

# Gateway Reporting a Reasonable Accommodation How-To Guide

For Georgia Pathways to Coverage™ (Pathways) Members



## Reporting a Reasonable Accommodation

---

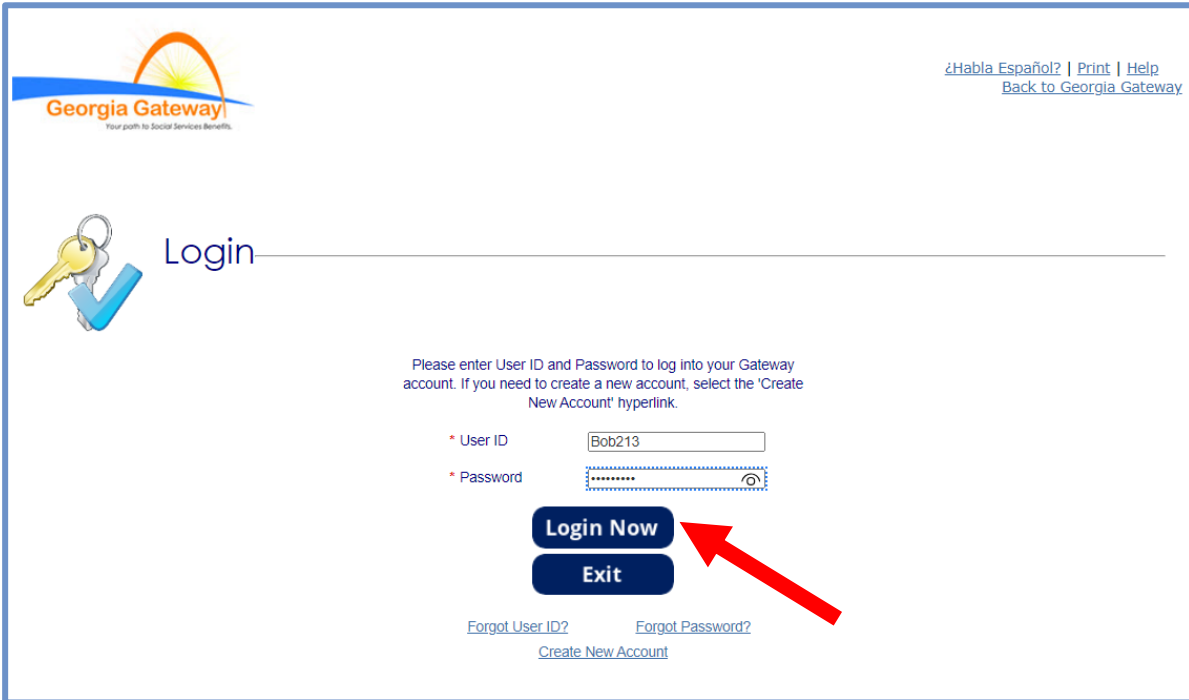
Pathways members should report a Reasonable Accommodation once they have an agreement from their employer or organization explaining that due to the Pathways member's disability, they are unable to complete 80 hours of qualifying activities per month.

Members must request accommodations directly from their employer/organization or through the Georgia Vocational Rehabilitation Agency (GVRA).

For more information on requesting a Reasonable Accommodation, please call the customer contact center at 1-877-423-4746.

# Reporting a Reasonable Accommodation: Step 1

1a. Complete both fields and click “Login Now.”



Georgia Gateway  
Your path to Social Services Benefits.

[¿Habla Español?](#) | [Print](#) | [Help](#)  
[Back to Georgia Gateway](#)

## Login

Please enter User ID and Password to log into your Gateway account. If you need to create a new account, select the 'Create New Account' hyperlink.

\* User ID

\* Password

**Login Now**

**Exit**

[Forgot User ID?](#) [Forgot Password?](#)  
[Create New Account](#)

1b. Read Confidentiality Agreement and click “I Accept.”



Georgia Gateway  
Your path to Social Services Benefits.

