



ARIS Solutions -- Agency of Human Services Self and Surrogate-Managed Programs

Employee Hiring Packet

Included in this packet are all the forms that you need to fill out to sign up to work.

The sections that are highlighted in **yellow** are the ones that you need to fill out. Please be sure that you complete them all. Sections highlighted in **pink** need to be completed by your potential employer. Failing to complete highlighted sections may result in the packet being returned to your employer and a delay in processing.

We cannot run your background checks until you and your employer have filled the forms out completely, signed them and sent them all to us. **You must pass these background checks before you can begin working.**

Please remember: you **cannot** be paid through this program, until your employer has been told that you have **cleared the background checks** and are **approved to work**. The date that the employer is told will be the first day that we can pay you for your work.

If you are unpaid for one year, you will be considered "inactive" and terminated. If you become inactive or are terminated for any reason, you **must** complete another hiring packet and pass the background checks before you can work.

It is important that you complete and return each form entirely. **Missing information or incorrectly completed forms will cause us to return the forms to your prospective employer and delay your potential start date.**

If you have any questions about how to fill out the included forms, you can contact ARIS Solutions' Client Support staff. Representatives can be reached by calling (800) 798-1658.

Please visit the Vermont Agency of Human Services Program page on the ARIS Solutions website to locate our online option to complete your employee enrollment packet.

Want to access the Online Onboarding Employee Packet? Scan the QR code with your electronic device to get started now!!

Important: both the employee applicant and employer of record need an email address to complete.



Revision Date: April 2025



Included Forms to Complete and Return:

- Employee Hiring Notice**—this makes sure that we have the necessary information to connect you with your employer
- Forms W-4 and W-4VT** (2 forms)—these forms give us information about your State and Federal Income Tax withholdings.
- Employment Eligibility Verification Form**—this form gives information about your ability to work in the United States. **Your employer needs to look at your identification and complete the bottom half of this form.** You do **not** need to send ARIS Solutions copies of your identification.
- Background Check Forms**
 - Agency of Human Services Adult Protection Service and Child Abuse Consent for Release of Registry Information**—ARIS Solutions processes this request online
 - Consent for Release of Information: Request for Criminal Record Check**
 - Vermont Driver Information Check**
 - Do not send payment for the cost of this check; we'll take care of that!
 - If you will not be driving as part of your job—or do not have a valid driver's license, please write: "**Will not be driving**" on the top of the form
 - You must return the form for the packet to be complete and processed
- Employee Confirmation Form**—sign off form to make sure you understand some general information about working for an employer supported by ARIS Solutions
- Employee Electronic Visit Verification Notification Form**—sign off form to make sure you understand the EVV requirements for Home-Based services enrolled in select programs.
- Direct Deposit Authorization Form (optional)**
- e_Timesheets Registration Form and Agreement (optional)**

| Mailing address | Physical address (for dropping off forms) |
|--|---|
| ARIS Solutions PO Box 4409 White River Jct., VT 05001 | ARIS Solutions 72 So. Main Street White River Jct., VT 05001 |

If you have any questions or need assistance completing these forms, ARIS Solutions' Client Support team is available to help. Representatives can be reached by calling (800) 798-1658.





**ARIS Solutions -- Agency of Human Services
Self and Surrogate-Managed Programs**

Employee Hiring Notice

Employee Name: _____ **Date of Birth:** _____

Employee Mailing Address: _____

Employee Physical Address: _____

City: _____ **State:** _____ **Zip:** _____ **Preferred Language:** _____

Phone Number: _____ **Social Security Number:** _____
 Cell **Home**

Employee Email Address: _____

Disclose The Relationship Between: ex. Spouse, Friend, Neighbor

Employee and Employer: _____

Individual Receiving Support: _____

Last 4 of the Employer

Employer Name: _____ **Social Security Number:** _____

Employer Mailing Address: _____

Employer Physical Address: _____

City: _____ **State:** _____ **Zip:** _____

Consumer Name: _____ **Agency/Program:** _____

Employer Signature: _____

Failure to complete highlighted sections may result in these forms being returned and a delay in processing.



