

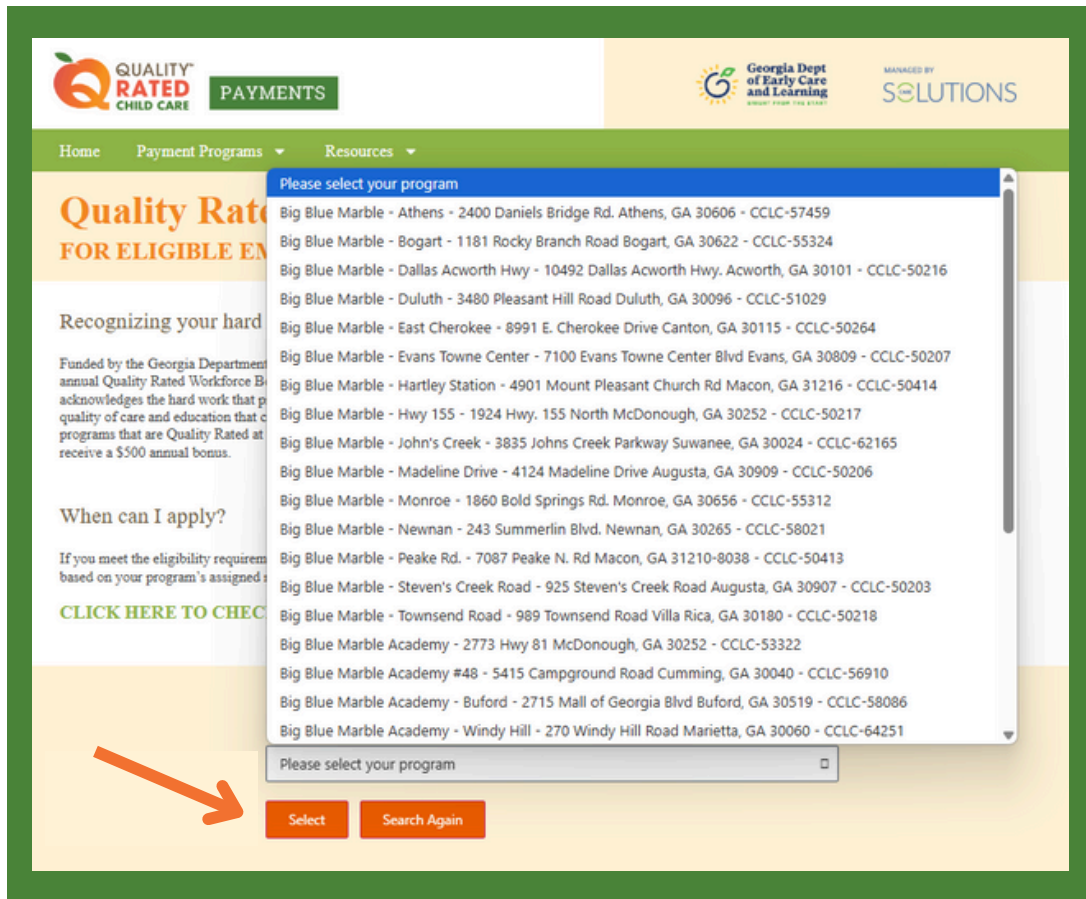
# How to Submit: Quality Rated Workforce Bonus

This document will guide you through submitting your application for the Quality Rated Workforce Bonus.

