

# Guía práctica para informar una adaptación razonable de Gateway

Para miembros de Georgia Pathways to Coverage™ (Pathways)



## **Cómo informar una adaptación razonable**

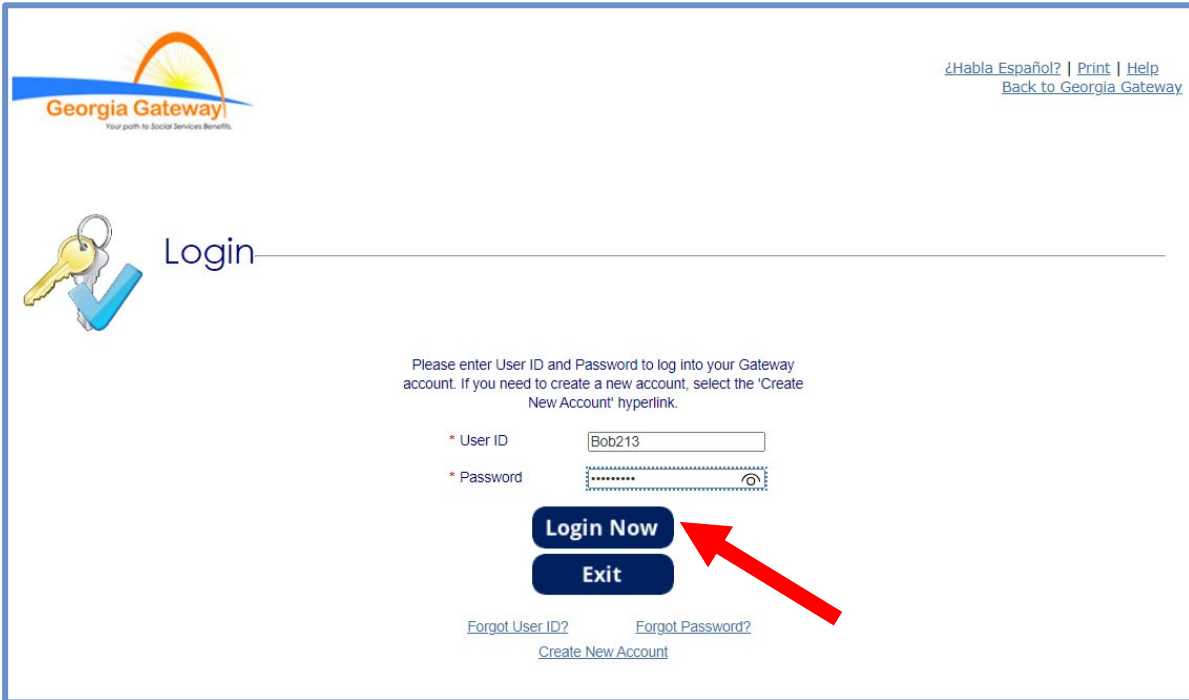
Los miembros de Pathways deben informar una adaptación razonable una vez que tengan un acuerdo de su empleador u organización en el que se explique que, debido a la discapacidad del miembro de Pathways, no pueden completar 80 horas de actividades calificadas por mes.

Los miembros deben solicitar las adaptaciones directamente a su empleador/organización o a través de la Agencia de Rehabilitación Vocacional de Georgia (GVRA, en inglés).

Para obtener más información sobre cómo solicitar una adaptación razonable, llame al Centro de Atención al Cliente al 1-877-423-4746.