Should we notify you (employer) by email of the result of your employee's background checks?

(Choose only one option below)

Yes: Employer Email Address: _____

No (if no, left blank, or unable to read email address, results will be sent through the regular mail/USPS). Note: Email notification is the fastest way to have results reported.

Please remember:

- Employees must be at least 18 years old or granted permission from the Agency of Human Services before working;
- Employees are considered inactive after 1 year of non-payment and required to complete a new hiring packet;
- Employee background checks are not transferable; employees must fill out a separate New Employee Hiring Packet for each employer that they are interested in working for;
- Variances granted to employees by the Agency of Human Services are not transferrable;
- Variances are not transferrable across programs within the Agency of Human Services, employers or across individuals who receive care. Employer may need to request variances for an employee if they manage more than one funding source or services for more than one participant. Employees will need to work with each employer that they want to work for to request a variance if a variance is required;
- Employees must notify ARIS Solutions in writing when there is a change in address or name change;
 - Name changes must include a copy of a Social Security card, Driver's License/Non-Driver's Identification Card, Marriage/Divorce Certification or Court documents showing the new name
- Employers must notify ARIS Solutions in writing when an employee is terminated;
- Some programs do not allow the consumer's parent to be a paid caregiver
- Per the Medicaid Manual for Developmental Disabilities Services, employees must have a high school diploma, equivalent or have been granted a variance to be paid to provide care;
- Per the Medicaid Manual for Developmental Disabilities Services, respite cannot be paid to spouses/domestic partner/civil union partner of home provider;
- Per the Choices for Care Program Operations Manual, all services available cannot be paid to a spouse;
- Legal guardians cannot be paid caregivers without permission from the Agency of Human Services.

Return New Employee Hiring forms to:

ARIS Solutions

PO Box 4409

White River Jct., VT 05001

Failure to complete highlighted sections may result in these forms being returned and a delay in processing.



Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

2025**Step 1:
Enter
Personal
Information**

| | | |
|---|-----------|---|
| (a) First name and middle initial | Last name | (b) Social security number |
| Address | | Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov . |
| City or town, state, and ZIP code | | |
| (c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.) | | |

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

**Step 2:
Multiple Jobs
or Spouse
Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

**Step 3:
Claim
Dependent
and Other
Credits**

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 \$

Multiply the number of other dependents by \$500.....\$

3 \$

**Step 4
(optional):
Other**

(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income

4(a) \$

Adjustments

(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here

4(b) \$

(c) **Extra withholding.** Enter any additional tax you want withheld each **pay period**

4(c) \$

**Step 5:
Sign
Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.)

Date

**Employers
Only**

Employer's name and address

First date of
employment

Employer identification
number (EIN)

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2025 if you meet both of the following conditions: you had no federal income tax liability in 2024 **and** you expect to have no federal income tax liability in 2025. You had no federal income tax liability in 2024 if (1) your total tax on line 24 on your 2024 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2025 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 17, 2026.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

TIP: Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.

 **Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2025 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3

1 \$ _____

2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.

a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a

2a \$ _____

b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b

2b \$ _____

c Add the amounts from lines 2a and 2b and enter the result on line 2c

2c \$ _____

3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.

3 _____

4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld)

4 \$ _____

Step 4(b)—Deductions Worksheet (Keep for your records.)



1 Enter an estimate of your 2025 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income

1 \$ _____

2 Enter:
$$\left\{ \begin{array}{l} \bullet \$30,000 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$22,500 \text{ if you're head of household} \\ \bullet \$15,000 \text{ if you're single or married filing separately} \end{array} \right\}$$

2 \$ _____

3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0"

