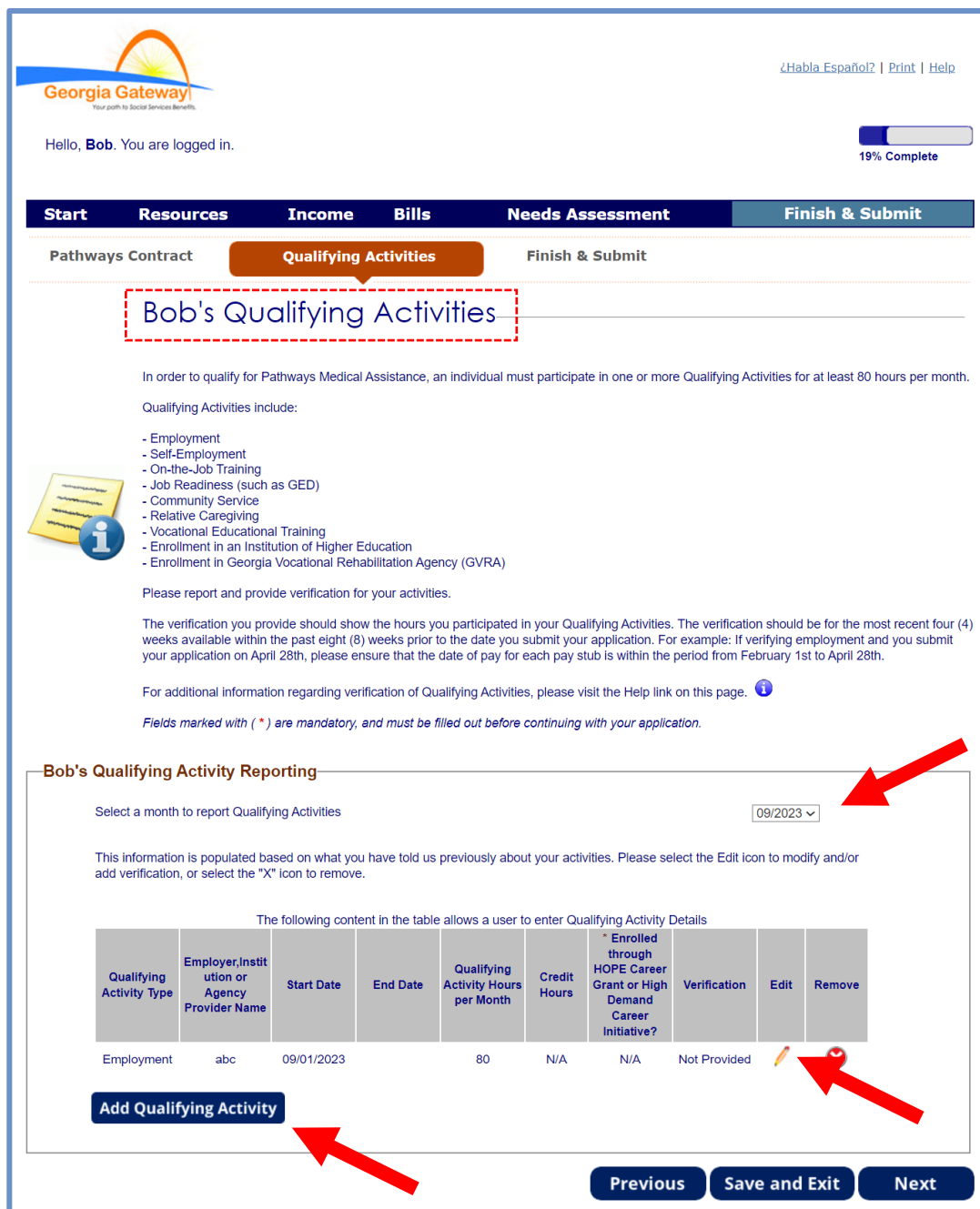
Cómo informar mis actividades calificadas: paso 5

5a. Si está informando actividades calificadas para varias personas, revise el nombre en la parte superior de la pantalla para asegurarse de informar las horas para la persona correcta.

