

Gateway Qualifying Activities Reporting How-To Guide

For Georgia Pathways to Coverage™ (Pathways) Members



Reporting Qualifying Activity Hours Each Month

All Pathways members are required to report their qualifying activities hours each month unless they are enrolled in the Georgia Vocational Rehabilitation Agency (GVRA), or their qualifying activity hours are electronically verified.

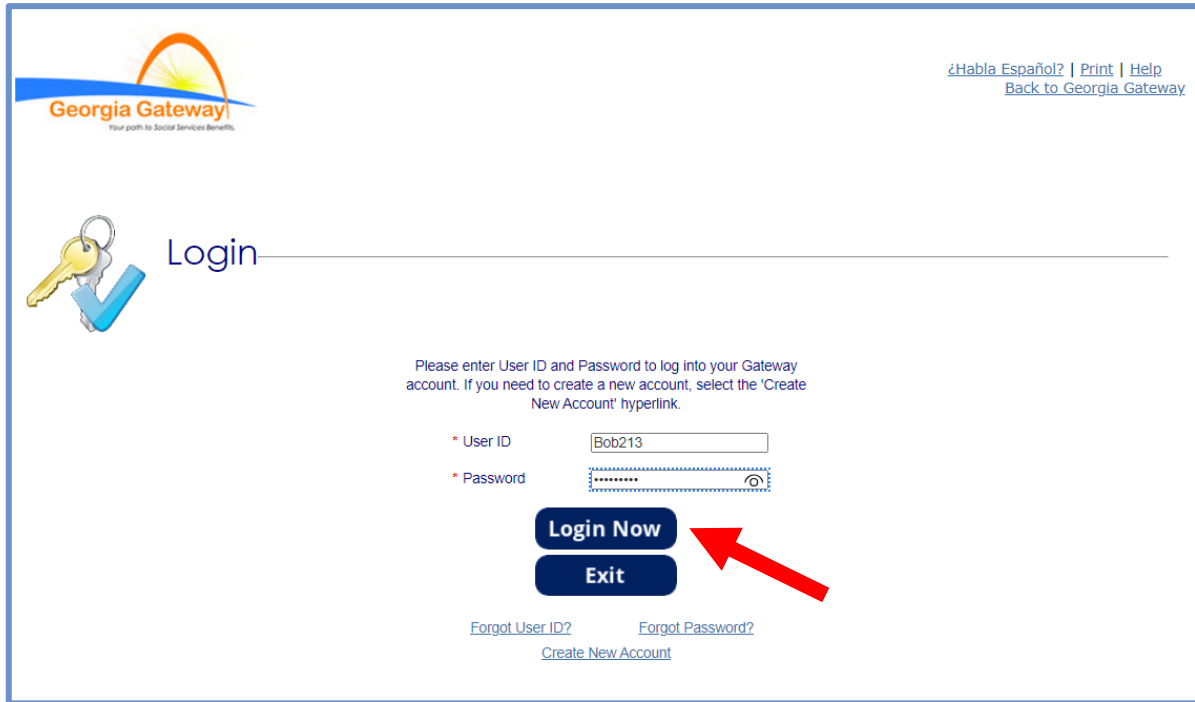
To have hours electronically verified, members must agree to have their hours electronically verified during the application process and must participate in qualifying activity hours via:

- Georgia Vocational Rehabilitation Agency
- Technical College System of Georgia
- University System of Georgia
- Some employers*

**Please call the customer contact center at 1-877-423-4746 to confirm if the system can verify your hours electronically.*

Report My Qualifying Activities: Step 1

1a. Complete both fields and click “Login Now.”



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Login

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.

* User ID

* Password

Login Now

Exit

[Forgot User ID?](#) [Forgot Password?](#)
[Create New Account](#)

1b. Read Confidentiality Agreement and click “I Accept.”



