



**ARIS Solutions**  
**P.O. Box 4409**  
**White River Jct., VT 05001**

**Vermont Department of Health  
 Children's Personal Care Services  
 COVID Payment Request**

Date:	
Check Payable to:	
Relationship to Child:	
Mailing Address:	
Child's Name:	
Pay Period Covered	
Child's Authorized Hours per Week:	
<b>Total Hours Requested:</b>	

**DCF Foster Parents & DAIL Shared Living Providers are not eligible to receive this stipend**

**Signature:**

Date:	Phone Number:

<b>For ARIS Use Only</b>	Total Hours:		Total Payment: