

Indiana Veteran Directed Care Program Timesheet

EMPLOYEE NAME: _____ **LAST FOUR DIGITS OF SS #** _____

VETERANS NAME: _____

Was the Veteran admitted to a hospital or nursing home during any of these dates? Yes _____ No _____

If **YES**, please indicate the dates the Veteran was admitted to and discharged from the hospital or nursing home _____

** PERSONAL CARE SERVICES CANNOT BE PAID IF THE PARTICIPANT IS IN A HOSPITAL OR NURSING HOME.*

Please Check Pay Period date range:

Service Hour Type (Personal Care-PC, or Other- O)	Date	Time In				Time Out				Hourly Pay Rate	Total Hours
		Hours	Minutes	AM	PM	Hours	Minutes	AM	PM		
				○	○			○	○		
				○	○			○	○		
				○	○			○	○		
				○	○			○	○		
				○	○			○	○		
				○	○			○	○		
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				○	○			○	○		
				○	○			○	○		
				○	○			○	○		
				○	○			○	○		
				○	○			○	○		
				○	○			○	○		
				○	○			○	○		
				○	○			○	○		
				○	○			○	○		
Total Hours Worked for Current Pay Period											

We (below) certify that the information provided on this form is true, accurate and complete.

EMPLOYEE SIGNATURE _____ **DATE** _____

EMPLOYER SIGNATURE _____ **DATE** _____

PRINT EMPLOYER NAME _____

Time sheets, reimbursements, employee paperwork and check requests received by ARIS Solutions after the due dates on the Time Sheet and Reimbursement Schedule will be processed for the next regular pay date.

Employee timesheets must be received by ARIS Solutions no longer than 30 days after the employee provides services. ARIS Solutions cannot issue payment for services provided more than 30 days before the timesheet is received. Employers must pay employees out of their own personal funds if timesheets are submitted late. Please follow the payroll schedule.

SEND TO: ARIS SOLUTIONS-C/O VETERAN DEPARTMENT
PO BOX 4409 WHITE RIVER JUNCTION, VT. 05001
QUESTIONS? CALL 866-970-3301
FAX: 1-802-295-9812 Secure Portal: <https://arissolutions.org/submit-timesheet/>