# Cómo informar una adaptación razonable: paso 1

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

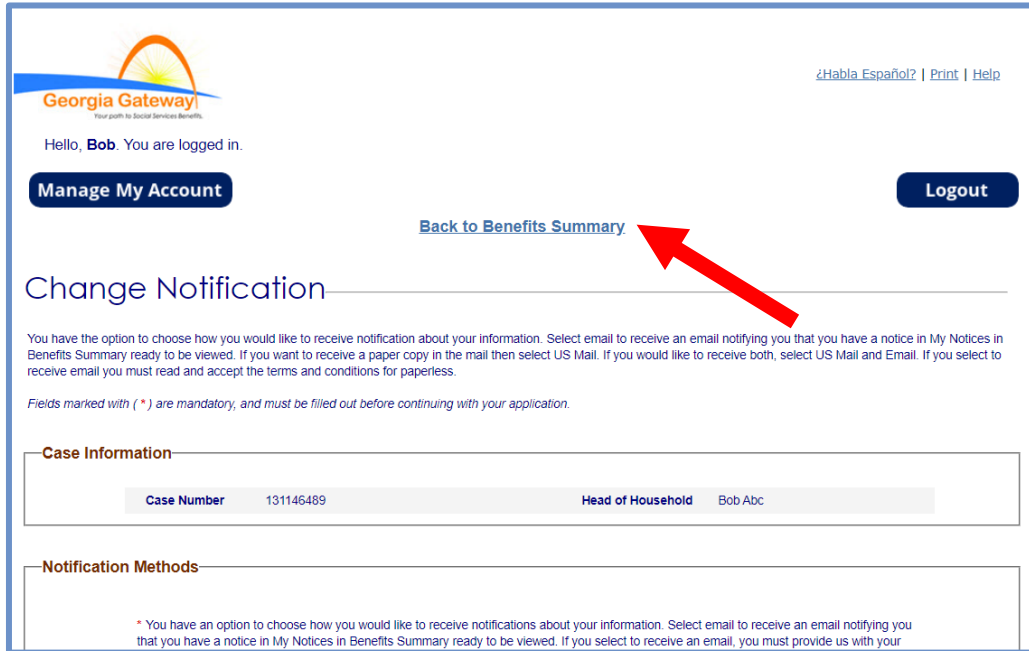


1b. Lea el Acuerdo de Confidencialidad y haga clic en “I Accept” (Acepto).



## Cómo informar una adaptación razonable: 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

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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.

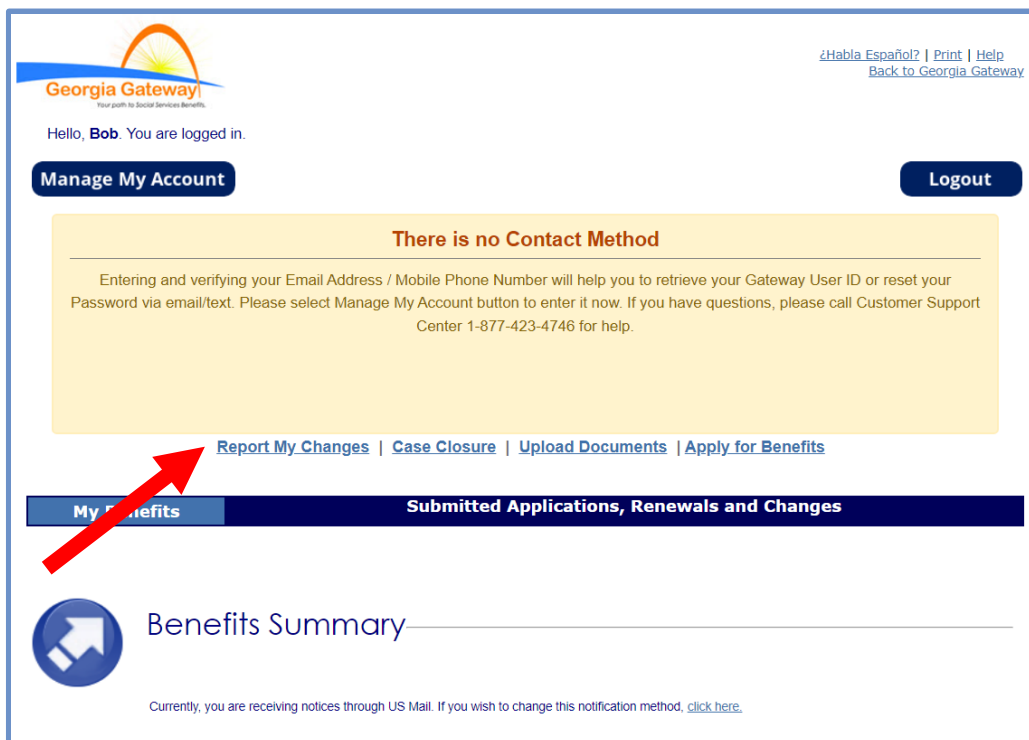
**Case Information**

Case Number	131145489	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 una adaptación razonable.