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Confidentiality Agreement

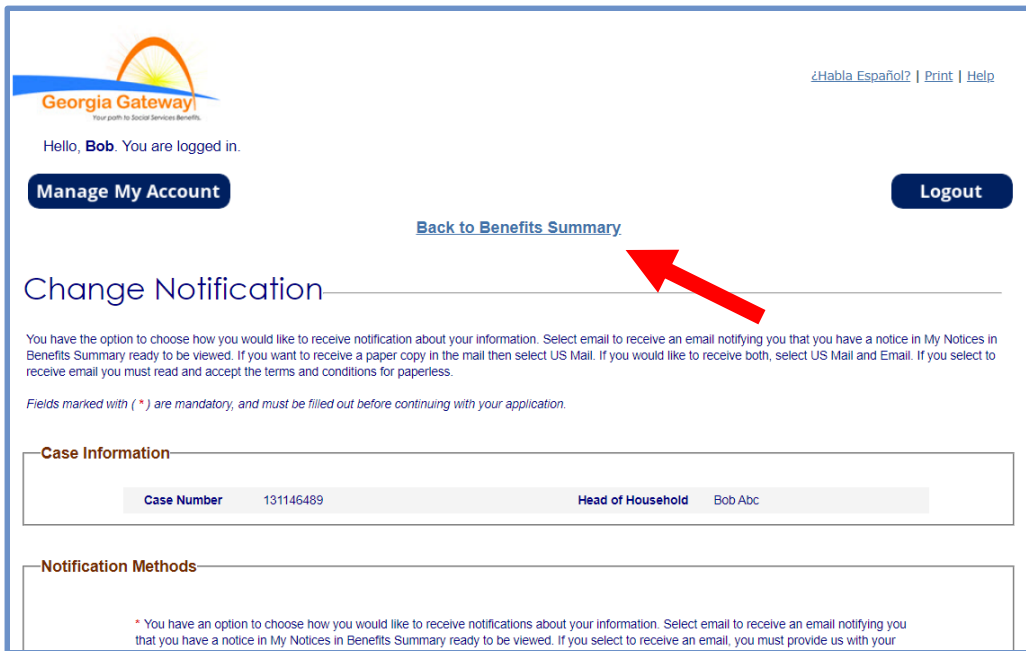
***Confidentiality Agreement Consent**

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.

I Accept **I Do Not Accept**

Report My Qualifying Activities: Step 2

2a. If the Change Notification screen appears, please click “Back to Benefits Summary” at the top of the page.



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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.*

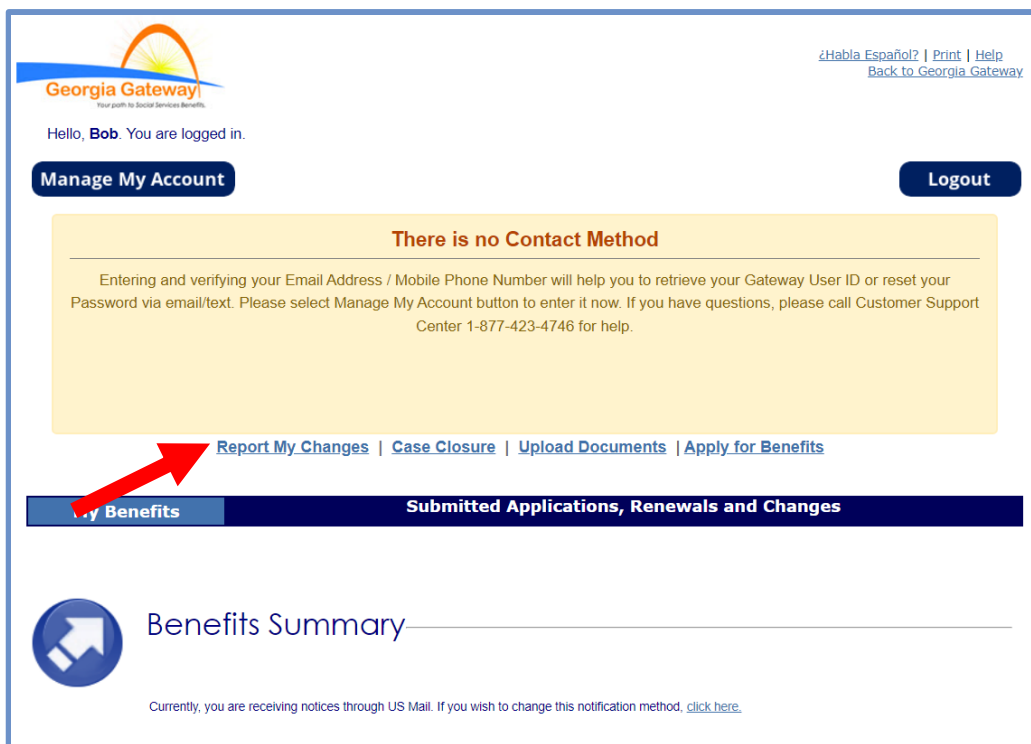
Case Information

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. Select “Report My Changes” in the header to report qualifying activity hours. Even if your hours have not changed since last month, you must select “Report My Changes” to report them.