5b. Confirme que el mes para el que realiza el informe aparece en el menú desplegable.

5c. Haga clic en el icono del lápiz si necesita editar las horas de actividades calificadas introducidas anteriormente (por ejemplo, si ha introducido una cantidad de horas incorrecta).

5d. Haga clic en “Add Qualifying Activity” (Añadir actividad calificada) para informar sus horas de actividad calificada del mes.



Georgia Gateway
Your path to Social Services Benefits.

¿Habla Español? | Print | Help

Hello, **Bob**. You are logged in.

19% Complete

Start Resources Income Bills Needs Assessment Finish & Submit

Pathways Contract **Qualifying Activities** Finish & Submit

Bob's Qualifying Activities

In order to qualify for Pathways Medical Assistance, an individual must participate in one or more Qualifying Activities for at least 80 hours per month.

Qualifying Activities include:

- Employment
- Self-Employment
- On-the-Job Training
- Job Readiness (such as GED)
- Community Service
- Relative Caregiving
- Vocational Educational Training
- Enrollment in an Institution of Higher Education
- Enrollment in Georgia Vocational Rehabilitation Agency (GVRA)

Please report and provide verification for your activities.

The verification you provide should show the hours you participated in your Qualifying Activities. The verification should be for the most recent four (4) weeks available within the past eight (8) weeks prior to the date you submit your application. For example: If verifying employment and you submit your application on April 28th, please ensure that the date of pay for each pay stub is within the period from February 1st to April 28th.

For additional information regarding verification of Qualifying Activities, please visit the Help link on this page.

Fields marked with (*) are mandatory, and must be filled out before continuing with your application.

Bob's Qualifying Activity Reporting

Select a month to report Qualifying Activities: 09/2023

This information is populated based on what you have told us previously about your activities. Please select the Edit icon to modify and/or add verification, or select the "X" icon to remove.

The following content in the table allows a user to enter Qualifying Activity Details

Qualifying Activity Type	Employer, Institution or Agency Provider Name	Start Date	End Date	Qualifying Activity Hours per Month	Credit Hours	* Enrolled through HOPE Career Grant or High Demand Career Initiative?	Verification	Edit	Remove
Employment	abc	09/01/2023		80	N/A	N/A	Not Provided		