[¿Habla Español?](#) | [Print](#)  
[Back to Georgia Gateway](#)

## Confidentiality Agreement

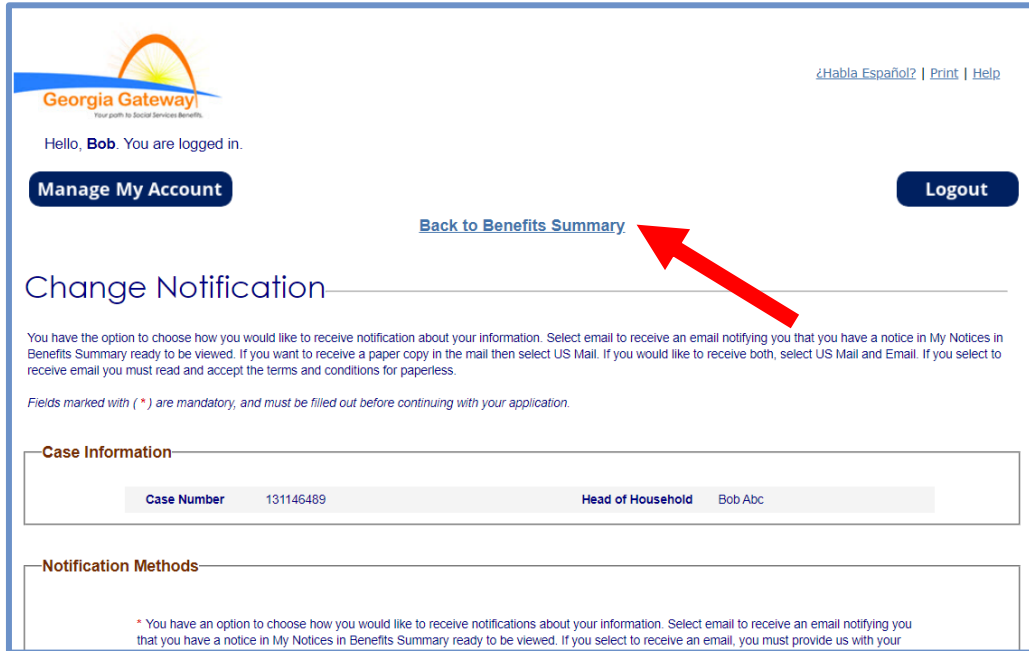
**\*Confidentiality Agreement Consent**

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.

**I Accept** **I Do Not Accept**

# Reporting a Reasonable Accommodation: Step 2

2a. If the Change Notification screen appears, please click “Back to Benefits Summary” at the top of the page.



**Georgia Gateway**  
Your path to Social Services Benefits

¿Habla Español? | [Print](#) | [Help](#)