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**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

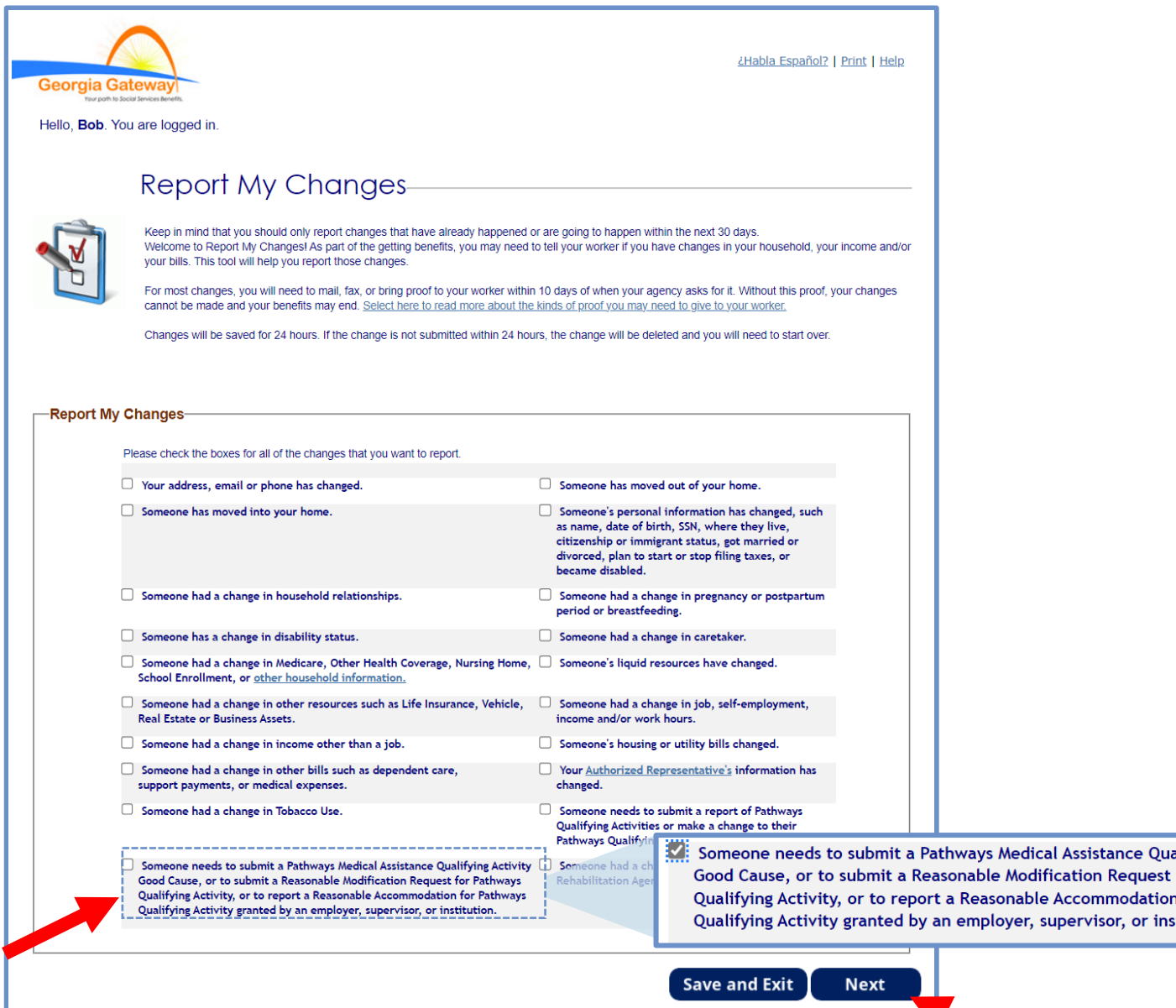
### Benefits Summary

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

# Cómo informar una adaptación razonable: paso 3

3a. Seleccione “Someone needs to submit a Pathways Medical Assistance Qualifying Activity Good Cause, or to submit a Reasonable Modification Request for Pathways Qualifying Activity, or to report a Reasonable Accommodation for Pathways Qualifying Activity granted by an employer, supervisor, or institution” (Alguien debe presentar una causa justificada de asistencia médica para actividad calificada de Pathways, presentar una solicitud de modificación razonable para una actividad calificada de Pathways o informar una adaptación razonable para una actividad calificada de Pathways otorgada por un empleador, un supervisor o una institución).