Add Qualifying Activity

Previous Save and Exit Next

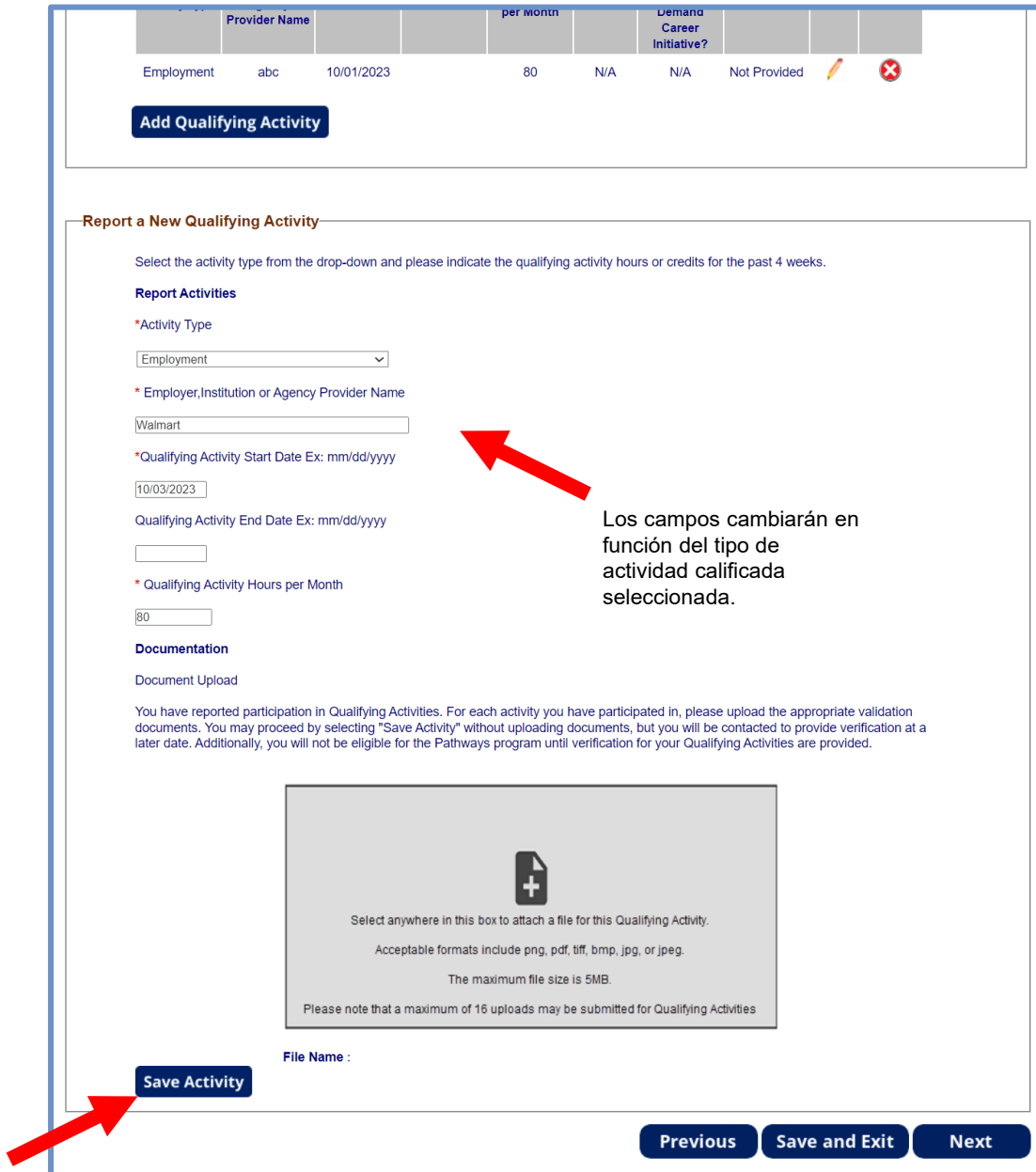
Cómo informar mis actividades calificadas: paso 6

La sección “Report a New Qualifying Activity” (Informar una nueva actividad calificada) aparece después de seleccionar el botón “Add Qualifying Activity” (Añadir actividad calificada).

6a. Complete todos los campos obligatorios.

6b. Haga clic en cualquier lugar del recuadro gris para iniciar el proceso de carga de la documentación de respaldo. Los tipos de archivo aceptados son png, pdf, tiff, bmp, jpg o jpeg. Para obtener más información sobre la documentación aceptable, visite dch.georgia.gov/georgiapathways/pathways-reporting.

6c. Haga clic en “Save Activity” (Guardar actividad).



The screenshot shows the 'Report a New Qualifying Activity' form. At the top, there is a table with columns: Provider Name, per month, Demand Career Initiative?, and Not Provided. The table contains one row with the following data: Employment, abc, 10/01/2023, 80, N/A, N/A, Not Provided. Below the table is a button labeled 'Add Qualifying Activity'. The main form area is titled 'Report a New Qualifying Activity' and contains the following fields:

- Report Activities**
 - *Activity Type: A dropdown menu with 'Employment' selected.
 - *Employer, Institution or Agency Provider Name: A text input field with 'Walmart' entered.
 - *Qualifying Activity Start Date Ex: mm/dd/yyyy: A date input field with '10/03/2023' entered.
 - Qualifying Activity End Date Ex: mm/dd/yyyy: A date input field.
 - *Qualifying Activity Hours per Month: A text input field with '80' entered.
- Documentation**
 - Document Upload: A section with a text input field and a button labeled 'Add Qualifying Activity'.