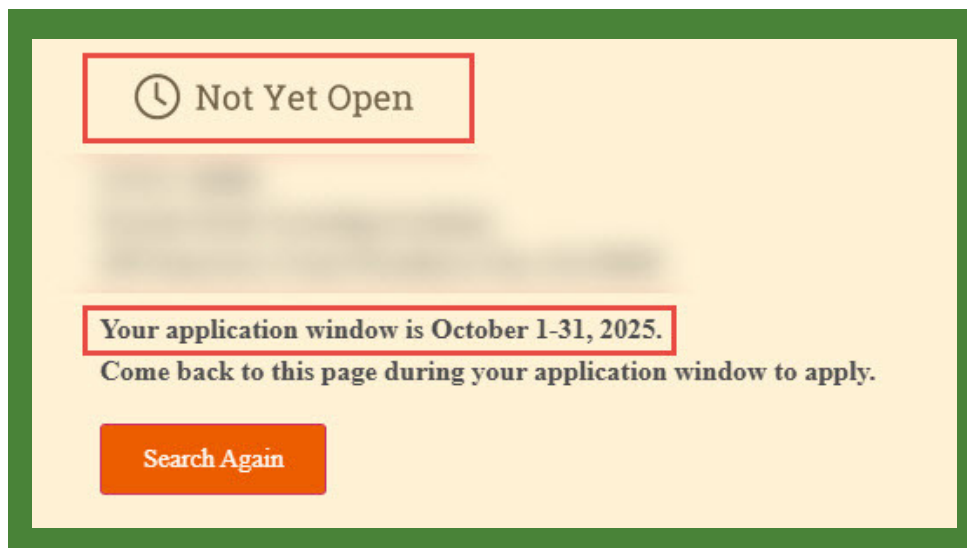
- 1 To begin, visit [decalqrpayers.com/quality-rated-workforce-bonus](https://decalqrpayers.com/quality-rated-workforce-bonus).
- 2 Scroll down to the Find Your Program's Application Window section. Enter simple words or numbers into only ONE of the search fields to find your program.

The screenshot shows the website interface for the Quality Rated Workforce Bonus. At the top, there are logos for DECAL Scholars, Quality Rated Child Care Payments, Georgia Dept of Early Care and Learning, and CARE SOLUTIONS. Below the logos is a navigation bar with 'Home', 'Payment Programs', and 'Resources'. The main heading is 'Quality Rated Workforce Bonus FOR ELIGIBLE EMPLOYEES'. There is a section titled 'Recognizing your hard work!' with a paragraph of text and a photo of a woman waving. Below that is a section titled 'When can I apply?' with a paragraph of text and a link that says 'CLICK HERE TO CHECK YOUR ELIGIBILITY.'. The bottom section is titled 'Find Your Program's Application Window' and contains a search form with the text 'Search for your program's assigned month.' and 'Enter ONE of the following'. The search form has three input fields: 'Program Name', 'Program License Number', and 'Program Zip Code'. There are 'Search' and 'Clear' buttons at the bottom of the form. An orange arrow points to the 'Program Name' input field.

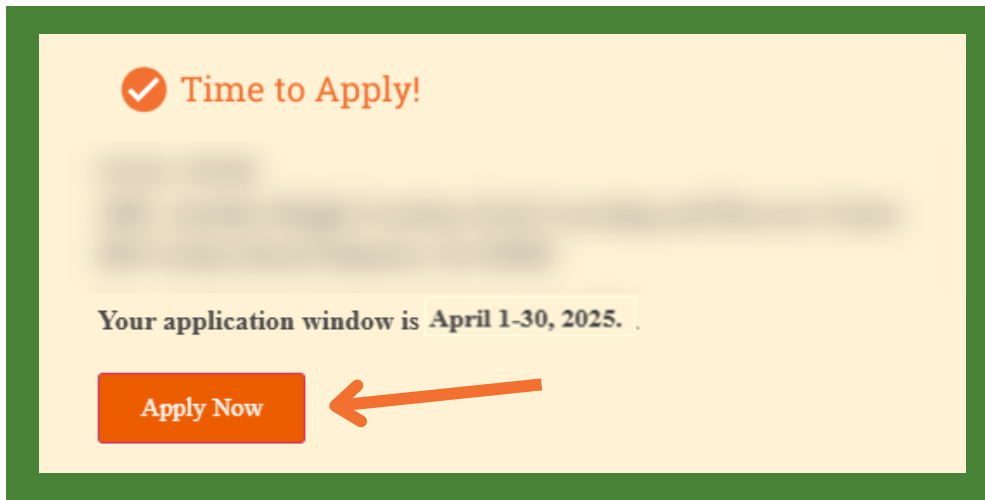
3 If there is more than one search result, select your program from the drop-down menu that appears.



4 If it is not your application window, it will say Not Yet Open and indicate your application month. Come back during that month to apply.