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.*

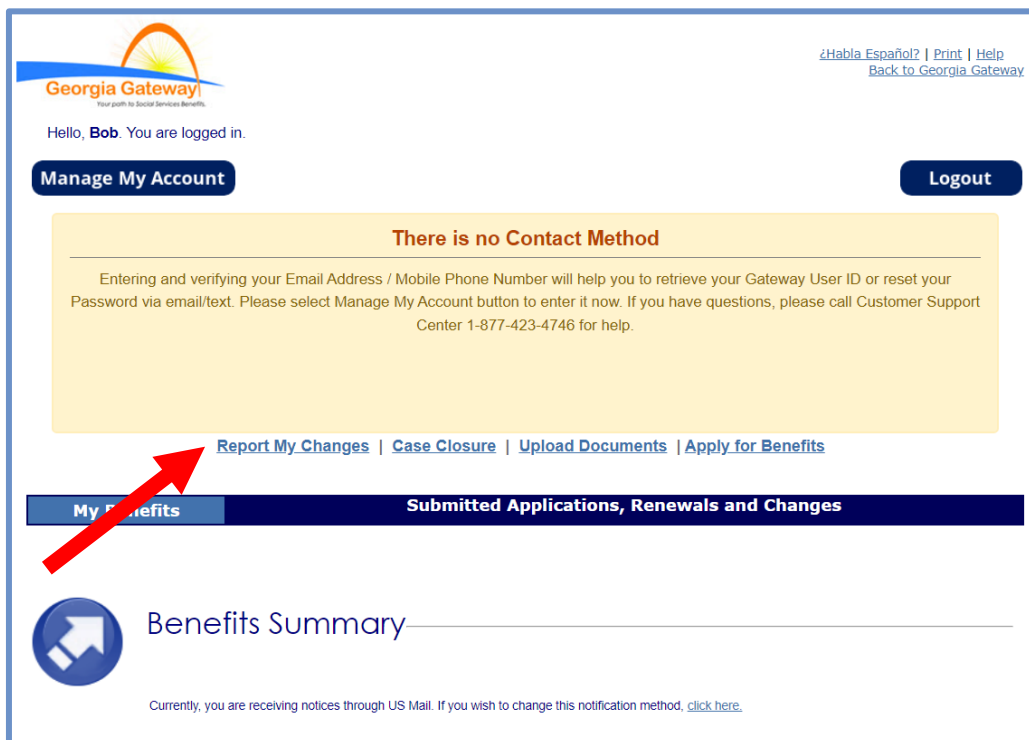
**Case Information**

|                    |           |                          |         |
|--------------------|-----------|--------------------------|---------|
| <b>Case Number</b> | 131145489 | <b>Head of Household</b> | Bob Abc |
|--------------------|-----------|--------------------------|---------|

**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. Select “Report My Changes” in the header to report a Reasonable Accommodation.



**Georgia Gateway**  
Your path to Social Services Benefits

¿Habla Español? | [Print](#) | [Help](#)  
[Back to Georgia Gateway](#)

Hello, **Bob**. You are logged in.

[Manage My Account](#) [Logout](#)

**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](#).

# Reporting a Reasonable Accommodation: Step 3

3a. Select “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”.

3b. Then, click “Next.”



Georgia Gateway  
Your path to Social Services Benefits

¿Habla Español? | Print | Help

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.

|  |   |
|--|---|
| <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 postpartum 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 <a href="#">other household information</a> .  | <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"/> Someone had a change in other bills such as dependent care, support payments, or medical expenses.  | <input type="checkbox"/> Your <a href="#">Authorized Representative's</a> information has changed.  |
| <input type="checkbox"/> Someone had a change in Tobacco Use.  | <input type="checkbox"/> Someone needs to submit a report of Pathways Qualifying Activities or make a change to their Pathways Qualifying Activities.   |
| <input type="checkbox"/> 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. | <input type="checkbox"/> Someone had a change in Rehabilitation Services.   |

**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.**

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

*The order of options may vary based on your individual case. Please read the text carefully before making a selection.*

# Reporting a Reasonable Accommodation: Step 4

4a. Select “Yes” for all the members for whom you are reporting a Reasonable Accommodation.

4b. Then, click “Next.”

If you select more than one member, you will be directed to report a Reasonable Accommodation for each member in the order they are presented on this screen. Once you submit the first member’s report, you will be directed to submit for the next member.


[¿Habla Español?](#) | [Print](#) | [Help](#)