Below the documentation section, there is a large gray box with a plus icon and the text: 'Select anywhere in this box to attach a file for this Qualifying Activity. Acceptable formats include png, pdf, tiff, bmp, jpg, or jpeg. The maximum file size is 5MB. Please note that a maximum of 16 uploads may be submitted for Qualifying Activities'. At the bottom of the form, there is a 'File Name :' label and a 'Save Activity' button. A red arrow points to the 'Save Activity' button. Another red arrow points to the 'Add Qualifying Activity' button. A text box on the right side of the form states: 'Los campos cambiarán en función del tipo de actividad calificada seleccionada.'

Cómo informar mis actividades calificadas: paso 6, posibles mensajes de advertencia

Si ha introducido información incompleta o incorrecta en la sección “Report a New Qualifying Activity” (Informar una nueva actividad calificada), es posible que reciba un mensaje de error o advertencia.

Si no ha recibido ningún mensaje de advertencia, continúe en el paso 7.

Es posible que aparezcan mensajes de error en el encabezado de la página al hacer clic en “Save Activity” (Guardar actividad).


6d. Resuelva el error para continuar.


Hello, **Bob**. You are logged in.



Error: Please enter Employer, Institution, or Agency Provider Name.

Start	Resources	Income	Bills	Needs Assessment
Pathways Contract	Qualifying Activities	Finish & Submit		

Bob's Qualifying Activities


Error: Please enter the Qualifying Activity Start Date for Walmart.



Error: Please enter the Qualifying Activity Hours per Month for Walmart.


Error: Portal can only accept png, pdf, tiff, bmp, jpg, tif or jpeg file types.

Es posible que aparezcan mensajes de advertencia en el encabezado de la página al hacer clic en “Save Activity” (Guardar actividad).

6e. Si puede, resuelva el problema antes de continuar.

6f. Si no lo hace, alguien se pondrá en contacto con usted para resolver el problema.


Warning: You have entered Qualifying Activity hours for Walmart but have not uploaded a document. You will be contacted in order to verify these Qualifying Activity Hours. You may proceed forward in the application by clicking Save Activity.

Cómo informar mis actividades calificadas: paso 7

7a. Confirme que ha informado todas las horas de actividades calificadas.

7b. Haga clic en el icono del lápiz si necesita realizar algún cambio en sus entradas de actividades calificadas.

7c. Luego, desplácese hacia abajo y haga clic en “Next” (Siguiente).

Si en el paso 4 ha seleccionado informar horas para más de una persona, al hacer clic en “Next” (Siguiente) se le pedirá que repita el mismo proceso para enviar las horas de actividades calificadas que les correspondan.

Bob's Qualifying Activity Reporting

Select a month to report Qualifying Activities 09/2023

This information is populated based on what you have told us previously about your activities. Please select the Edit icon to modify and/or add verification, or select the "X" icon to remove.

The following content in the table allows a user to enter Qualifying Activity Details

Qualifying Activity Type	Employer, Institution or Agency Provider Name	Start Date	End Date	Qualifying Activity Hours per Month	Credit Hours	Enrolled through HOPE Career Grant or High Demand Career Initiative?	Verification	Edit	Remove
Employment	abc	09/01/2023		80	N/A	N/A	Not Provided		
Employment	Walmart	09/01/2023		80	N/A	N/A	Provided		

Add Qualifying Activity

Previous Save and Exit Next


Cómo informar mis actividades calificadas: paso 8

8a. Lea el texto de la página “Signing Your Change” (Firmar su cambio).

Hello, **Bob**. You are logged in.
100% Complete

Start
Resources
Income
Bills
Needs Assessment
Finish & Submit

Pathways Contract
Qualifying Activities
Finish & Submit



Signing Your Change

You're just a few minutes away from submitting your changes. To do so, you'll need to

- check the signature box and type your name below to sign your change

*Fields marked with (*) are mandatory, and must be filled out before continuing with your application.*

Submit Your Changes

If you are ready to send your changes to the Agency, click the Submit button at the bottom of the page. Once you do this, your changes will be sent to an agency electronically. Please keep in mind:

- In most cases, your change will be processed in 10 days. We may ask you to provide proof of some of your reported changes. If we ask for proof, you'll need to mail, fax, upload, or bring within 10 days, or bring it to your WIC clinic appointment.
- In most cases, verification may be needed to process the change.
- In some cases, your change may not result in any change in benefits. Unless you have another change, you should not call us about your change.
- A case manager from the agency receiving the reported change may contact you to request additional documentation to support your reported changes.