5 If it is your application window, it will say Time to Apply. Click on Apply Now.



6 You will be redirected to [www.decalscholars.com](http://www.decalscholars.com). Sign into the account you have with Care Solutions, reset your password, or [create a new account](#). Please note, if you reset your password or create a new account, you will need to go back to Step 1 of this guide to get to the application.



## 7 Answer the pre-qualification questions.

**2025 March QR Workforce Pre-Qualification Form**

**Welcome to the QR Workforce Bonus**  
Georgia's program that rewards early childhood eligible staff in a 1-, 2-, or 3- star facility with an annual \$500 payment.

Please answer each of the following required questions to help us determine how to direct you.

Do you work in a 1, 2, or 3-Star Quality Rated program?  
 Yes  No

Have you been employed with your current employer for at least 90 days?  
 Yes  No

Are you a full-time teacher or support staff (30+ hour per week or 15+ hours per week if working only in school-age classroom)?  
 Yes  No

Do you work on-site?  
 Yes  No

[Check Your Eligibility](#)

## 8 If you are pre-qualified, select Continue to Application. If not, you can try again if you believe you may have answered any of the questions incorrectly.

**Application Eligibility**

**Congratulations! It appears that you have pre-qualified for the 2025 March QR Workforce online application.**

**2025 March QR Workforce**

All QR Workforce applications not completed by the end of the one month application window will be deleted. However, your 2025 March QR Workforce username and password will remain active for future applications. You may log in to your account as often as needed to complete your application or for updates about your eligibility status. For more detailed information about 2025 March QR Workforce and answers to many common questions, [click here](#).

[Continue To Application](#)

- 9 Review the Employer Information. If you do not work there, select Delete Application – it will bring you back to the search feature on the website to start over. If it is correct, press Confirm and Continue.

Home > Programs > 2025 March QR Workforce > Application

1 Employer 2 Personal 3 Employment 4 Documents 5 Payment 6 Affirmation

**Employer Information**  
Please confirm you are employed at this facility.  
If this employer was selected by mistake, please press the Delete button.  
You may select your correct employer and check your eligibility and submit again at [www.decalsolutions.com](http://www.decalsolutions.com)

Employer: [Redacted]  
License #: [Redacted]  
Address: [Redacted]  
Director: [Redacted]

I confirm I am employed here.  
**Confirm and Continue**

I do NOT work here.  
Please Delete this application.  
**Delete Application**

10 Review your Personal Information. Fill in any required fields. Press Continue.

Home > Programs > 2025 March QR Workforce > Application

Employer Personal Employment Documents Payment Affirmation

### Personal Information

Please enter the following information about yourself. Pre-populated information was collected during your account creation process. If any of that has changed, you must contact the Decal Scholars office at 800-227-3410 or 770-642-6722 to make changes.

**About You**  
If your name has changed, please submit the relevant updated documents during the Documents step. You may submit any proof of identity under "Upload Additional Documents."

Name\* Date of Birth\*  
SSN\*

### Contact Info

St Address\* Apt/Unit  
City\* State\*  
Zip Code\* Email  
Mobile Phone\* Home Phone

Add Mailing Address (if Mailing is different from Contact Information. Tax papers and checks will be mailed to this address.)

### Your Identity

Gender\* Ethnicity\*  
Race\* Residency Status\*

Save Draft Continue

(Continued on next page)

1 Complete the Employment information and press Continue.

Home > Programs > 2025 March QR Workforce > Application

Employer Personal Employment Documents Payment Affirmation

### Your Position

Applicant Job Title (mark all that apply) \*

Owner  Director  Asst. Director  Teacher  Asst. Teacher  Floater  Administration Staff  Nutrition Staff  Maintenance Staff  Transportation Staff  Other

Are you a teacher in a lottery-funded Georgia's Pre-K classroom?

Yes  No

Are you a Head Start or Early Head Start teacher?

Yes  No

Are you a teacher working only with school-age children (5-12) in before/after care?\*

Yes  No

What is your date of hire? Please use the original hire date if employment has been continuous with present employer, but at different locations\*

MM/DD/YYYY

How many children do you work with?\*

What ages of children do you work with? (Please mark all that apply)\*

Under 1 yr old  1 yr old  2 yr old  3 yr old  4 yr old and Pre-K  Kindergarten and older

Hours & Payment facility type: Child Care Learning Center

What is the number of hours you work each week?\*

1234 ex.

