



# GEORGIA PATHWAYS TO COVERAGE™

## HOW TO APPLY



Georgia Pathways to Coverage is a new program to help low-income Georgians qualify for Medicaid who otherwise would not be eligible for traditional Medicaid. Pathways introduces a new Medicaid eligibility category in Georgia, increasing access to affordable, quality healthcare coverage for those in the state who don't have it today.

If you need help applying, you can call the Customer Contact Center at 1-877-423-4746 or contact your local DFCS office.

### DOCUMENTS THAT MAY BE NEEDED

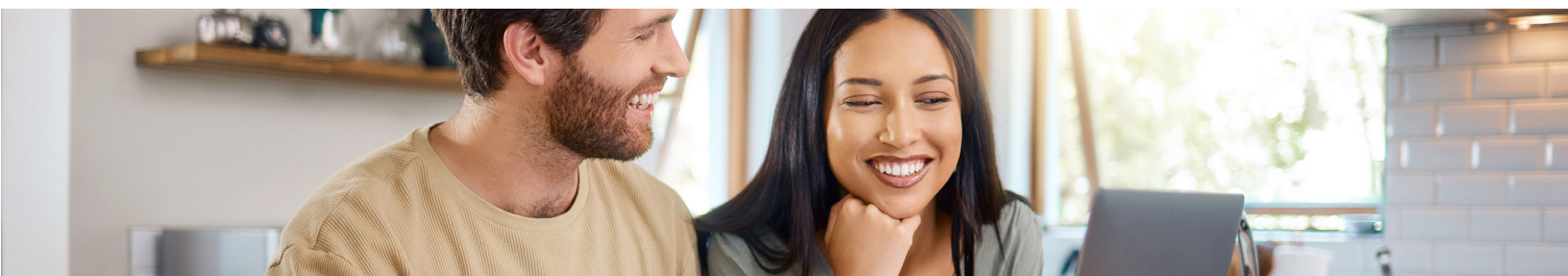
At application, your identity, income, and qualifying activities may need to be verified.

A requirement for Pathways eligibility is completing at least 80 hours of qualifying activities each month. You may need to provide documentation for each qualifying activity for the most recent four weeks available within eight weeks prior to your application submission date. For example, if you apply on July 1, you may need to provide documentation to prove your qualifying activities for June. If you're unable to provide documentation for June, you may need to provide documentation for May.

### WHERE TO APPLY

Georgia residents can apply through the Gateway Customer Portal online at [gateway.ga.gov](http://gateway.ga.gov). You can also apply:

- In-person at your local Division of Family & Children Services (DFCS) office. To find the location and business hours for a DFCS office, visit: [dfcs.ga.gov/locations](http://dfcs.ga.gov/locations).
- By mail to your local DFCS office.
- By phone at 1-877-423-4746 or 711 for those who are deaf, hard of hearing, deaf-blind or have difficulty speaking.



### FOR MORE INFORMATION ABOUT PATHWAYS :

Visit [dch.ga.gov/georgiapathways](http://dch.ga.gov/georgiapathways), call the Customer Contact Center at **1-877-423-4746** or **711** for those who are deaf, hard of hearing, deaf-blind or have difficulty speaking or apply at [gateway.ga.gov](http://gateway.ga.gov)

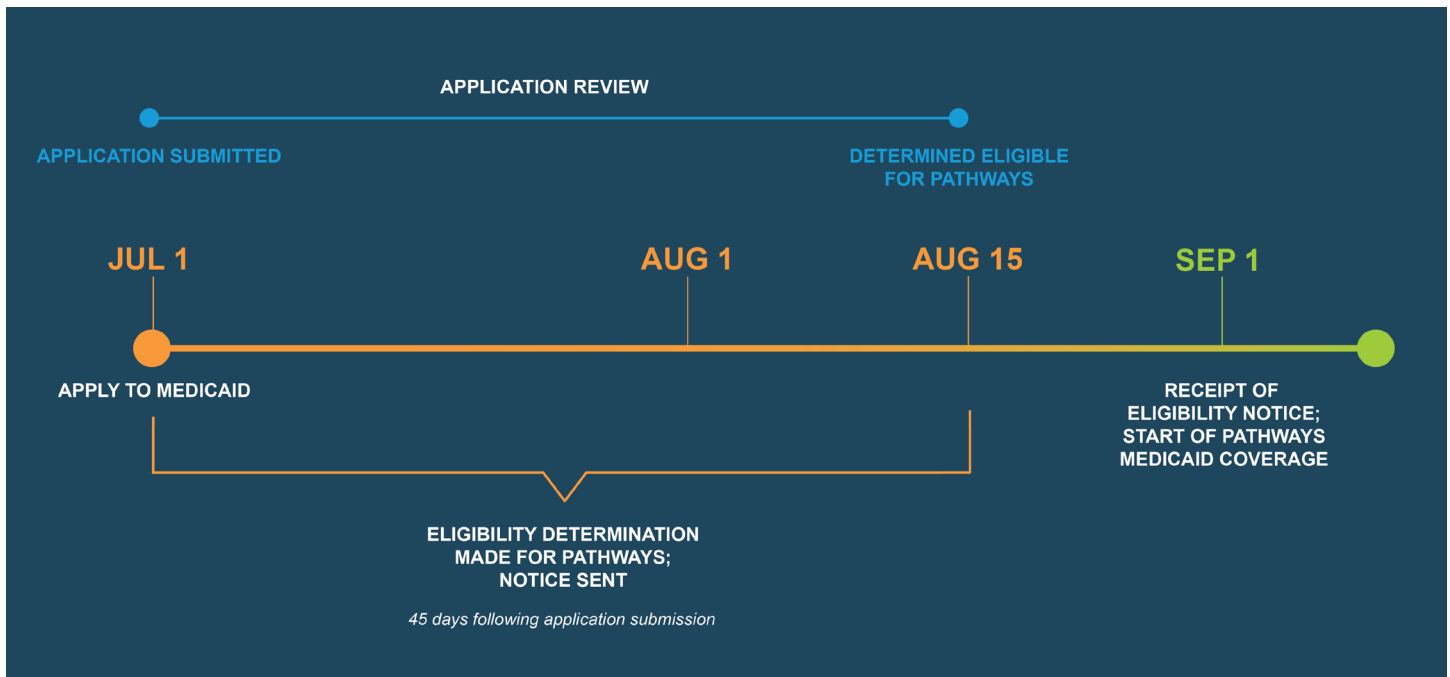


GEORGIA DEPARTMENT OF COMMUNITY HEALTH



## APPLICATION PROCESS

The state will review your application and let you know within 45 days of when you submitted your application if you are approved or denied. If approved, your coverage will begin on the first day of the next month after approval.



*Sample timeline for demonstration purposes only; actual months will vary.*

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