If additional documentation is requested, you will need to mail, fax, or upload it within 10 days. Your WIC verification can be taken to your WIC Clinic appointment.

Cómo informar mis actividades calificadas: paso 8 (continuación)

8b. Si desea registrarse para votar, siga las instrucciones del recuadro “Voter Registration” (Registro de votantes).

8c. Marque la casilla en el recuadro “Electronic Signature” (Firma electrónica) y complete todos los campos.

8d. A continuación, elija uno de los tres botones “Submit” (Enviar).

- Enviar y solicitar registrarse para votar en el lugar donde vive actualmente.
- Enviar y no solicitar registrarse para votar en el lugar donde vive actualmente.
- Enviar y no responder la pregunta sobre el registro de votantes.

Voter Registration

If you are not registered to vote where you live now, would you like to apply to register to vote here today?

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. For help in filling out the voter registration application form, you may call the Georgia Secretary of State's office at 404-656-2871.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Secretary of State at: 2 Martin Luther King Jr. Drive, Suite 802, West Tower, Atlanta, GA 30334 or by calling 404-656-2871.

IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

TO SUBMIT YOUR APPLICATION FOR BENEFITS, SELECT ONE OF THE THREE "SUBMIT" BUTTONS BELOW. NONE OF THE THREE "SUBMIT" BUTTONS BELOW WILL REGISTER YOU TO VOTE. IF YOU WANT TO APPLY TO REGISTER TO VOTE, ADDITIONAL STEPS ARE NEEDED TO COMPLETE THE VOTER REGISTRATION PROCESS. VOTER REGISTRATION INFORMATION IS PROVIDED BELOW.

REGISTER TO VOTE:

Register Online: To apply to register to vote where you live now using Georgia's Online Voter Registration System, visit <https://registertovote.sos.ga.gov/GAOLVR/welcome.do#no-back-button>

Print an application: To apply to register to vote where you live now, you may print an application on Georgia's Secretary of State's website at https://sos.ga.gov/sites/default/files/forms/GA_VR_APP_2019.pdf

If you want a Georgia Voter Registration application mailed to you, check the box to the right. ☐

Electronic Signature

I certify that the information that has been reported with the request for change is true and correct to the best of my knowledge. If I give false information, withhold information, fail to report changes promptly, or obtain assistance for which I am not eligible, I may be breaking the law and could be prosecuted for perjury, larceny, and/or fraud. If I completed or assisted in completing this change form and aided and abetted the applicant to obtain assistance for which he/she is not eligible, I may be breaking the law and could be prosecuted.

I agree to submit this change by electronic means. By signing this change electronically, I understand that an electronic signature has the same legal effect and can be enforced in the same ways as a written signature.

The Georgia Department of Human Services ("DHS") collects Personally Identifiable Information (PII), such as names, addresses, telephone numbers, email addresses, and dates of birth, etc., during your application for benefits. By submitting any personal information to us, you agree that we may collect, use, and disclose any such personal information in accordance with DHS policies, procedures, and as permitted or required by law and/or regulations.

☐ By checking this box and typing my name below, I am electronically signing my change.

* First Name:

* Last Name:

Suffix:

TO SUBMIT YOUR APPLICATION FOR BENEFITS, SELECT ONE OF THE THREE "SUBMIT" BUTTONS BELOW. NONE OF THE THREE "SUBMIT" BUTTONS BELOW WILL REGISTER YOU TO VOTE. IF YOU WANT TO APPLY TO REGISTER TO VOTE, ADDITIONAL STEPS ARE NEEDED TO COMPLETE THE VOTER REGISTRATION PROCESS.