What is your hourly wage?\*

How often do you get paid?\*

What is the number of months per year you work?\*

What is the number of months per year you are paid?\*

Back Save Draft Continue

2 Follow these steps to upload all required documents.

- a. Select the required document from the dropdown menu. Select Choose File to choose your file from your device.

Home > Programs > 2025 March QR Workforce > Application

Employer Personal Employment Documents Payment Affirmation

### Documents

Please upload the following documents

#### Required Documents

Document

Notarized Affidavit for Lawful Presence Verification

Notarized Affidavit for Lawful Presence Verification

Secure and Verifiable Document

GaPDS Profile

Recent Payouts

You can download a blank Affidavit for Lawful Presence Verification here. Please ensure that you select one citizenship status on your Affidavit, your Affidavit is Notarized, and your signature date is on or before the Notary's signature date.

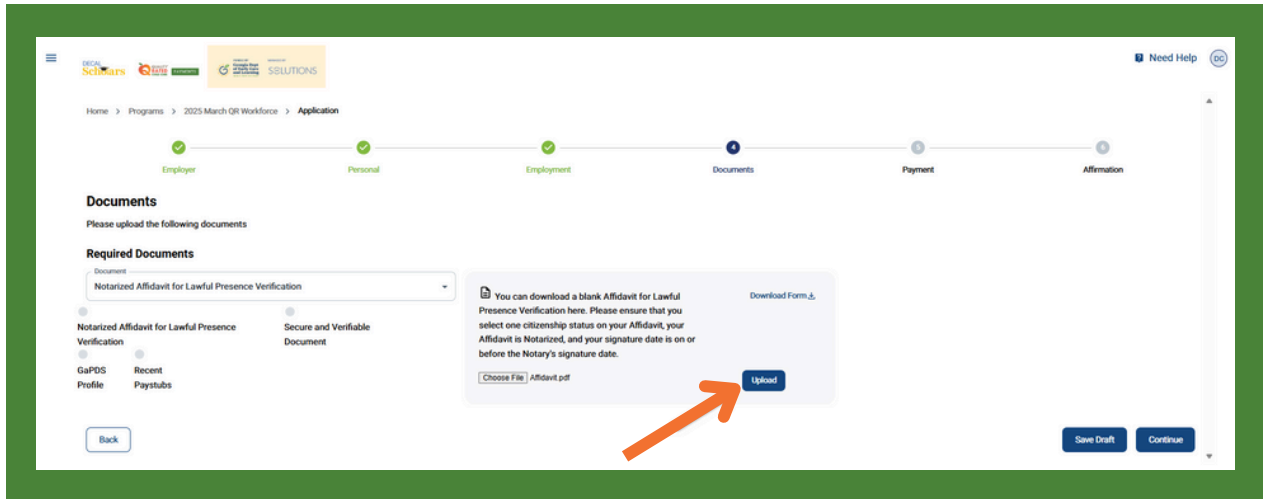
Download Form

Choose File No file chosen

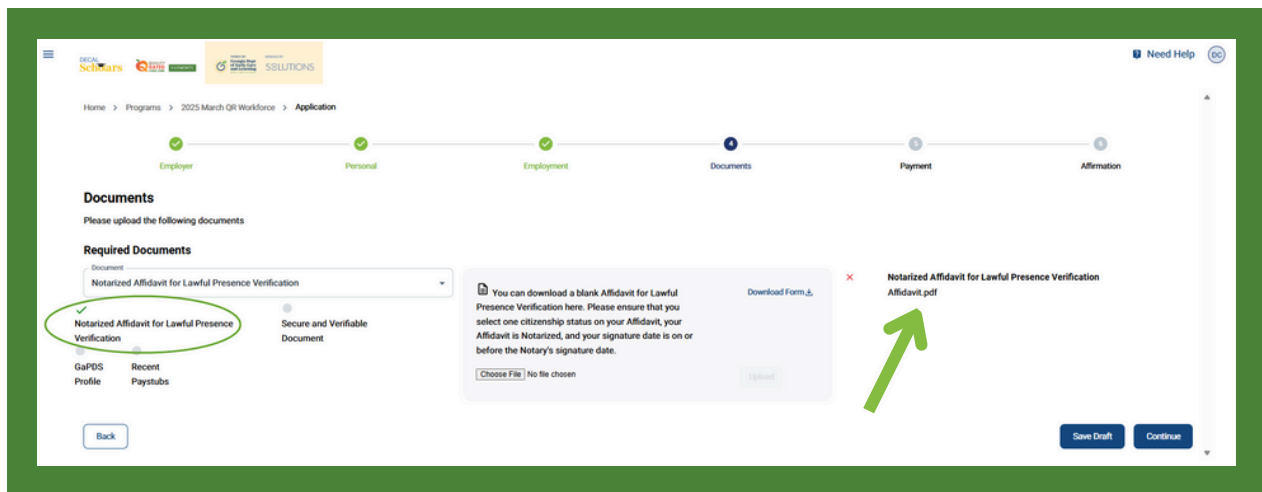
Upload

Back Save Draft Continue

b. Click upload.

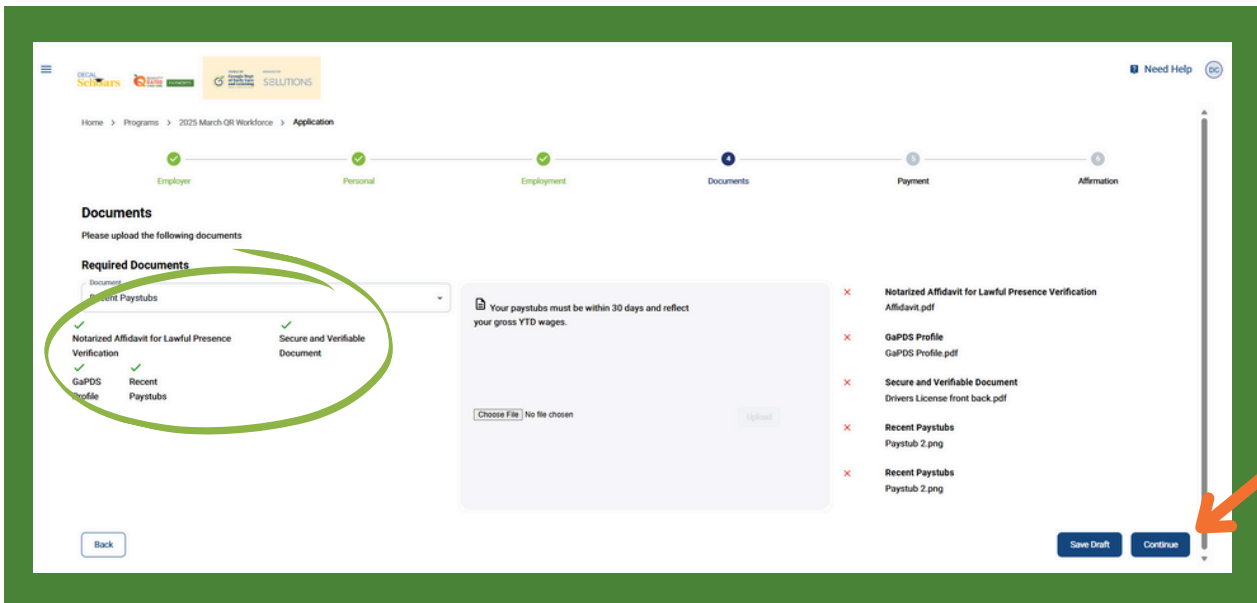


c. Once uploaded, a green checkmark will appear next to the document on the left column and the document name will appear on the right column. Do not select the red x appearing next to the document you uploaded on the right of your screen, unless you wish to remove the document you just uploaded.