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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

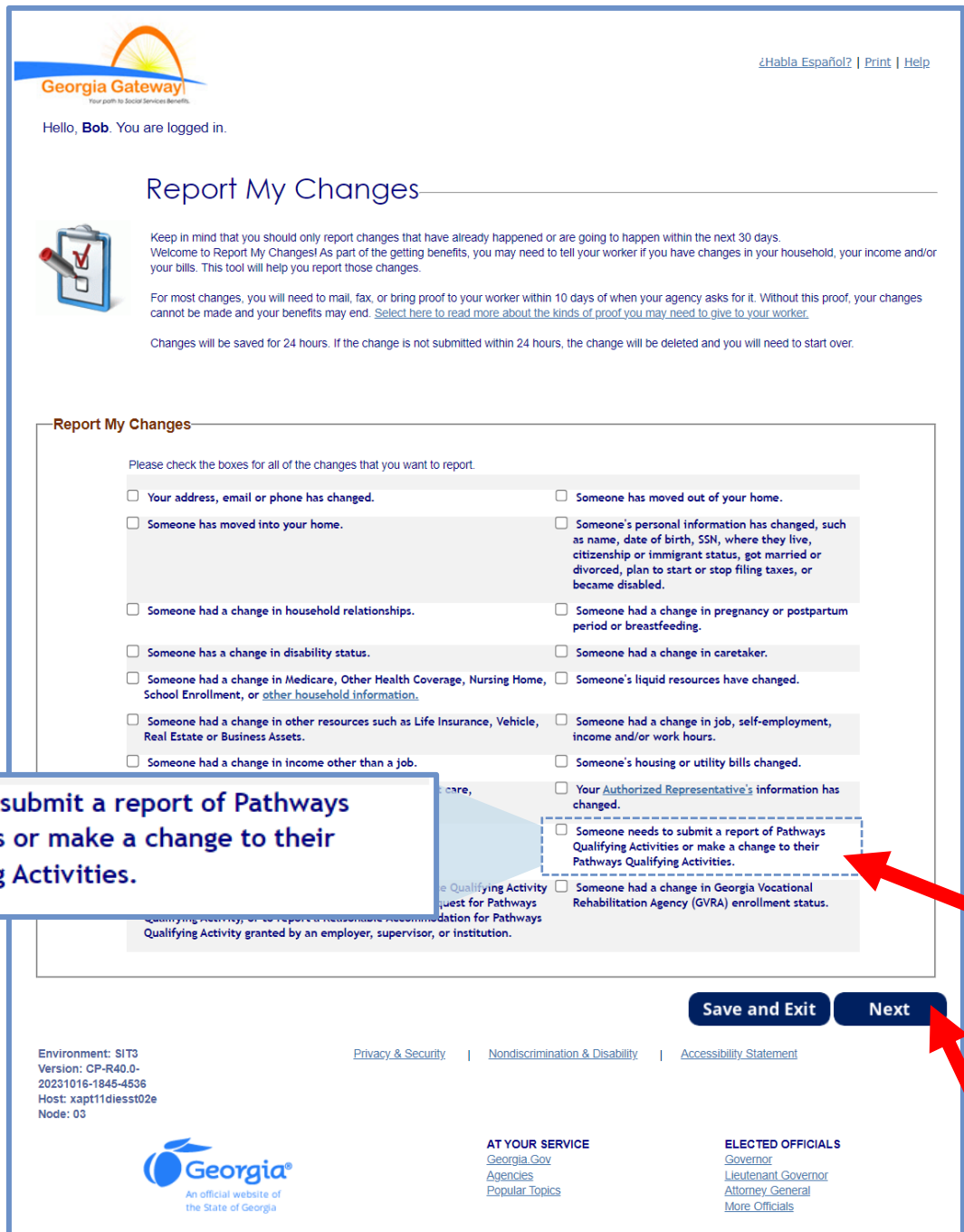
Benefits Summary

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

Report My Qualifying Activities: Step 3

3a. Select “Someone needs to submit a report of Pathways Qualifying Activities or make a change to their Pathways Qualifying Activities.”