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



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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 into your home.
- Someone had a change in household relationships.
- Someone has a change in disability status.
- Someone had a change in Medicare, Other Health Coverage, Nursing Home, School Enrollment, or [other household information](#).
- Someone had a change in other resources such as Life Insurance, Vehicle, Real Estate or Business Assets.
- Someone had a change in income other than a job.
- Someone had a change in other bills such as dependent care, support payments, or medical expenses.
- Someone had a change in Tobacco Use.
- Someone has moved out of 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 pregnancy or postpartum period or breastfeeding.
- Someone had a change in caretaker.
- Someone's liquid resources have changed.
- Someone had a change in job, self-employment, income and/or work hours.
- 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 needs to submit a Pathways Medical Assistance Qualifying Activity Good Cause, or to submit a Reasonable Modification Request for Pathways Qualifying Activity, or to report a Reasonable Accommodation for Pathways Qualifying Activity granted by an employer, supervisor, or institution.
- Someone had a change in Rehabilitation Age.

Save and Exit    Next

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



# Cómo informar una adaptación razonable: paso 4

4a. Seleccione “Yes” (Sí) para todos los miembros para los que está declarando una adaptación razonable.

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

Si selecciona más de un miembro, se le pedirá que informe la adaptación razonable de cada miembro en el orden en que aparecen en esta pantalla. Una vez que envíe el informe del primer miembro, se le pedirá que informe para el siguiente miembro.



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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

## Good Cause, Reasonable Modification or Reasonable Accommodation for Pathways Qualifying Activity Request

**Reporting a Change**

Based on the information you have told us about your Qualifying Activities this month, we noticed you did not have the required number of 80 total hours. Can you let us know more about why you were unable to meet the 80 hours requirement?

**Good Cause, Reasonable Modification or Reasonable Accommodation for Pathways Qualifying Activity Request**

A Good Cause, Reasonable Modification for Pathways Qualifying Activity Request, or Reasonable Accommodation for Pathways Qualifying Activity should be submitted any month that an individual does not meet qualifying activity hours requirements. Note that all Good Cause, Reasonable Modification for Pathways Qualifying Activity Request, or Reasonable Accommodation for Pathways Qualifying Activity are subject to audit at any time.