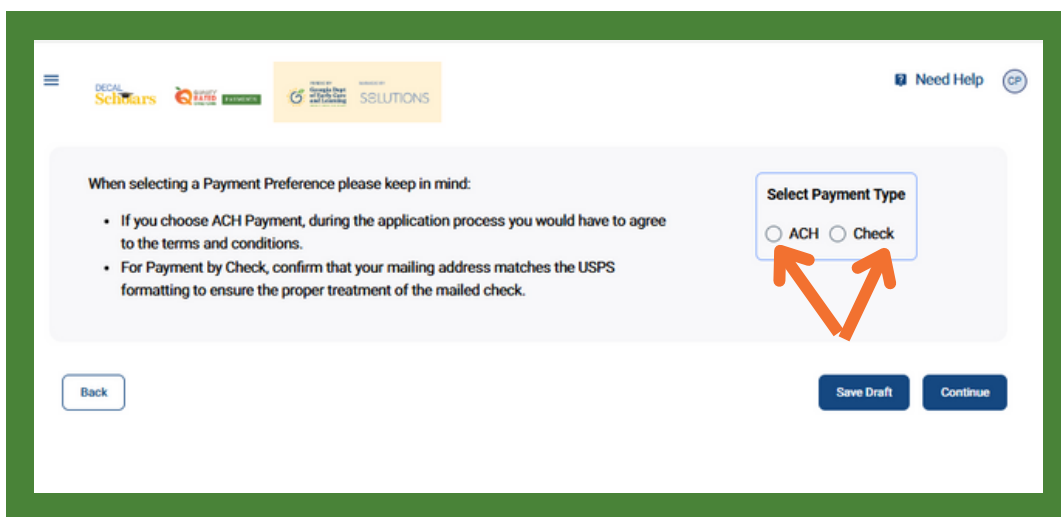




d. Continue to select the next document from the dropdown menu, select Choose File, and upload for all required documents. Be sure to upload 2 recent paystubs. If you already have a notarized affidavit on file with Care Solutions, you will not be prompted to upload a new one or submit your secure and verifiable document on this screen. Once all documents show a green checkmark, press Continue.



13 Next, select which payment type you would prefer to receive.



a. If ACH is selected, enter your information through the secure portal. You will need to scroll down and select Next to navigate through each screen.

Tipalti ACH Setup

1 Address 2 Payment Method 3 Done

Powered by tipalti

### Enter Your Information

To ensure that you receive your payments on time, please enter your details as you shared them with your bank.

Type Individual

Contact Email

Phone Number ⓘ

First Name ⓘ

Middle Name

Tipalti ACH Setup

Middle Name

Last Name ⓘ

Street Address

Address 2

City

Country

State

ZIP

Edit

Next →

b. Or you may select Check and press Continue.

When selecting a Payment Preference please keep in mind:

- If you choose ACH Payment, during the application process you would have to agree to the terms and conditions.
- For Payment by Check, confirm that your mailing address matches the USPS formatting to ensure the proper treatment of the mailed check.

**Select Payment Type**

ACH  Check

Buttons: Back, Save Draft, Continue

14 Read the Affirmation statement, type in your signature at the bottom of the screen (exactly as it appears in the first sentence), and press Continue.

Home > Programs > 2025 April Q1 Workforce > Application

Progress: Employer, Personal, Employment, Documents, Payment, Affirmation

I, **Devon Foster-Appelton**, certify that all of the information on my application and supporting documents for this Georgia Department of Early Care and Learning (DECAL) program is true, correct and complete to the best of my knowledge. I understand that any false or misleading information knowingly provided on the application or supporting documents may be grounds for me to be denied participation in DECAL programs and may prevent me from receiving any future programs sponsored by DECAL. I understand that intentionally providing false or misleading information on the application or supporting documents is a violation of state law and may result in civil or criminal penalties.

Without limiting the generality of the foregoing, I certify and affirm that the taxpayer identification number on my application is my Social Security number or other taxpayer identification number lawfully issued to me by the Social Security Administration or the Internal Revenue Service (IRS).

I authorize any agent or employee of DECAL to verify the information I have provided on my application and supporting documents. I acknowledge, understand and agree that DECAL and its agents and employees may share personal information from my application and supporting documents with (i) Care Solutions, Inc., DECAL's agent administering the DECAL payments, (ii) the U.S. Citizenship and Immigration Services and the Social Security Administration in connection with DECAL's systems for citizenship and employment related verifications, and (iii) the payment processor engaged to distribute funds should I receive an award from DECAL.