Previous

Save and Exit


SUBMIT
YES, I WANT TO APPLY TO REGISTER TO VOTE WHERE I LIVE NOW (Voter registration information will be provided on the next page)

SUBMIT
NO, I DO NOT WANT TO APPLY TO REGISTER TO VOTE WHERE I LIVE NOW

SUBMIT
I DO NOT WANT TO ANSWER THE VOTER REGISTRATION QUESTION (Voter registration information will be provided on the next page)

Presentación final

Una vez que haya proporcionado su firma, recibirá un número de seguimiento que podrá consultar si necesita hacer alguna pregunta sobre la presentación de sus actividades calificadas.


[¿Habla Español?](#) | [Print](#) | [Help](#)

Hello, **Donald**. You are logged in.

Congratulations! Your application has been successfully submitted.

Your tracking number is T31162834 for Medicaid, Food Stamps

[Please print or save this page for your records.](#)

We encourage you to upload documents to support your application.
You are encouraged to upload documents to prove your identity, income and expenses.

Upload Documents

If you would like to print or save a copy of your application for your files, please select the **Print Copy of Application** button below. If you decide to print or save, please keep in mind that your application has your private, personal information in it. A copy of your application will be saved and can be viewed by logging into your account.

Advisory- Please read:
The information you just created is secure, but if you are using a computer in a Library, Community Center or other public place, please take these additional steps: If you print anything, remember to get the printed copies of your summary. If the printer jams or your summary fails to print, contact someone at the location for help. After you have completed entering your information, shut down the Internet program and if possible ask the staff to restart the computer.

Print Copy of Application


REGISTER TO VOTE:

Register Online: To apply to register to vote where you live now, select the following link to access [Georgia's Online Voter Registration System](#) or visit <https://registertovote.sos.ga.gov/GAOLVR/welcome.do#no-back-button>

Print an application: To apply to register to vote where you live now, you may print an application by selecting the following link to access [Georgia's Voter Registration Application](#) or visit https://sos.ga.gov/sites/default/files/forms/GA_VR_APP_2019.pdf

If you want a Georgia Voter Registration application mailed to you, you may call the Georgia Secretary of State's office at 404-656-2871, call the Customer Contact Center at 877-423-4746, or visit https://sos.ga.gov/sites/default/files/forms/GA_VR_APP_2019.pdf

You will need to have a program called Adobe Acrobat Reader to see and print this information. If you don't have this program on your computer, you may install it for free by clicking:



Next

Presentación final

También recibirá un PDF de autoservicio que confirma la presentación de sus actividades calificadas.



Keep in mind that you do not need to mail this printout to your local agency.

"Thank you for using Gateway to apply for benefits!"

Donald Dukes your application has been submitted to Online Services on October 24, 2023 at 08:39 PM.

If you submit your application after regular business hours or on a weekend or holiday, your filing date is the next business day October 25, 2023.

We will review your application and contact you if we need additional information.

If you need to make changes to your TANF, Food Stamps, or Medical Assistance application, please contact on-line services at 1-877-423-4746.

In your application, you have asked for these benefits:

- Medical Assistance, Food Stamps (SNAP) – T31162834

Be sure to write the number(s) down or print this page for your records.

As a next step, your worker may ask for proof of some of the things you told us in your application. This checklist will help you gather these items. If you can not find something, your worker may be able to help you get the proof you need.

Keep in mind that this list is based only on what you told us today. There may be other items that your worker will ask you to provide.

Proof of Identity

Proof of who you are, like a driver's license, ID card.

Proof of Residence

Current Georgia issued Driver License/ID Card, current lease, current mortgage statement, statement from landlord or person with whom you reside, utility bill (gas, electric, telephone)

Social Security Number

Social Security Numbers for everyone you want to receive benefits. Immigrants may potentially be eligible for benefits without a social security number. Social Security Number is not required for WIC.

Proof of Citizenship or Immigration Status (Only for those seeking benefits)

Proof of citizenship such as a birth certificate, U.S. passport, hospital record. Proof of immigration status such as resident immigration card, passport, visa, I-94, I-181, or other Department of Homeland Security (DHS) documentation. Additional examples of Proof of Citizenship for Medical applicants can be found in Form 218. Proof of Citizenship/Immigration Status is not required for WIC.