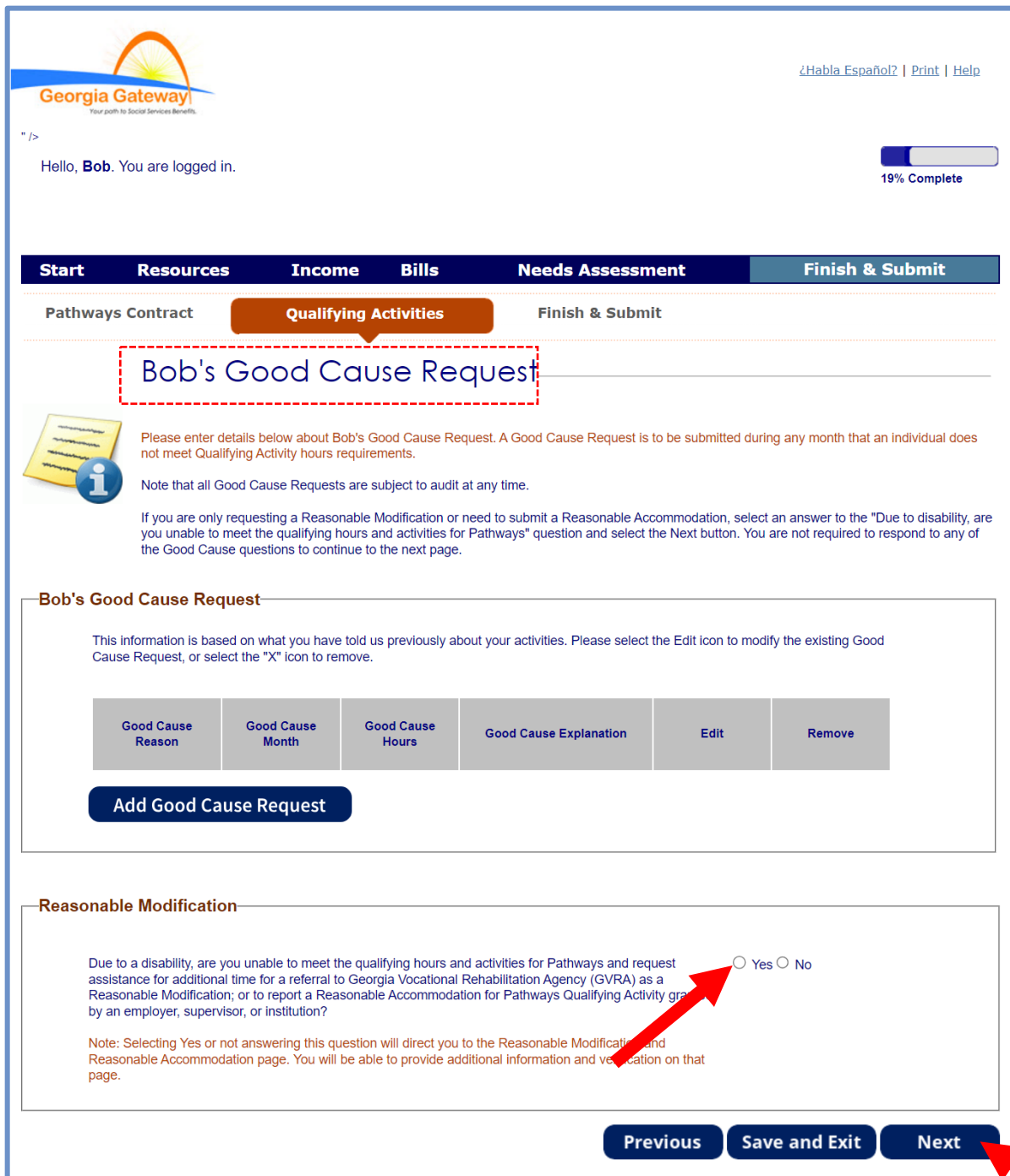
The following content in the table allows the user to Report a Change in GC, RM or RA for Pathways Qualifying Activity Request.

Who	Information	Options
Bob(42 yrs)	Does Bob have a Good Cause, Reasonable Modification or Reasonable Accommodation for Pathways Qualifying Activity Request to report?	<input type="radio"/> Yes <input type="radio"/> No
Kate(38 yrs)	Does Kate have a Good Cause, Reasonable Modification or Reasonable Accommodation for Pathways Qualifying Activity Request to report?	<input type="radio"/> Yes <input type="radio"/> No

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

# Cómo informar una adaptación razonable: paso 5

- 5a. Si está informando adaptaciones razonables para varias personas, revise el nombre en la parte superior de la pantalla para asegurarse de enviar el informe correcto para la persona correcta.
- 5b. Seleccione “Sí” en el recuadro “Reasonable Modification” (Modificación razonable).
- 5c. A continuación, haga clic en “Next” (Siguiente).



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

## Bob's Good Cause Request

Please enter details below about Bob's Good Cause Request. A Good Cause Request is to be submitted during any month that an individual does not meet Qualifying Activity hours requirements.

Note that all Good Cause Requests are subject to audit at any time.

If you are only requesting a Reasonable Modification or need to submit a Reasonable Accommodation, select an answer to the "Due to disability, are you unable to meet the qualifying hours and activities for Pathways" question and select the Next button. You are not required to respond to any of the Good Cause questions to continue to the next page.

### Bob's Good Cause Request

This information is based on what you have told us previously about your activities. Please select the Edit icon to modify the existing Good Cause Request, or select the "X" icon to remove.