I verify that I have completed a records check determination to work at my facility. I understand, acknowledge and agree that I am not approved and awarded funds, (i) I may be issued IRS Form 1099 to report awarded funds as income if such awarded funds are deemed taxable (combined with any taxable funds) in any tax year and are at least \$600, (ii) regardless of the amount of any awarded funds and regardless of whether I am issued Form 1099, I must comply with applicable law in reporting income on my tax returns, and (iii) neither the DECAL, nor any of its agents or employees, have provided me any tax or legal advice in connection with my application to this DECAL application or any awarded funds.

Signature: \_\_\_\_\_ 04/01/2025

Buttons: Back, Save Draft, Continue

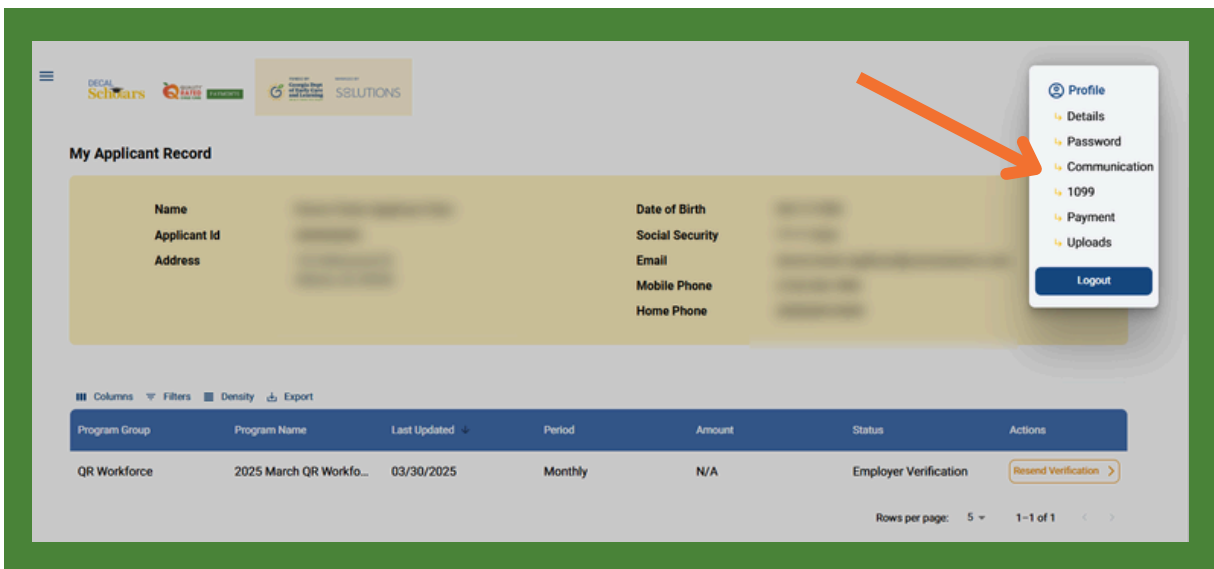
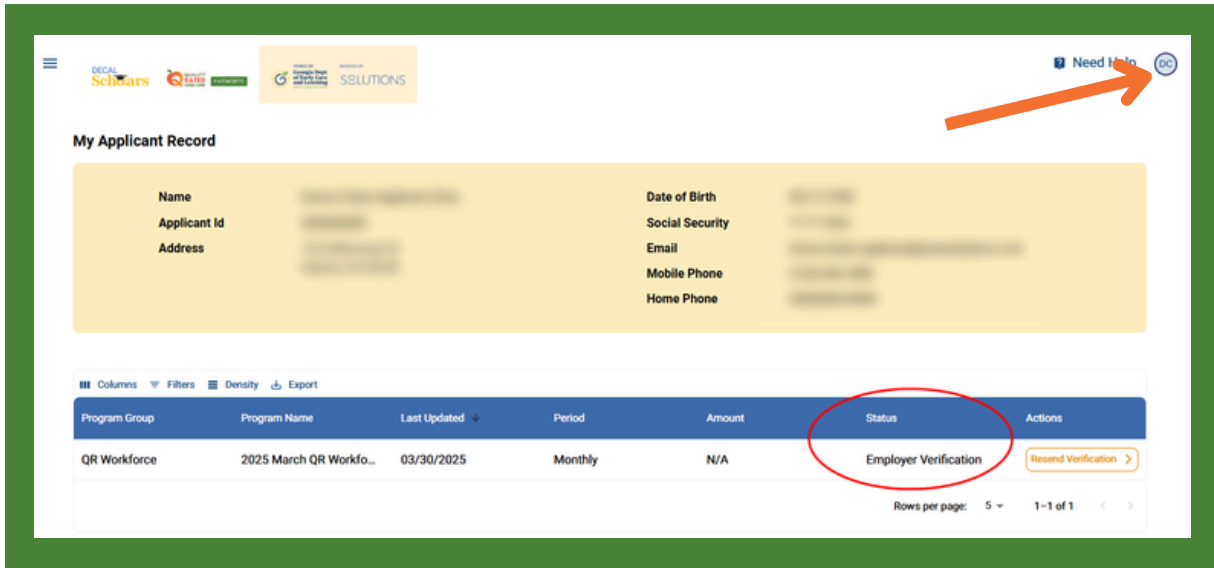
**15** Review all your information. If something needs to be corrected, press the pencil icon on the right to go back to that page and edit your information. If everything is correct, press Request Employer Verification.

