How Parents Submit Customer Portal Change Requests via Gateway

If the family has an existing CAPS case

- 1. Navigate to https://gateway.ga.gov/access/
- 2. Click "Manage My account/Login



Login Page

Georgia Gateway		Back to Georgia Gateway
0		
Login—		
	Need to create a User ID and Password? Click here	
	*User ID	

Confidentiality Agreement



My Applications – Report a Change



		Cube Del	cetton	
	Case Selectio	n		
V				
Case Selection				
	Listed below are a	II of the cases associated with this account. Pl	ease select one to see more inf	ormation.
	Listed below are a	II of the cases associated with this account. Pl Benefits	ease select one to see more inf	ormation.
	Listed below are a Selection	Il of the cases associated with this account. Pl Benefits Child Care	ease select one to see more inf Status Approved	Case Number 122384909
	Listed below are a Selection O	Il of the cases associated with this account. Pi Benefits Child Care Food Stamps (SNAP)	ease select one to see more inf Status Approved Approved	ormation. Case Number 122384909 122384915

Select Back to Benefits Summary

Manage My Account	Back to Benefits Summary
Change Notifica	ı <mark>tion</mark>
You have the option to choose how you wou in Benefits Summary ready to be viewed. If select to receive email you must read and ar	Id like to receive notification about your information. Select email to receive an email notifying you that you have a notice in My Notices 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 ccept the terms and conditions for paperless.
Case Information	<u>∫</u> s

Select Report My Chang	es
Georgia Gateway Tray part to Jacob Servers	¿Habla Español? Print Help Back to Georgia Gateway
Hello, FifteenOneZeroTwo. You are logged in. Manage My Account Report My Changes Case Closure Upload Documents Apply for Benefits	Logout

Select "Type of Care Change" at the bottom of the screen.

Por	ort My Change	26
Kep	bon my change	32
Kiesp in Welcom and/or y	mend that you should only report changes a to Report My Changes! As part of the pe cur bills. This tool will help you report thes	That have already happened or are going to happen within the next 30 days. sting benefits, you may need to tell your worker if you have changes in your household, your incore is changes.
For motion	t changes, you will need to mail, tax, or br to made and your bonefits may end. Solar	ring proof to your worker within 10 days of when your agency asks for it. Without this proof, your ct cf here to read more about the kinds of groof you may need to give to your worker.
Change	s nill 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
Fields /	ranked with (*) are mandatoly; and must o	de filled out before continuing with your adolication
Report My Changes		
Please chart	the basis by all of the changes that up	turnet in mont
Prease chec	is the contact for all of the changes that you	a mant to report.
Wour ad	dress, email or phone has changed.	Someone has moved out of your home.
Someon	e has moved into your home.	Someone's personal Information has charged, such as name, date of birth, SSH, where they like, citizenship or immigrant status, get married or divorced, plan to start or shop films tures, or became disabled.
Someon relation	e had a change in household hips.	Someone had a change in pregnancy or postpartum period or breastfeeding.
Someon	e has a change in disability status.	Someone had a change in caretaker.
Street	e had a change in illedicare, Other overage, Bursing Home, School mt. er sther household information.	Someone's liquid resources have changed.
Someon as Life In Business	e had a change in other resources such isurance, Vehicle, Real Estate or Assets.	Someone had a change in job, self-employment, income and/or work hours.
Someon Job.	e had a change in income other than a	Someone's housing or utility bills changed.
has chan	thorized Representative's Information ged.	
Report C	hanges to Childcare	
Childcan Change.	e Provider Change or Type of Care	Childcare Activity Change.
Add a cl	Nild to your CAPS case.	

I certify that the information that has	been reported with the request for change is true a	and correct to the best of my knowledge. If I give false
information, withhold information, fail be prosecuted for perjury, larceny, ar	to report changes promptly, or obtain assistance f d/or fraud.If I completed or assisted in completing	for which I am not eligible, I may be breaking the law and could this change form and aided and abetted the applicant to
obtain assistance for which he/she is means. By signing this application el	not eligible, I may be breaking the law and could t ectronically, I understand that an electronic signatu	be prosecuted. I agree to submit this application by electronic ure has the same legal effect and can be enforced in the same
ways as a written signature.		
* 🗹 By checking this box and typin	g my name below, I am electronically signing my o	change.
*First Name:	*Last Name:	Suffix:
<u></u>		- V

Please email the families tracking number to caps.stp@decal.ga.gov

Congratulations! Your change has been successfully submitted.

Your tracking number is T