3b. Then, click “Next.”



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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.

- Your address, email or phone has changed.
- Someone has moved out of your home.
- Someone has moved into your home.
- 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.
- Someone had a change in household relationships.
- Someone had a change in pregnancy or postpartum period or breastfeeding.
- Someone has a change in disability status.
- Someone had a change in caretaker.
- Someone had a change in Medicare, Other Health Coverage, Nursing Home, School Enrollment, or other household information.
- Someone's liquid resources have changed.
- Someone had a change in other resources such as Life Insurance, Vehicle, Real Estate or Business Assets.
- Someone had a change in job, self-employment, income and/or work hours.
- Someone had a change in income other than a job.
- Someone's housing or utility bills changed.
- Your Authorized Representative's information has changed.
- Someone needs to submit a report of Pathways Qualifying Activities or make a change to their Pathways Qualifying Activities.
- Someone had a change in Georgia Vocational Rehabilitation Agency (GVRA) enrollment status.

[Request for Pathways Qualifying Activity](#) | [Request for Pathways Qualifying Activity](#) | [Request for Pathways Qualifying Activity](#)

Environment: SIT3
Version: CP-R40.0-20231016-1845-4536
Host: xapt11diessst02e
Node: 03

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Save and Exit **Next**

The order of options may vary based on your individual case. Please read the text carefully before making a selection.

