

**Flexible Choices
Non-Payroll/Reimbursement Form**



Check Payable To: _____ **SSN/Tax ID:** _____

Address: _____

Consumer Name: _____

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

If YES, please indicate the **admission date:** _____ and the **discharge date:** _____

Service Date	Indicate if service, good or cash. Must include receipts, invoices, or purchase order forms.	Cash? ✓ if yes	Total Dollar Amount

Acceptable invoice or proof of payment/receipt must be attached to process payment.

As the employer, I certify to the best of my knowledge, that this payment and/or reimbursement request for a service, good, and or cash relates to the consumer's long term care needs. In addition, I certify that any invoices that have been submitted for provider services and/or mileage have been rendered to or on behalf of the consumer. I understand that if the total expenses for this bi-weekly period exceeds my approved allocation or savings, ARIS will not make full payment on my request and that any falsification of this form can result in me no longer taking part in the Flexible Choices option and/or may result in civil and/or criminal penalties.

Print Employer Name: _____ **Date:** _____

Employer Signature: _____ **Email/Phone:** _____

As the Flexible Choices Advisor, I certify to the best of my knowledge that this payment and/or reimbursement request for a service and/or good relates to the consumer's long term care needs. This certification is based on my role as it relates to working within a Supportive Intermediary Service Organization that supports consumers on the Choices for Care Program under the Global Commitment to Health Section 1115 Demonstration Waiver.

Flexible Choices Advisor Signature: _____ **Date:** _____

Flexible Choices Non-Payroll Reimbursement Request Forms must be submitted to your Flexible Choices Advisor every two weeks on the submission schedule that has been set by Transition II. The typical submission schedule is on Thursday by 12:00 p.m. on the week before the actual pay-date. Please note that this schedule may change due to holidays as indicated on the Transition II Non-Payroll Submission schedule.

MAIL THIS FORM TO:
Transition II
346 Shelburne Road
Burlington, VT 05401