



ARIS SOLUTIONS

VETERAN DIRECTED CARE PROGRAM

Employee- Change of Information Form *Please fill in all information below.*

Veteran Name: _____

Employee Name: _____

Old Address: _____
Address

Apt., Lot, PO Box, Unit

City, State, Zip

New Address: _____
Address

Apt., Lot, PO Box, Unit

City, State, Zip

I authorize ARIS Solutions to update my address information.

Name (PRINT)

Signature

Date

Please return to **ARIS Solutions- Veteran Department**

Mail PO Box 4409 , WHITE RIVER JCT, VT 05001

Fax 802.295.9812

Email veteranpayroll@arissolutions.org