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

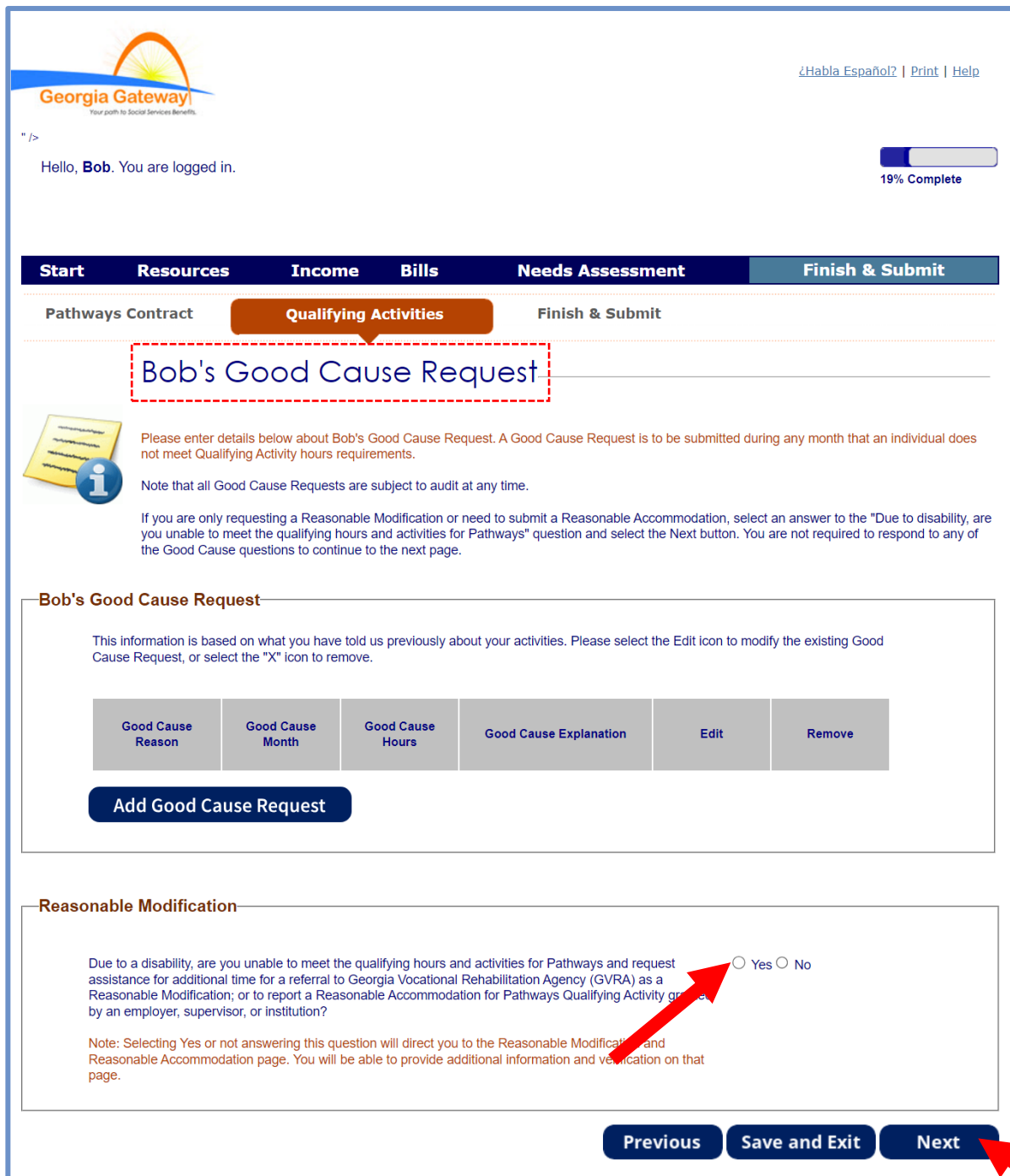


# Reporting a Reasonable Accommodation: Step 5

5a. If you are reporting a Reasonable Accommodation for multiple people, review the name at the top of the screen to make sure you submit each report for the correct person.

5b. Select “Yes” in the Reasonable Modification box.

5c. Then, click “Next.”



**Georgia Gateway**  
Your path to Social Services Benefits

¿Habla Español? | [Print](#) | [Help](#)

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 |
|--------------------------------------|------------------|------------------|------------------------|------|--------|
| <p><b>Add Good Cause Request</b></p> |                  |                  |                        |      |        |

### 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 group 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**


# Reporting a Reasonable Accommodation: Step 6

6a. Select "Yes" in the Reasonable Modification or Reasonable Accommodation box.



[¿Habla Español?](#) | [Print](#) | [Help](#)

