

ARIS Solutions Participant Dashboard Enrollment Form

What is “Participant Dashboard”?

Participant Dashboard helps you manage your services. You can use Participant Dashboard to check on your overall balance, current (and past) spending, basic information about timesheets you have submitted, and employee enrollment status and contact information.

Once you sign up for Participant Dashboard, you can see this information in “real time.”

Participant Dashboard has other helpful information, like links to program guidelines. Our staff use Participant Dashboard to post announcements, like reminders about holiday timesheet deadlines, and other important news.

How Do I Sign Up for Participant Dashboard?

Enrolling is easy! Just complete and return this form. All you need is an active email address. Once you have returned this form, we can add you as a “user”.

Send the completed form to the address at the bottom of this form. Or you can fax it to (802) 295-0663.

How Do I Access Participant Dashboard?

It is a web-based portal. Once you sign up for Participant Dashboard, you will receive an email with instructions on how to login. Because this is a participant-based program, if you are a surrogate/family-managed employer, you will receive emails addressed in the participant’s name at the email address you provide.

It is important that you list all the participants that you manage services for when you sign up. This way, we can be sure to sign you up to see all the information that you need.

Term and Conditions

By signing below, you are agreeing to the following Terms and Conditions:

- That you have a valid email address that you use regularly
- That you are the active employer for the participant(s)/consumer(s) listed below
- That you will notify ARIS Solutions immediately if your role as the employer changes
- That you will not share your username and password

Program

*Please print clearly, using blue or black ink. Fields in **red** are required.*

Employer Name: _____

Employer Email Address: _____

Consumer Name: _____

Program: _____

Consumer Name: _____

Program: _____

Please add additional names/lines as needed

Employer Signature: _____

Date: _____