Good Cause Reason	Good Cause Month	Good Cause Hours	Good Cause Explanation	Edit	Remove
<b>Add Good Cause Request</b>					

### Reasonable Modification

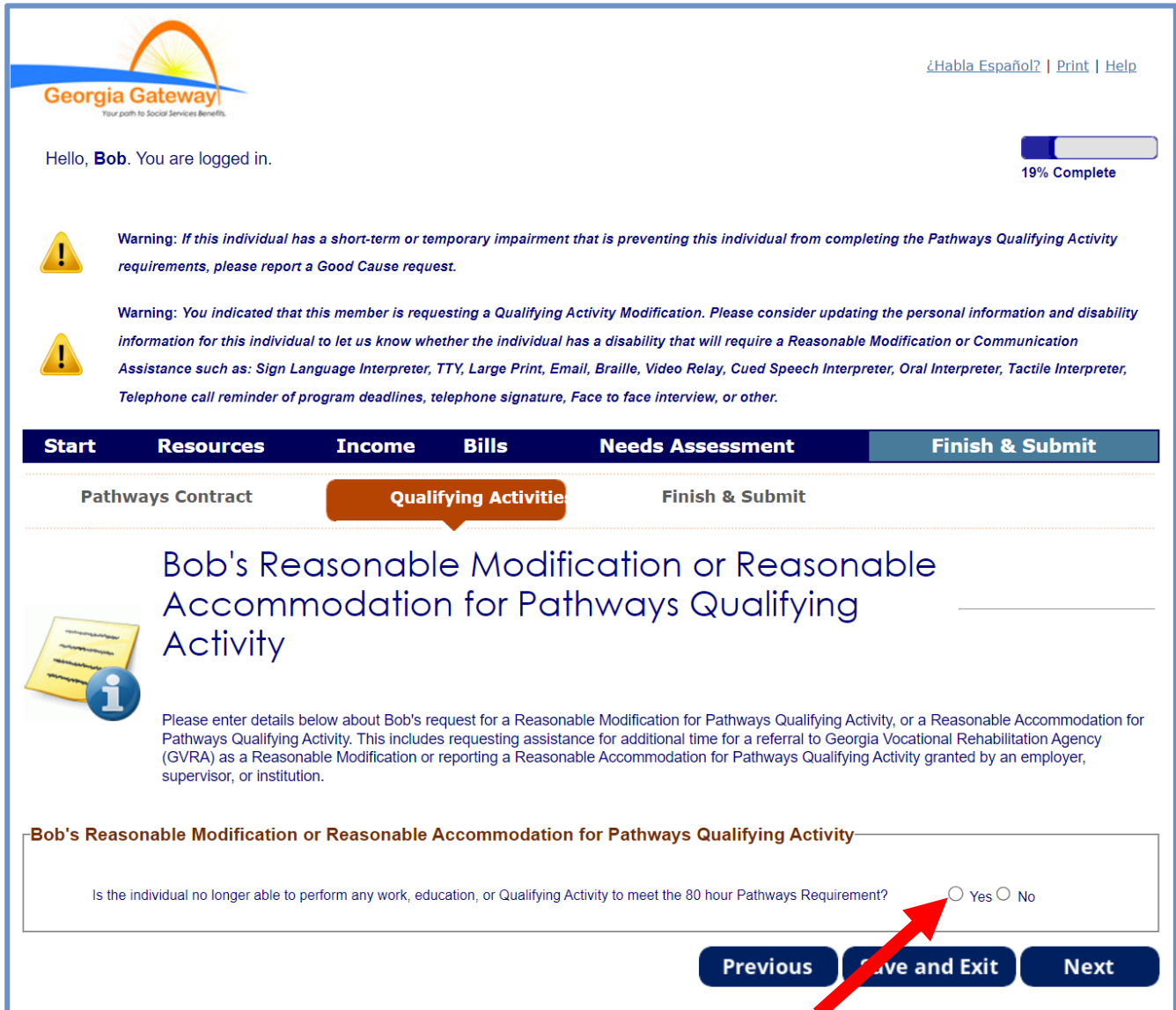
Due to a disability, are you unable to meet the qualifying hours and activities for Pathways and request assistance for additional time for a referral to Georgia Vocational Rehabilitation Agency (GVRA) as a Reasonable Modification; or to report a Reasonable Accommodation for Pathways Qualifying Activity granted by an employer, supervisor, or institution?  Yes  No

Note: Selecting Yes or not answering this question will direct you to the Reasonable Modification and Reasonable Accommodation page. You will be able to provide additional information and verification on that page.

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

# Cómo informar una adaptación razonable: paso 6

6a. Seleccione “Sí” en el recuadro “Reasonable Modification or Reasonable Accommodation” (Modificación razonable o adaptación razonable).