3 \$ _____

4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information

4 \$ _____

5 Add lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4

5 \$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Surviving Spouse

| Higher Paying Job Annual Taxable Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary | | | | | | | | | | | |
|---|---|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|---------------------|---------------------|
| | \$0 - 9,999 | \$10,000 - 19,999 | \$20,000 - 29,999 | \$30,000 - 39,999 | \$40,000 - 49,999 | \$50,000 - 59,999 | \$60,000 - 69,999 | \$70,000 - 79,999 | \$80,000 - 89,999 | \$90,000 - 99,999 | \$100,000 - 109,999 | \$110,000 - 120,000 |
| \$0 - 9,999 | \$0 | \$0 | \$700 | \$850 | \$910 | \$1,020 | \$1,020 | \$1,020 | \$1,020 | \$1,020 | \$1,020 | \$1,020 |
| \$10,000 - 19,999 | 0 | 700 | 1,700 | 1,910 | 2,110 | 2,220 | 2,220 | 2,220 | 2,220 | 2,220 | 2,220 | 3,220 |
| \$20,000 - 29,999 | 700 | 1,700 | 2,760 | 3,110 | 3,310 | 3,420 | 3,420 | 3,420 | 3,420 | 3,420 | 4,420 | 5,420 |
| \$30,000 - 39,999 | 850 | 1,910 | 3,110 | 3,460 | 3,660 | 3,770 | 3,770 | 3,770 | 3,770 | 4,770 | 5,770 | 6,770 |
| \$40,000 - 49,999 | 910 | 2,110 | 3,310 | 3,660 | 3,860 | 3,970 | 3,970 | 3,970 | 4,970 | 5,970 | 6,970 | 7,970 |
| \$50,000 - 59,999 | 1,020 | 2,220 | 3,420 | 3,770 | 3,970 | 4,080 | 4,080 | 5,080 | 6,080 | 7,080 | 8,080 | 9,080 |
| \$60,000 - 69,999 | 1,020 | 2,220 | 3,420 | 3,770 | 3,970 | 4,080 | 5,080 | 6,080 | 7,080 | 8,080 | 9,080 | 10,080 |
| \$70,000 - 79,999 | 1,020 | 2,220 | 3,420 | 3,770 | 3,970 | 5,080 | 6,080 | 7,080 | 8,080 | 9,080 | 10,080 | 11,080 |
| \$80,000 - 99,999 | 1,020 | 2,220 | 3,420 | 4,620 | 5,820 | 6,930 | 7,930 | 8,930 | 9,930 | 10,930 | 11,930 | 12,930 |
| \$100,000 - 149,999 | 1,870 | 4,070 | 6,270 | 7,620 | 8,820 | 9,930 | 10,930 | 11,930 | 12,930 | 14,010 | 15,210 | 16,410 |
| \$150,000 - 239,999 | 1,870 | 4,240 | 6,640 | 8,190 | 9,590 | 10,890 | 12,090 | 13,290 | 14,490 | 15,690 | 16,890 | 18,090 |
| \$240,000 - 259,999 | 2,040 | 4,440 | 6,840 | 8,390 | 9,790 | 11,100 | 12,300 | 13,500 | 14,700 | 15,900 | 17,100 | 18,300 |
| \$260,000 - 279,999 | 2,040 | 4,440 | 6,840 | 8,390 | 9,790 | 11,100 | 12,300 | 13,500 | 14,700 | 15,900 | 17,100 | 18,300 |
| \$280,000 - 299,999 | 2,040 | 4,440 | 6,840 | 8,390 | 9,790 | 11,100 | 12,300 | 13,500 | 14,700 | 15,900 | 17,100 | 18,300 |
| \$300,000 - 319,999 | 2,040 | 4,440 | 6,840 | 8,390 | 9,790 | 11,100 | 12,300 | 13,500 | 14,700 | 15,900 | 17,170 | 19,170 |
| \$320,000 - 364,999 | 2,040 | 4,440 | 6,840 | 8,390 | 9,790 | 11,100 | 12,470 | 14,470 | 16,470 | 18,470 | 20,470 | 22,470 |
| \$365,000 - 524,999 | 2,790 | 6,290 | 9,790 | 12,440 | 14,940 | 17,350 | 19,650 | 21,950 | 24,250 | 26,550 | 28,850 | 31,150 |
| \$525,000 and over | 3,140 | 6,840 | 10,540 | 13,390 | 16,090 | 18,700 | 21,200 | 23,700 | 26,200 | 28,700 | 31,200 | 33,700 |

