

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

Check Payable to: _____

Address: _____

Participant 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

_____ Rainy Day expenditures not included in the budget. Must be approved by Care Coordinator and VA Coordinator. _____
Care Coordinator Signature
VA Coordinator Signature

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.

Provider Signature: _____ Date: _____
Employer Signature: _____ Date: _____

Print Employer Name: _____

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