



**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:
For ARIS Use Only:		
Total Hours:		
Total Payment:		
Child's Authorized Hours per Week:		
Total Hours Requested:		

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.

Employer Signature:	Date:	Phone Number:
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