



HOW TO PROVIDE PROOF OF ASSISTANCE THROUGH GEORGIA GATEWAY

CASE SELECTION

Select the benefit you want to provide proof for. Accepted benefits include:

- Peachcare for Kids
- Medicaid
- Temporary Assistance for Needy Families (TANF)
- Supplemental Nutrition Assistance Program (SNAP) (also known as Food Stamps)
- Social Security Income (SSI)

Case Selection

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

The following content in the table allows viewing and selecting of the cases associated with your account.

Case Number: 1234567890

Benefits: Medical Assistance

Status: Approved

Case Number: 1234567890

Benefits: WIC

Status: Approved

Case Number: 1234567890

Benefits: Food Stamps (SNAP)

Status: Denied

Select
APPROVED
cases only

MANAGE MY ACCOUNT

Select "Benefit Summary" in the middle of the screen



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

[Back to Georgia Gateway](#)

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

[Benefit Summary](#) [Apply for Benefits](#)

Manage My Account

This page will help you manage your account. This page lets you update your Email Address and Mobile Phone Number, change your security question or change your current password. If you have question or if you have problems

CASE INFORMATION

Select "View Your Notices" under Head of Household

Benefits Summary

Currently, you are receiving notices through US Mail and Email and Text Message. If you wish to change this notification method, select [Manage My Account](#) link.

Case Information

This information is current as of Wednesday, September 10, 2025. If you made any changes in your case within the last 24 hours, please allow time for this information to be processed into the system. Please check back later. The following content in the table lists case information and link to view notices for the Primary Individual.

Case Number: **1234567890**

Head of Household: **John Smith**

Scheduled Appointments:

My Notices: [View Your Notices](#)

Pending Verifications:




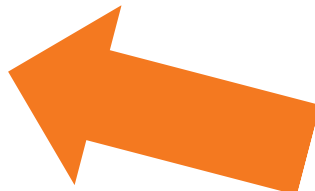
MAILED NOTICES

Select the Magnifying Glass icon under "Eligibility Determination and Change"

Mailed Notices

The following content in the table lists mailed notices if available.

Date Notice Mailed:	07/09/2025
Notice Description:	551 Language Insert
Mailed To:	John Smith
View:	
Date Notice Mailed:	07/08/2025
Notice Description:	Eligibility Determination - Termination and Change
Mailed To:	John Smith
View:	



MAILED NOTICES (CONT.)

Use this letter to provide the information needed for scholarship qualification

DFCS - RICHMOND CNTY
PO BOX 4147
ATLANTA GA 30302
1-877-423-4746



DEPARTMENT OF HUMAN SERVICES
DEPARTMENT OF COMMUNITY HEALTH
DEPARTMENT OF PUBLIC HEALTH
DEPARTMENT OF EARLY CARE AND LEARNING

REVIEW RESULTS

Worker Phone Number: 1-877-423-4746 Ext: 12347
Case Number: 1234567890
Client ID: 1234567890

JOHN SMITH
1058 CLAUSSEN RD
AUGUSTA, GA 30907

DATE: 07/07/2025

Report Medicaid Fraud: 1-800-533-0686

John Smith,



Medical Assistance

We redetermined the eligibility for your case based on the latest information available on file. The table below provides a summary of the eligibility determination for each client on your application for all the months the client was evaluated for benefits.

Benefit Period	06/01/2025 - 08/31/2025
Person(s)/Client(s)	John Smith, Jr.
Decision	Approval
Program Information	We have evaluated John Smith, Jr. for Children Under 19 Years of Age and based on the information on file for this client, the client is Approved for Children Under 19 Years of Age program for the Benefit Period. For additional information on your benefits, please refer to the Medical Assistance Information in this notice. This section provides the information which we used to determine the eligibility of the client. If the information is not accurate, please reach out to us.
Benefit Period	09/01/2025 - 08/31/2026
Person(s)/Client(s)	John Smith, Jr.
Decision	Approval
Program Information	We have evaluated John Smith, Jr. for PeachCare for Kids and based on the information on file for this client, the client is Approved for PeachCare for Kids program for the Benefit Period.

(Rev. 06/25)

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EMAIL YOUR PROOF OF ASSISTANCE TO
primetimescholarships@thefamilyy.org