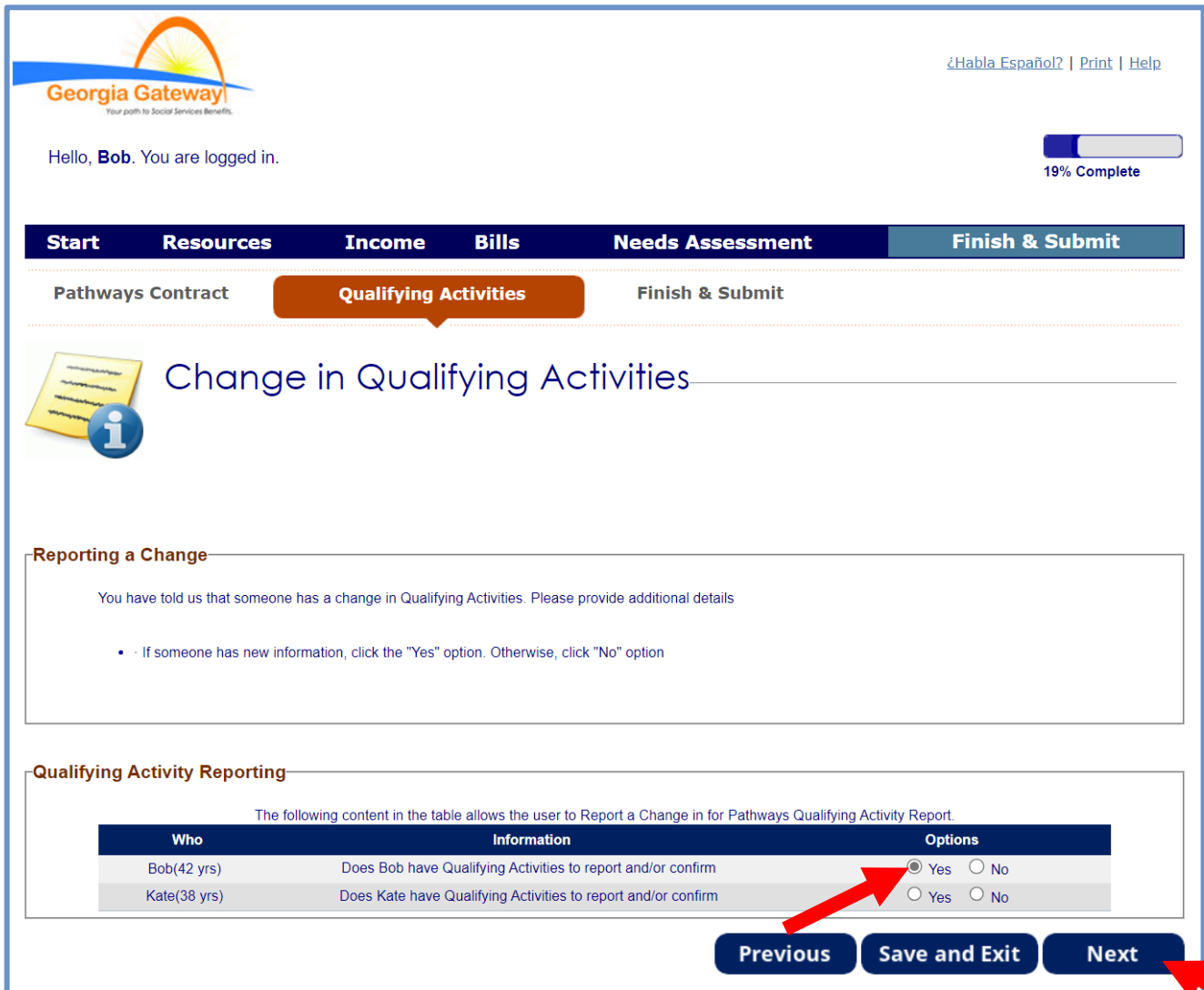
Report My Qualifying Activities: Step 4

This screen will list everyone in your household who is enrolled in Pathways and required to report qualifying activity hours.

4a. You need to select “Yes” for all the members for whom you are entering hours.

4b. Then, click “Next.”

If you select more than one member, you will be directed to submit hours for each member in the order they are presented on this screen. Once you submit the first member’s hours, you will be directed to submit hours for the next member.



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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**