Georgia Gateway  
Your path to Social Services Benefits

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Hello, **Bob**. You are logged in. 19% Complete

**Warning:** If this individual has a short-term or temporary impairment that is preventing this individual from completing the Pathways Qualifying Activity requirements, please report a Good Cause request.

**Warning:** You indicated that this member is requesting a Qualifying Activity Modification. Please consider updating the personal information and disability information for this individual to let us know whether the individual has a disability that will require a Reasonable Modification or Communication Assistance such as: Sign Language Interpreter, TTY, Large Print, Email, Braille, Video Relay, Cued Speech Interpreter, Oral Interpreter, Tactile Interpreter, Telephone call reminder of program deadlines, telephone signature, Face to face interview, or other.

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

Pathways Contract   **Qualifying Activities**   Finish & Submit

## Bob's Reasonable Modification or Reasonable Accommodation for Pathways Qualifying Activity

Please enter details below about Bob's request for a Reasonable Modification for Pathways Qualifying Activity, or a Reasonable Accommodation for Pathways Qualifying Activity. This includes requesting assistance for additional time for a referral to Georgia Vocational Rehabilitation Agency (GVRA) as a Reasonable Modification or reporting a Reasonable Accommodation for Pathways Qualifying Activity granted by an employer, supervisor, or institution.

**Bob's Reasonable Modification or Reasonable Accommodation for Pathways Qualifying Activity**

Is the individual no longer able to perform any work, education, or Qualifying Activity to meet the 80 hour Pathways Requirement?  Yes  No

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



# Cómo informar una adaptación razonable: paso 6 (continuación)

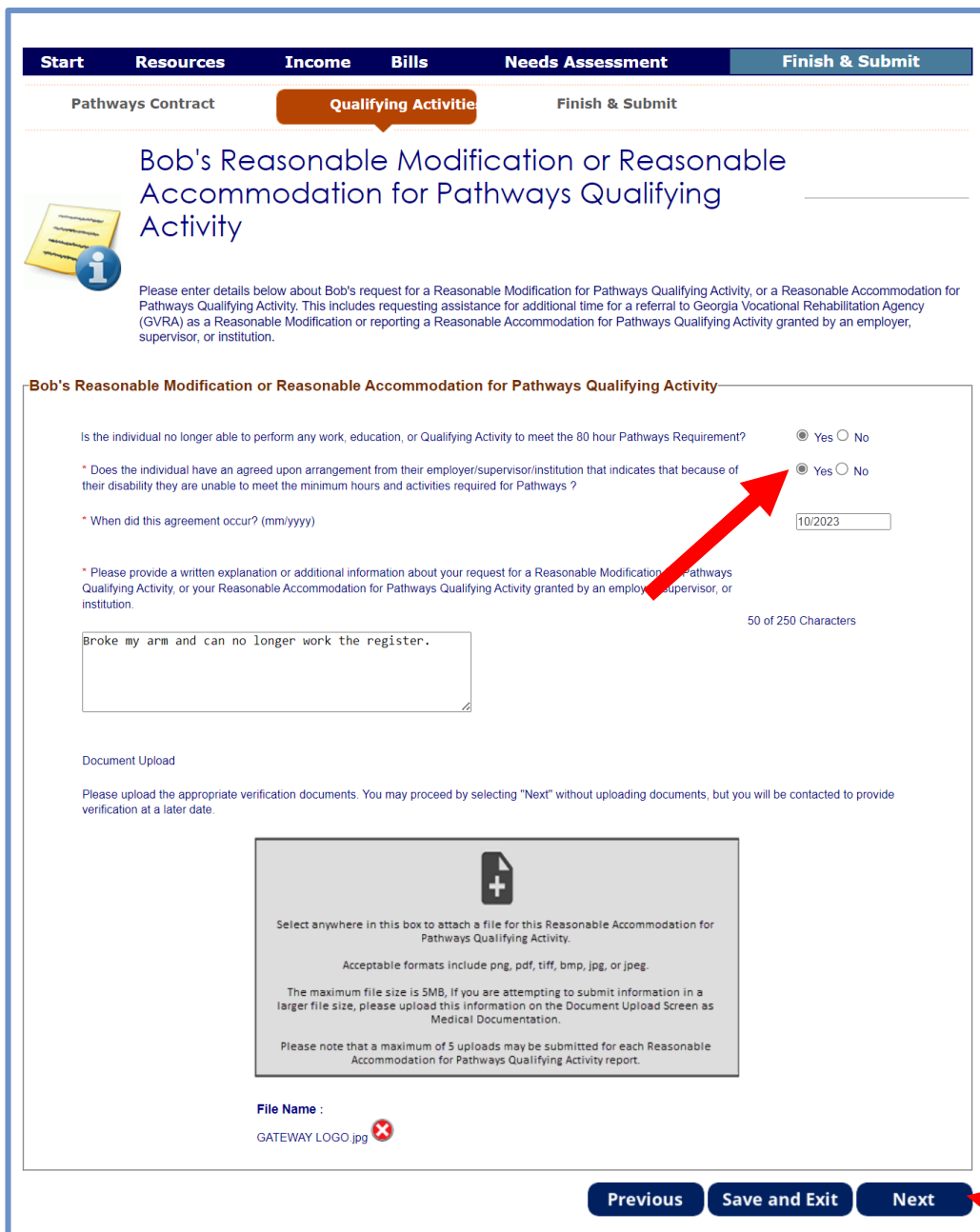
6b. Seleccione “Yes” (Sí) para la segunda pregunta en el recuadro “Reasonable Modification or Reasonable Accommodation” (Modificación razonable o adaptación razonable).

