

How to submit a Change Request


1. Navigate to:

<https://gateway.ga.gov/access/>

2. Click “Manage My Account/Login”




Login Page



Georgia Gateway
Your path to Social Services Benefits.

¿Habla Español? | Print | Help
Back to Georgia Gateway




Login

[Need to create a User ID and Password? Click here](#)

*User ID

*Password

LOGIN NOW 

Confidentiality Agreement



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.

Accept

I Accept

I Do Not Accept



**Georgia Dept
of Early Care
and Learning**
BRIGHT FROM THE START

My Applications – Report a Change

My Applications

Already receive TANF, Food Stamps, Medical Assistance, CAPS, or WIC benefits

Choose this button to:

- Add new benefits to your case
- Renew Benefits
- Check Benefits
- Upload a Document
- Report a Change**
- View Notices

Apply for Benefits

Choose this button to:
Apply for Benefits if you don't have an active case but would like to apply now

Case Selection



Case Selection

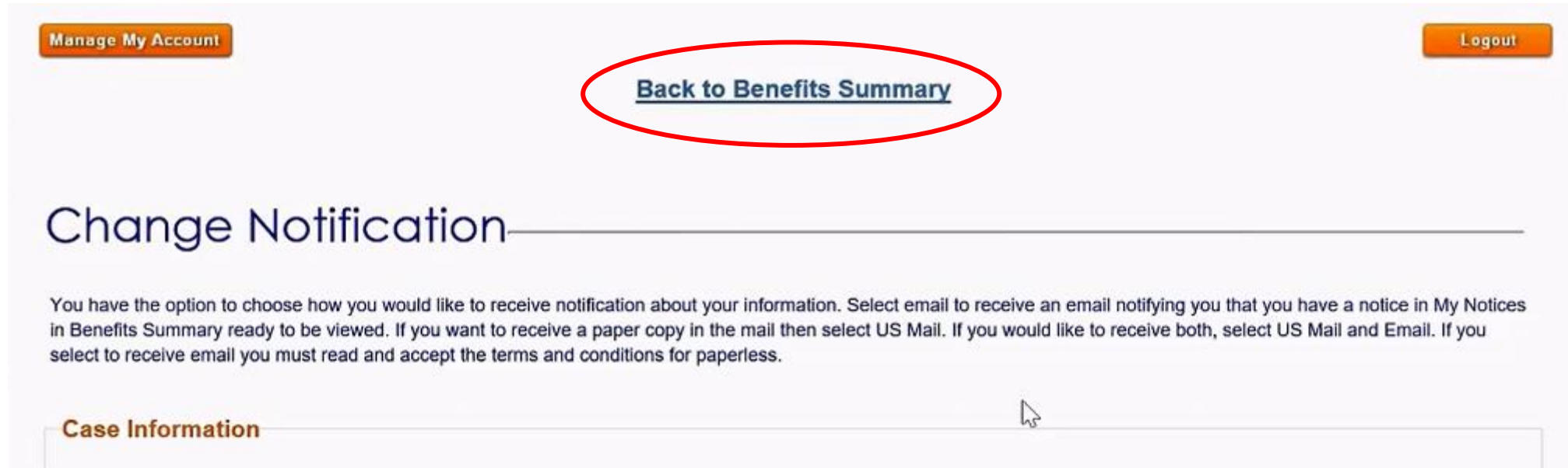
Case Selection

Listed below are all of the cases associated with this account. Please select one to see more information.

Selection	Benefits	Status	Case Number
<input type="radio"/>	Child Care	Approved	122384909
<input type="radio"/>	Food Stamps (SNAP)	Approved	122384915

Continue

Select Back to Benefits Summary



The screenshot shows a web interface with a light gray background. At the top left, there is an orange button labeled "Manage My Account". At the top right, there is an orange button labeled "Logout". In the center, the text "[Back to Benefits Summary](#)" is circled in red. Below this, the heading "Change Notification" is followed by a horizontal line. Underneath, a paragraph of text explains notification options: "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." At the bottom left, the heading "Case Information" is followed by another horizontal line. A mouse cursor is visible near the bottom right of the page.



Select Report My Changes



The screenshot shows the Georgia Gateway user interface. At the top left is the logo with the text "Georgia Gateway" and "Your path to Social Services Benefits." Below the logo, it says "Hello, FifteenOneZeroTwo. You are logged in." There are two orange buttons: "Manage My Account" on the left and "Logout" on the right. A navigation bar contains four links: "Report My Changes" (circled in red), "Case Closure", "Upload Documents", and "Apply for Benefits". In the top right corner, there are links for "¿Habra Español?", "Print", "Help", and "Back to Georgia Gateway".

Select Type of Changes to Report

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 post-partum 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 <u>other household information</u> | <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"/> Childcare Provider Change | <input type="checkbox"/> Childcare Activity Change |

Electronic Signature & Submit

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

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

*First Name:

*Last Name:

Suffix:

<< PREVIOUS

SAVE & EXIT

SUBMIT ✓



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BRIGHT FROM THE START