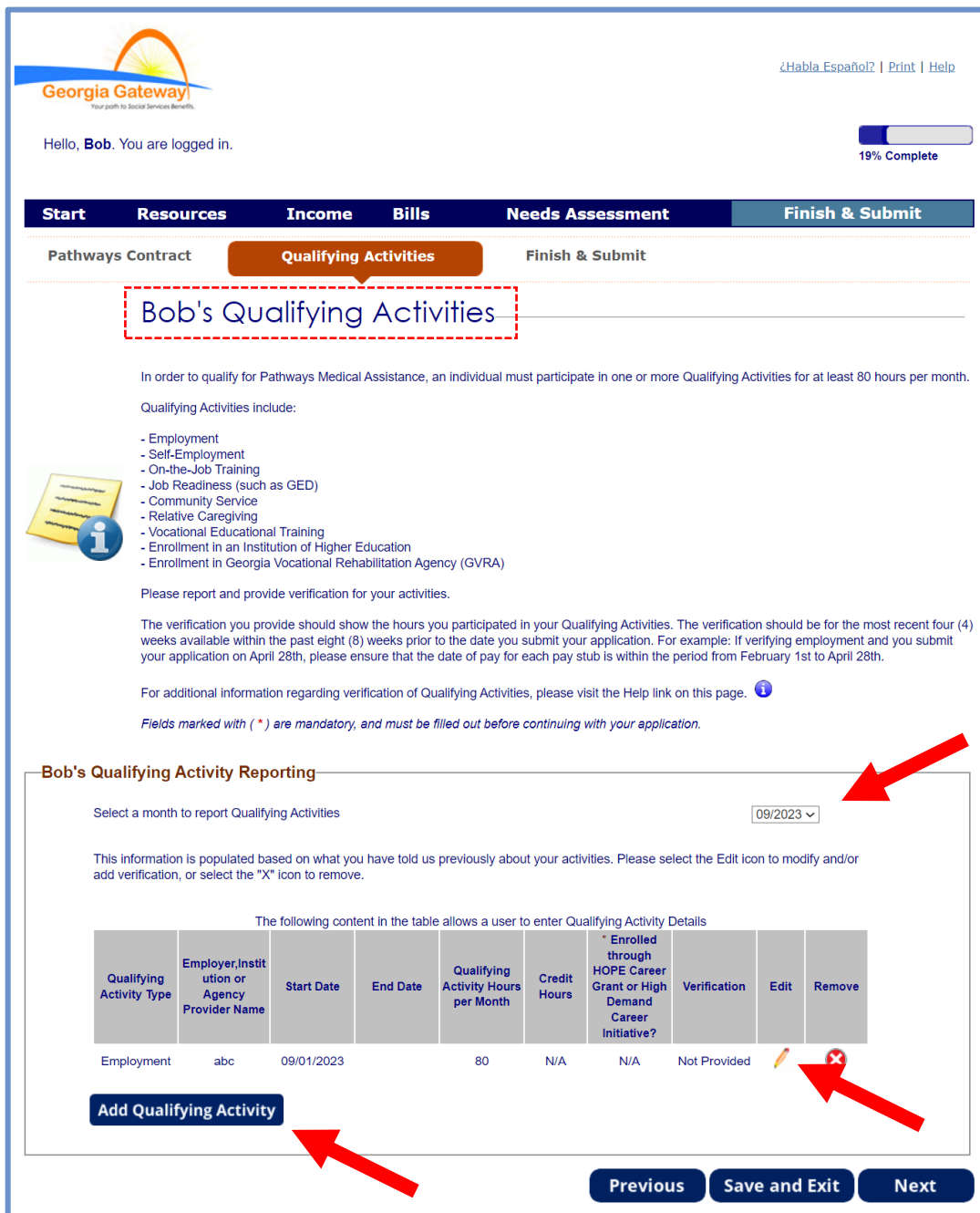
Report My Qualifying Activities: Step 5

5a. If you are reporting qualifying activities for multiple people, review the name at the top of the screen to make sure you report hours for the correct person.

5b. Confirm that the month for which you are reporting is displayed in the dropdown.

5c. Click the pencil icon if you need to edit your previously entered qualifying activity hours (for example, if you entered an incorrect number of hours).

5d. Click “Add Qualifying Activity” to report your qualifying activity hours for the month.



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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

