Montana Veteran Directed Care Program Timesheet

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

Veteran Name:_____ **Veteran Phone #** _____

Was the Veteran admitted to a hospital or nursing home during any of these dates? Yes_____ No_____

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

NO SERVICES CAN BE PAID WHILE PARTICIPANT IS ADMITTED TO A HOSPITAL/NURSING HOME

Please Enter Pay Period Date Range:								
Date	Start Time	AM	PM	End Time	AM	PM	Service Code (Direct Care)	# of Hours Worked
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 _____

Timesheets received by ARIS Solutions after the due dates on the Payroll Schedule will be processed for the next scheduled pay date.

Mail timesheets to: ARIS Solutions- Veteran Dept. PO Box 4409 White River Jct., VT 05001

Secure Fax: 1.802.295.9812 **Secure Portal:** https://arissolutions.org/submit-timesheet/