6c. Al seleccionar “Yes” (Sí), aparecerán varias preguntas adicionales. Complete todos los campos obligatorios.

6d. 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.

6e. A continuación, haga clic en “Next” (Siguiente).

Si en el paso 4 ha seleccionado informar una adaptación razonable para más de una persona, al hacer clic en “Next” (Siguiente) se le pedirá que repita el mismo proceso.



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

Pathways Contract **Qualifying Activities** Finish & Submit

## Bob's Reasonable Modification or Reasonable Accommodation for Pathways Qualifying Activity

Please enter details below about Bob's request for a Reasonable Modification for Pathways Qualifying Activity, or a Reasonable Accommodation for Pathways Qualifying Activity. This includes requesting assistance for additional time for a referral to Georgia Vocational Rehabilitation Agency (GVRRA) as a Reasonable Modification or reporting a Reasonable Accommodation for Pathways Qualifying Activity granted by an employer, supervisor, or institution.

**Bob's Reasonable Modification or Reasonable Accommodation for Pathways Qualifying Activity**

Is the individual no longer able to perform any work, education, or Qualifying Activity to meet the 80 hour Pathways Requirement?  Yes  No

\* Does the individual have an agreed upon arrangement from their employer/supervisor/institution that indicates that because of their disability they are unable to meet the minimum hours and activities required for Pathways ?  Yes  No

\* When did this agreement occur? (mm/yyyy)

\* Please provide a written explanation or additional information about your request for a Reasonable Modification for Pathways Qualifying Activity, or your Reasonable Accommodation for Pathways Qualifying Activity granted by an employer, supervisor, or institution. 50 of 250 Characters

Broke my arm and can no longer work the register.

Document Upload


Please upload the appropriate verification documents. You may proceed by selecting "Next" without uploading documents, but you will be contacted to provide verification at a later date.

Select anywhere in this box to attach a file for this Reasonable Accommodation for Pathways Qualifying Activity.

Acceptable formats include png, pdf, tiff, bmp, jpg, or jpeg.

The maximum file size is 5MB. If you are attempting to submit information in a larger file size, please upload this information on the Document Upload Screen as Medical Documentation.

Please note that a maximum of 5 uploads may be submitted for each Reasonable Accommodation for Pathways Qualifying Activity report.

File Name :  
GATEWAY LOGO.jpg 

**Previous Save and Exit Next**

# Cómo informar una adaptación razonable: paso 7

7a. Lea la página “Signing Your Change” (Firmar su cambio).

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


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**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 una adaptación razonable: paso 7 (continuación)

7b. Si desea registrarse para votar, siga las instrucciones del recuadro “Voter Registration” (Registro de votantes).

7c. Marque la casilla en el recuadro “Electronic Signature” (Firma electrónica) y complete todos los campos.

7d. 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](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.

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**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 su adaptación razonable.



[¿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](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](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 su adaptación razonable.



\*\*\*\*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.