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

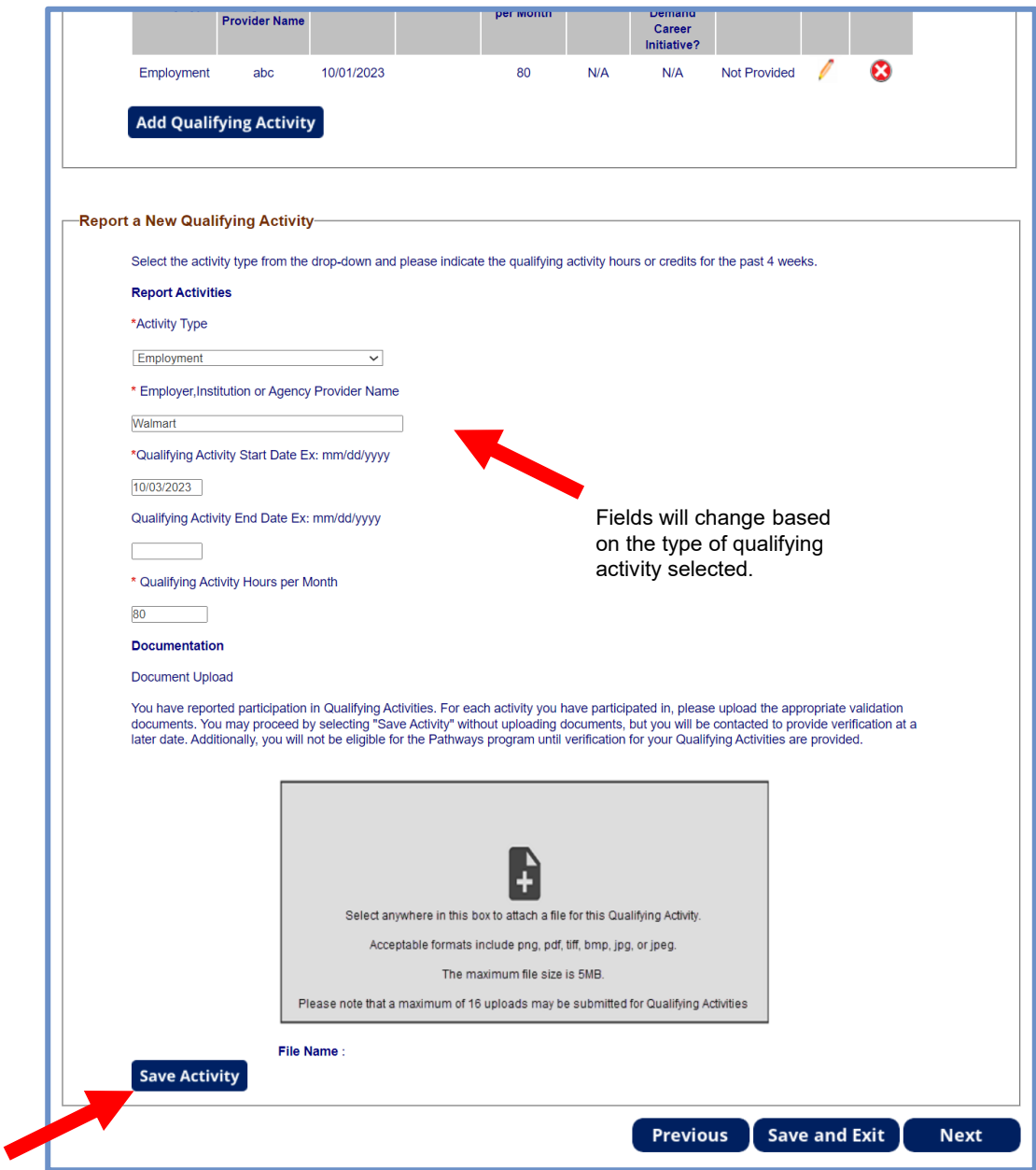
Report My Qualifying Activities: Step 6

The Report a New Qualifying Activity section displays after you select the “Add Qualifying Activity” button.

6a. Complete all required fields.

6b. Click anywhere in the gray box to start the process for uploading supporting documentation. Accepted file types include png, pdf, tiff, bmp, jpg, or jpeg. For more information on acceptable documentation, visit dch.georgia.gov/georgiapathways/pathways-reporting.

6c. Click “Save Activity.”



The screenshot shows a web form titled "Report a New Qualifying Activity". At the top, there is a table with columns for "Provider Name", "per month", and "Demand Career Initiative?". Below the table is a blue button labeled "Add Qualifying Activity".

The main form area contains the following sections:

- Report Activities**:
 - *Activity Type: A dropdown menu with "Employment" selected.
 - * Employer, Institution or Agency Provider Name: A text input field containing "Walmart".
 - *Qualifying Activity Start Date Ex: mm/dd/yyyy: A date input field containing "10/03/2023".
 - Qualifying Activity End Date Ex: mm/dd/yyyy: An empty date input field.
 - * Qualifying Activity Hours per Month: A text input field containing "80".
- Documentation**:
 - Document Upload: A section with a gray box containing a plus icon and 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 blue button labeled "Save Activity".

Navigation buttons at the bottom right include "Previous", "Save and Exit", and "Next".

Report My Qualifying Activities: Step 6 Potential Warning Messages

If you have entered incomplete or incorrect information in the Report a New Qualifying Activity section, you may receive an error or warning message.

If you did not receive any warning messages, please proceed to step 7.

Error messages may appear in the page header when you click “Save Activity.”

6d. Resolve the error to move forward.


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.

Warning messages may appear in the page header when you click “Save Activity.”

6e. If you are able, resolve the problem before moving forward.

6f. If you do not, someone will contact you to resolve the problem.



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.

Report My Qualifying Activities: Step 7

7a. Confirm you have reported all qualifying activity hours.

7b. Click the pencil icon if you need to make any changes to your qualifying activity entries.

7c. Then, scroll down and click “Next.”





If you selected more than one person for whom to report in step 4, once you click “Next” you will be directed to repeat this same process to submit their qualifying activity hours.

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




Report My Qualifying Activities: Step 8

8a. Read through the text on the Signing Your Change page.

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.

Report My Qualifying Activities: Step 8 continued

8b. If you would like to register to vote, follow the instructions in the Voter Registration box.

8c. Check the box in the Electronic Signature box and complete all fields.

8d. Then, choose one of the three “Submit” buttons.

- Submit and apply to register to vote where you live now.
- Submit and do not apply to register to vote where you live now.
- Submit and do not answer the voter registration question.

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)

Final Submission

Once you have provided your signature, you will receive a tracking number that you can reference if you need to inquire about your qualifying activities submission.



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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](#)

Final Submission

You will also receive a self-service pdf that confirms your qualifying activities submission.



****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.