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



# Reporting a Reasonable Accommodation: Step 6 continued

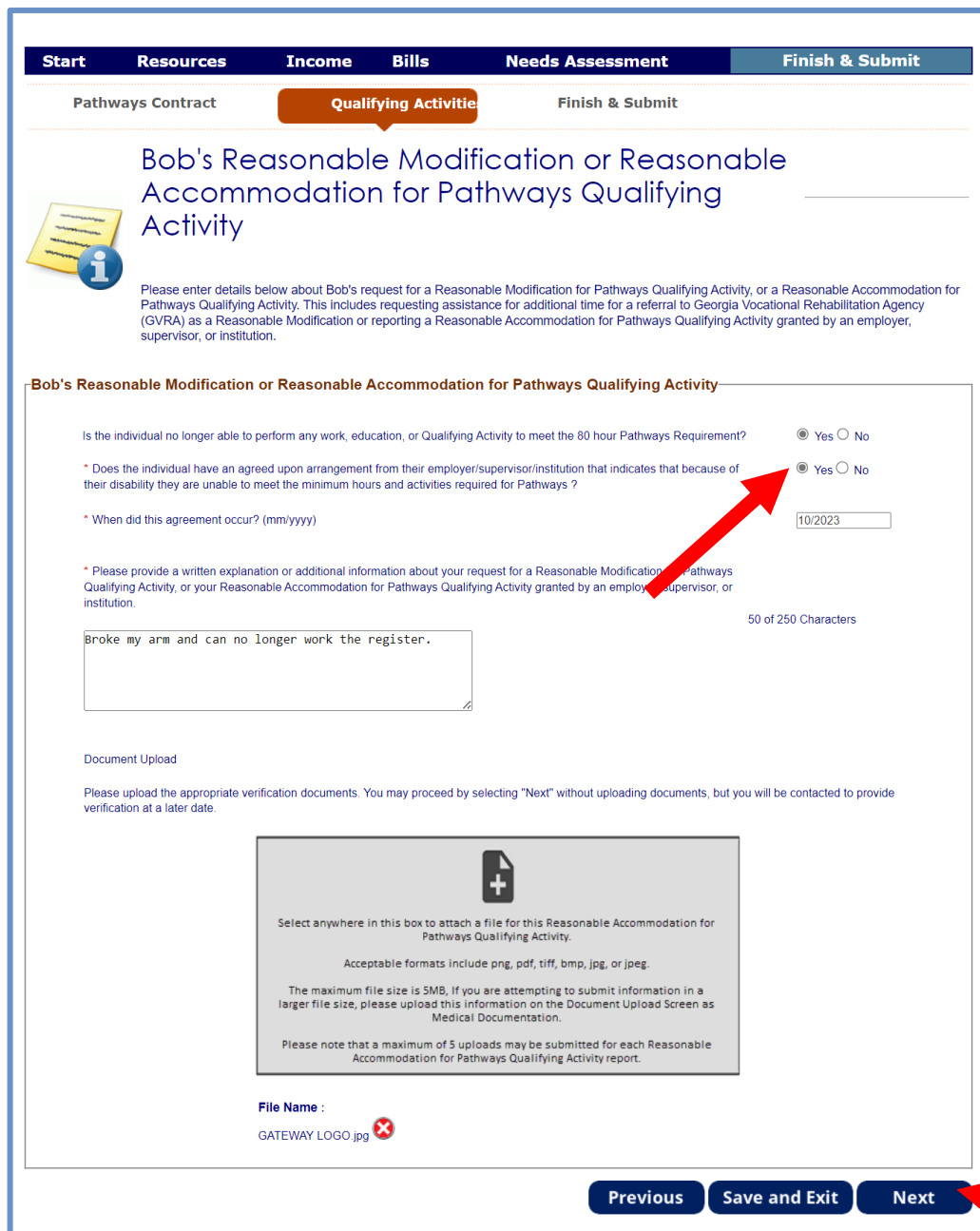
6b. Select “Yes” for the second question in the Reasonable Modification or Reasonable Accommodation box.

6c. When you select “Yes,” several additional questions will appear. Complete all required fields.

6d. Click anywhere in the gray box to start the process for uploading supporting documentation. Accepted file types include png, pdf, tiff, bmp, jpg, or jpeg.

6e. Then, click “Next.”

If you selected more than one person for whom to report a Reasonable Accommodation in step 4, once you click “Next” you will be directed to repeat this same process.



**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

\* 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**

# Reporting a Reasonable Accommodation: Step 7

7a. Read through the Signing Your Change page.

Hello, **Bob**. You are logged in.

100% Complete

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.

# Reporting a Reasonable Accommodation: Step 7 continued

7b. If you would like to register to vote, follow the instructions in the Voter Registration box.

7c. Check the box in the Electronic Signature box and complete all fields.

7d. Then, choose one of the three "Submit" buttons.

- Submit and apply to register to vote where you live now.
- Submit and do not apply to register to vote where you live now.
- Submit and do not answer the voter registration question.

### 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. ☐

### 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)

# Final Submission

Once you have provided your signature, you will receive a tracking number that you can reference if you need to inquire about your Reasonable Accommodation submission.


[¿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**

# Final Submission

You will also receive a self-service pdf that confirms your Reasonable Accommodation submission.



\*\*\*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.