

# Veteran Directed Care Program Timesheet- Montana

**\*REQUIRED FIELDS**

Failure to provide the necessary information may result in delays in processing

**\*EMPLOYEE NAME:** \_\_\_\_\_ **\*LAST FOUR DIGITS OF SS #** \_\_\_\_\_

**\*Veteran Name:** \_\_\_\_\_ **Employer 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	A M	P M	*End Time	A M	P M	*Service Code	# of Hours Worked
Total Hours Worked for Current Pay Period								

**\*Start & End times need to be listed in quarter hour increments. Example: 12:00pm, 12:15pm, 12:45pm, etc.**  
*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  
**Phone:** 1-866-970-3301 **Fax:** 1-802-295-9812 **Secure Portal:** <https://arissolutions.org/submit-timesheet/>

***Please note it is the Veteran/Representative-Employer's responsibility to ensure the accuracy of the service codes used. Be sure to review prior to submission, especially when a Back-up worker is utilized.***