

Veteran Directed Home and Community Based Services  
Non-Payroll Reimbursement Request

Check Payable to: \_\_\_\_\_

Address: \_\_\_\_\_

Veteran Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Did the participant have a hospital or nursing home stay during any of these dates? Yes  No

If YES, please indicate the dates the participant was admitted to and discharged from the Hospital:

Date	Indicate if Service, Goods or Cash (please attach receipts, invoices, order forms)	Cash ✓ if yes	Amount to be Paid

Emergency Backup expenditures not included in the budget. Must be approved by Care Coordinator and VA Coordinator.

In the event that the total expenses exceed my approved allocation or savings, I understand that ARIS Solutions will not make full payment on my request.

Vendor Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Veteran Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Payment requests must be submitted every two weeks according to the pay schedule. Payment requests received more than two months after the service was provided or purchase was made cannot be paid.

Send to:  
ARIS Solutions  
P.O. Box 4409  
White River Jct., Vermont 05001

**QUESTIONS?**  
Phone: 1-866-970-3301  
Fax: 1-802-295-9812 Email: [veteranpayroll@arissolutions.org](mailto:veteranpayroll@arissolutions.org)