

**Is Employee Exempt from Overtime Payments?**

<input type="radio"/> Yes (Overtime exempt means <b>should not</b> be paid overtime wages)	<input type="radio"/> No (Not overtime exempt means <b>should</b> be paid overtime wages)
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**ARIS Solutions Time Sheet**

**EMPLOYEE NAME:** \_\_\_\_\_ **LAST FOUR DIGITS OF SS #** \_\_\_ \_\_ \_\_ **AGENCY:** \_\_\_\_\_

**CONSUMER NAME:** \_\_\_\_\_ **Do you live in the same home as the person you provided care to?**  Yes  No

Was the Consumer admitted to a hospital or nursing home during any of these dates? Yes \_\_\_ No \_\_\_

If **YES**, indicate the dates the Consumer was admitted to and discharged from the hospital or nursing home \_\_\_\_\_

Will this employee continue to work for you?  Yes  No **If no, why not:**  Quit  Fired  Laid Off **Effective Date:** \_\_\_\_\_

**SERVICES CANNOT BE PAID WHILE PARTICIPANT IS ADMITTED TO A HOSPITAL**

**Program Consumer Receives Supports from:**

<input type="radio"/> Adult Family Care-Respite	<input type="radio"/> <b>Choices for Care (CFC)</b>	<input type="radio"/> <b>CFC-Moderate Needs</b>	<input type="radio"/> <b>Attendant Services—GF</b> <b>Attendant Services—PDAC</b>
<input type="radio"/> <b>Children’s Personal Care Services (CPCS)</b>	<input type="radio"/> <b>CFC—Flex Choices</b>	<input type="radio"/> Family Managed Respite/IFS-R	<input type="radio"/> <b>Traumatic Brain Injury Respite (TBI)</b>

*Programs highlighted in blue (CPCS, CFC, Flex Choices, Moderate Needs, Attendant Services-GF, PDAC & TBI) may require EVV depending on where the service is provided or the employee lives*

Date	Start Time	A M	P M	End Time	A M	P M	Pay Rate	Service Code (See Back for Codes)	Location of Service (Home or Community)	# of Hours Worked
		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>				
Total Hours Worked										

I (below) certify, under the pains and penalty of perjury, to the best of my knowledge, that the dates, start and end times, and hours provided on this form are true, accurate and complete. I understand that submitting an inaccurate time sheet may result in termination of the employer and/or the employee from this program and may result in civil and/or criminal penalties.

**EMPLOYEE SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PRINT EMPLOYER NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

**EMPLOYER SIGNATURE** \_\_\_\_\_ **EMAIL/PHONE** \_\_\_\_\_

**Mail Timesheets to:**  
**PO Box 4409**  
**White River Jct., VT 05001**

Time Sheets must be submitted according to the payroll schedule. Electronic time sheets must be received by 12:00PM on Monday of the payroll week. Late time sheets will be processed for the next regularly scheduled program pay date.

EVV and non-DDSD Timesheet (Version 1) August 2020

**DO NOT SIGN A BLANK TIMESHEET OR SIGN A TIMESHEET ON BEHALF OF SOMEONE ELSE**

**This timesheet is *not* for Developmental Disabilities Services (DS Waiver) Supports**



Program	Service	Service Code	Minimum Rate*	Employer Tax*
<b>Adult Family Care-Respite</b>	Respite (Hourly)	AFCR	\$11.55/hour	13.09%
		AFCR	\$176.48/day	13.09%
<b>Children's Personal Care Services</b>	CPCS Personal Care	T1020	\$11.55/hour	12.4%
<b>Choices for Care (CFC)</b>	Personal Care-Consumer	PCC77	\$11.55/hour	13.09%
	Personal Care-Surrogate	PCS81	\$11.55/hour	13.09%
	Companion Care-Consumer	CCC75	\$11.55/hour	13.09%
	Companion Care-Surrogate	CCS80	\$11.55/hour	13.09%
	Respite Care-Consumer	RCC75	\$11.55/hour	13.09%
	Respite Care-Surrogate	RCS80	\$11.55/hour	13.09%
<b>CFC—Flex Choices</b>	Flexible Choices	FCS71	\$11.55/hour	13.09%
<b>CFC—Moderate Needs</b>	Moderate Needs	MNS71	\$11.55/hour	13.09%
<b>Family Managed Respite (FMR)</b>	Respite (Hourly)	S5150	\$11.55/hour	11.38%
	Respite (Daily)	S5151	\$176.48/day	11.38%
<b>Attendant Services—GF</b>	Attendant Services	GFAS	\$11.55/hour	8.90%
<b>Attendant Services—PDAC</b>	Attendant Services PDAC	S5125	\$11.55/hour	12.15%
<b>Traumatic Brain Injury (TBI)</b>	TBI Respite Care	S9125	\$11.55/hour	11.38%
	TBI Respite Care	S9125	\$176.48/day	11.38%
<b>ALL PROGRAMS</b>	Sick Time (Hourly)	Sick Time		<i>Program Specific</i>

*Programs highlighted in blue (CPCS, CFC, Flex Choices, Moderate Needs, Attendant Services-GF, PDAC & TBI) may require use of EVV depending on where the service is provided or the employee lives*

**Services cannot be provided while an individual is admitted to the hospital**

\*This information may change; please consult the ARIS Solutions website ([www.arissolutions.org](http://www.arissolutions.org)), your case/program manager or Program Handbook to be sure that you have the most up-to-date information.

**The employer is responsible to ensure all employees meet program qualifications around who can be paid. For more information about Employee Minimum Qualifications, please consult the Medicaid and program manuals for the specific program.**

Differences in Employer Tax rates are based on program-specific use of Unemployment /Workers' Compensation Insurances

To learn more about e-TIMESHEETS go to [www.arissolutions.org](http://www.arissolutions.org)  
**Contact 800-798-1658 or [financial@arissolutions.org](mailto:financial@arissolutions.org) with any questions**

