



**Children's Personal Care Services  
 Legally Responsible Adult Payment Request  
 THESE PAYMENTS ARE CONSIDERED TAXABLE INCOME**

Date:						
Check Payable to:						
Relationship to Child:						
A personal care attendant is unavailable due to significant and recurring barriers.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
I am fully capable to deliver the medically necessary personal care services to the beneficiary.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Mailing Address:						
Child's Name:						
Personal Care Provided:	Date:	Number of Hours:				
	<b>For ARIS Use Only:</b>					
<table border="1" style="width:100%;"><tr><td><b>Total Hours:</b></td><td> </td></tr><tr><td><b>Total Payment:</b></td><td> </td></tr></table>	<b>Total Hours:</b>		<b>Total Payment:</b>			
<b>Total Hours:</b>						
<b>Total Payment:</b>						
Child's Authorized Hours per Week:						
<b>Total Hours Requested:</b>						

**DCF Foster Parents & DAIL Shared Living Providers are not eligible to receive this payment.**

*I (below) certify, under the pains & penalty of perjury, that I have provided direct care to the above-named child for the hours requested on this form and am the authorized to sign this form for the purposes of obtaining payment for said services.*

<b>Employer Signature:</b>	Date:	Phone Number:
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**Financial Management Support Empowering Independent Lives.**  
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