Veteran Directed Care Program Timesheet- Vermont

***REQUIRED FIELDS**

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

*EMPLOYEE NAME: _____

*LAST FOUR DIGITS OF SS

*Veteran Name:

 veteral ivalue:
 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

*Date	*Start Time	A M	P M	*End Time	A M	P M	*Service Code	# of Hour Worked
		IVI	IVI		111	141		W OI Ked
				-				
				-				
				-				
		<u> </u>						
	Total Harry	Wa	lea f	or Current Pa		ind		

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.