

**Georgia Department of Human Services  
Division of Family and Children Services**

**GEORGIA PATHWAYS MEDICAL ASSISTANCE QUALIFYING ACTIVITIES REPORT FORM**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

Client ID: \_\_\_\_\_

Complete the form below to report your Qualifying Activity hours.

You may upload this form to your Gateway case at [www.gateway.ga.gov](http://www.gateway.ga.gov), mail to your local Division of Family and Children Services (DFCS) county office, or deliver in person at your local DFCS county office. If you need assistance completing this form, please call the Customer Contact Center at 1-877-423-4746 or contact your local DFCS office.

**• To report Qualifying Activity hours for an active Georgia Pathways Medical Assistance case, a person must complete the following:**

- Report by the 3<sup>rd</sup> of each month at least 80 hours of engagement for the previous month's Qualifying Activity or Activities. Meeting this threshold will maintain Pathways Medical Assistance eligibility for the next month.
- Provide documentation for verification that he/she meets the hours and activities threshold for the previous month.

*For example: If the current month is April, April 3<sup>rd</sup> would be the due date to report March's Qualifying Activity hours. Meeting this threshold by the due date will maintain Pathways Medical Assistance eligibility for May.*

For each person in the household receiving Pathways Medical Assistance who is reporting a Qualifying Activity, please indicate the Qualifying Activity and the number of hours engaged in the Qualifying Activity.

**NOTE:** For a list of acceptable Qualifying Activities, please see the list on this form.

**1) To report Qualifying Activities such as employment, self-employment, on-the-job training, job readiness, community service, and/or Georgia Vocational Rehabilitation Agency (GVRA) participation:**

Member Name	Type of Qualifying Activity	Employer/Organization Name	Qualifying Activity Start Date	Qualifying Activity End Date	Hours Per Month

2) To report Qualifying Activities such as Vocational Education Training or enrollment in an Institution of Higher Education:

Member Name	Type of Qualifying Activity (Education)	School/Institution Name	Enrollment Term Start Date	Enrollment Term End Date	Enrollment Term Credit Hours

**IMPORTANT NOTE:** If any Georgia Pathways Medical Assistance member in the household did not meet the 80 hour Qualifying Activities requirement in a coverage month, please make a Good Cause Exception request.

**How do I report Qualifying Activities hours or request a Good Cause Exception?**

- **By internet:** [www.gateway.ga.gov](http://www.gateway.ga.gov). You may use the Customer Portal to report Qualifying Activities and hours, Good Cause Exception requests and hours, and upload documentation.
- **By mobile application:** You may report Qualifying Activities and hours, Good Cause Exception requests and hours, and upload a photo of your documentation on your IOS or Android device.
- **By phone:** 1-877-423-4746. You may call to report Qualifying Activities and hours or Good Cause Exception requests and hours, but you will need to submit documentation of these through another reporting method in this section.
- **In person:** You may report Qualifying Activities and hours, Good Cause Exception requests and hours, and submit documentation at your local DFCS office.
- **By mail:** You may submit the appropriate Qualifying Activities or Good Cause Exceptions report form and documentation by mail to your local DFCS office.

**Below is a list of acceptable types of Qualifying Activities and verification documents:**

Qualifying Activity and Description	Verification
<p><b>Employment</b></p> <ul style="list-style-type: none"> <li>Includes full and part-time work</li> </ul>	<ul style="list-style-type: none"> <li>Pay stubs</li> <li>Written statement from source/employer</li> <li>Gross earnings (if hourly pay is known)</li> <li>Timesheet</li> </ul>
<p><b>Self-employment</b></p> <ul style="list-style-type: none"> <li>Some examples include but are not limited to owning one's own business, cutting grass, collecting cans for recycling, babysitting, selling food items, taxi/food delivery service, etc.</li> </ul>	<ul style="list-style-type: none"> <li>Signed Standardized Work/Participation Calendar from member indicating hours engaged (Member may fill in a standardized worksheet template indicating total weekly hours worked per client/activity; OR submit a snapshot of their actual work calendar from the reporting month (e.g. Photo of ledger of appointments or screenshot of calendar with work activities)</li> </ul>
<p><b>On-the-job Training</b></p> <ul style="list-style-type: none"> <li>Training given to a paid employee while he/she is working in the job.</li> </ul>	<ul style="list-style-type: none"> <li>Statement from supervisor sponsoring the OJT</li> </ul>
<p><b>Job Readiness</b></p> <ul style="list-style-type: none"> <li>Activities directly related to preparation for employment. Some examples include but are not limited to life-skills training, GED course enrollment, resume building, and habilitation or rehabilitation activities, including substance use disorder treatment. Rehabilitation activities must be determined to be necessary and documented by a qualified medical professional.</li> <li>An inpatient hospital stay is considered a habilitation or rehabilitation activity under job readiness only at initial application. For each day of an inpatient hospital stay, an applicant may claim 4 hours towards their monthly Qualifying Activities requirement.</li> </ul>	<ul style="list-style-type: none"> <li>Signed statement from Recognized Agency or Community Resource indicating hours engaged. (Recognized agencies include Georgia Department of Labor Career Center, Workforce Development Board, Georgia Vocational Rehabilitation Agency, Goodwill, and other agencies as authorized by the State)</li> <li>Signed statement from habilitation/rehabilitation institution verifying hours in last four weeks</li> </ul>
<p><b>Community Service</b></p> <ul style="list-style-type: none"> <li>Approved community service programs are limited to projects that serve a useful community purpose in fields such as health, social service, environmental protection, education, urban and rural redevelopment, welfare, recreation, public facilities, public safety, and childcare.</li> </ul>	<ul style="list-style-type: none"> <li>Signed Standardized Work/Participation Calendar</li> <li>Signed statement on organization letterhead from supervisor verifying hours</li> </ul>
<p><b>Vocational Education Training</b></p> <ul style="list-style-type: none"> <li>Organized educational programs that prepare individuals for employment in current or emerging occupations. Course hour requirements for vocational education training shall be determined by the Department of Community Health (DCH).</li> </ul>	<ul style="list-style-type: none"> <li>Official course enrollment for the current semester from the Office of the Registrar</li> <li>Copy of class schedule for the current semester</li> </ul>
<p><b>Enrollment in an Institution of Higher Education</b></p> <ul style="list-style-type: none"> <li>The student's workload may include any combination of courses, work, research, or special studies that the institution considers contributing to the individual's full-time status.</li> </ul>	<ul style="list-style-type: none"> <li>Official course enrollment for the current semester from the Office of the Registrar</li> <li>Copy of class schedule for the current semester</li> </ul>
<p><b>Enrollment and active engagement in the Georgia Vocational Rehabilitation Agency (GVRA) Vocational Rehabilitation Program</b></p>	<ul style="list-style-type: none"> <li>Signed statement from GVRA, dated within four weeks of submission by the applicant</li> <li>Enrolment letter dated within four weeks of submission by the applicant</li> </ul>