The screenshot shows a web application interface for reviewing an application. The page is titled "Review" and includes a navigation breadcrumb: "Home > Programs > 2025 March QR Workforce > Application". Below the title, there is a "Review" section with instructions: "Verify all the following information before submitting your application. Go back to the application if you need to make any changes. Please read and agree to the terms of agreement." The form is divided into three main sections: "Applicant", "Employer", and "Employment". Each section contains several input fields. To the right of each section, there is a pencil icon circled in red, indicating that the information can be edited. At the bottom of the form, there is a "Back" button, a "Print" button, and a "Request Employer Verification" button. An orange arrow points to the "Request Employer Verification" button.

**16** You will receive a Submission Confirmation screen, confirming your application has been sent to your employer for verification. The director or administrator at your center will need to verify your employment details before the application is received by Care Solutions for processing.

The screenshot shows a "Submission Confirmation" screen. At the top, there are logos for DECAL Scholars, QUALITY RATED CHILD CARE PAYMENTS, and CARE SOLUTIONS. The main heading is "Submission Confirmation" followed by the message: "Thank you for submitting your online Test Program QR application - we have received your electronic information!". Below this, there is a section titled "What happens next?" which states: "Your Director will receive an email at [redacted] asking them to review your employment information. They have 7 days to complete this review. Once your Director verifies your information, we will proceed with processing your application. Please allow an additional 3-4 weeks for processing after verification is completed." A note in red text says: "Note: If the email address indicated is not correct, please have your Director or Owner email support@decalsolutions.com and provide the new contact name, position, and email address for the person authorized to complete your employment verification form." At the bottom right, there is a "Back To Dashboard" button.

**17** You may go to your Dashboard to view the Status of your application at any time. You may also update your Profile at any time.



### What does the status of my application mean?

- Not Yet Submitted - You have not finished completing your application. It must be completed and submitted before it can be reviewed.
- Employer Verification - Your application is submitted and waiting for Employment Verification. It must be verified by your employer before Care Solutions can review it.
- Received - Your application was verified by your Employer and sent to Care Solutions for review.

**(Continued on next page)**

## What does the status of my application mean? (Continued)

- Under Review - Your application is actively being reviewed by Care Solutions.
- Incomplete - Your application has been reviewed. More documentation (or updated documentation) is required to complete the processing of your application. Please upload the requested documentation.
- Denied - Your application has been reviewed. It was determined that you do not meet the eligibility criteria to receive the QR Workforce Bonus.
- Approved with Stipulations - Your application is going through E-Verify to confirm your eligibility to work in the United States.
- Approved - Your application has been reviewed and approved for payment. Please allow 2-4 weeks for payment to be processed.
- Payment Sent - Your application was approved, and payment has been sent.