Single or Married Filing Separately

| Higher Paying Job Annual Taxable Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary | | | | | | | | | | | |
|---|---|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|---------------------|---------------------|
| | \$0 - 9,999 | \$10,000 - 19,999 | \$20,000 - 29,999 | \$30,000 - 39,999 | \$40,000 - 49,999 | \$50,000 - 59,999 | \$60,000 - 69,999 | \$70,000 - 79,999 | \$80,000 - 89,999 | \$90,000 - 99,999 | \$100,000 - 109,999 | \$110,000 - 120,000 |
| \$0 - 9,999 | \$200 | \$850 | \$1,020 | \$1,020 | \$1,020 | \$1,370 | \$1,870 | \$1,870 | \$1,870 | \$1,870 | \$1,870 | \$2,040 |
| \$10,000 - 19,999 | 850 | 1,700 | 1,870 | 1,870 | 2,220 | 3,220 | 3,720 | 3,720 | 3,720 | 3,720 | 3,890 | 4,090 |
| \$20,000 - 29,999 | 1,020 | 1,870 | 2,040 | 2,390 | 3,390 | 4,390 | 4,890 | 4,890 | 4,890 | 5,060 | 5,260 | 5,460 |
| \$30,000 - 39,999 | 1,020 | 1,870 | 2,390 | 3,390 | 4,390 | 5,390 | 5,890 | 5,890 | 6,060 | 6,260 | 6,460 | 6,660 |
| \$40,000 - 59,999 | 1,220 | 3,070 | 4,240 | 5,240 | 6,240 | 7,240 | 7,880 | 8,080 | 8,280 | 8,480 | 8,680 | 8,880 |
| \$60,000 - 79,999 | 1,870 | 3,720 | 4,890 | 5,890 | 7,030 | 8,230 | 8,930 | 9,130 | 9,330 | 9,530 | 9,730 | 9,930 |
| \$80,000 - 99,999 | 1,870 | 3,720 | 5,030 | 6,230 | 7,430 | 8,630 | 9,330 | 9,530 | 9,730 | 9,930 | 10,130 | 10,580 |
| \$100,000 - 124,999 | 2,040 | 4,090 | 5,460 | 6,660 | 7,860 | 9,060 | 9,760 | 9,960 | 10,160 | 10,950 | 11,950 | 12,950 |
| \$125,000 - 149,999 | 2,040 | 4,090 | 5,460 | 6,660 | 7,860 | 9,060 | 9,950 | 10,950 | 11,950 | 12,950 | 13,950 | 14,950 |
| \$150,000 - 174,999 | 2,040 | 4,090 | 5,460 | 6,660 | 8,450 | 10,450 | 11,950 | 12,950 | 13,950 | 15,080 | 16,380 | 17,680 |
| \$175,000 - 199,999 | 2,040 | 4,290 | 6,450 | 8,450 | 10,450 | 12,450 | 13,950 | 15,230 | 16,530 | 17,830 | 19,130 | 20,430 |
| \$200,000 - 249,999 | 2,720 | 5,570 | 7,900 | 10,200 | 12,500 | 14,800 | 16,600 | 17,900 | 19,200 | 20,500 | 21,800 | 23,100 |
| \$250,000 - 399,999 | 2,970 | 6,120 | 8,590 | 10,890 | 13,190 | 15,490 | 17,290 | 18,590 | 19,890 | 21,190 | 22,490 | 23,790 |
| \$400,000 - 449,999 | 2,970 | 6,120 | 8,590 | 10,890 | 13,190 | 15,490 | 17,290 | 18,590 | 19,890 | 21,190 | 22,490 | 23,790 |
| \$450,000 and over | 3,140 | 6,490 | 9,160 | 11,660 | 14,160 | 16,660 | 18,660 | 20,160 | 21,660 | 23,160 | 24,660 | 26,160 |

Head of Household

| Higher Paying Job Annual Taxable Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary | | | | | | | | | | | |
|---|---|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|---------------------|---------------------|
| | \$0 - 9,999 | \$10,000 - 19,999 | \$20,000 - 29,999 | \$30,000 - 39,999 | \$40,000 - 49,999 | \$50,000 - 59,999 | \$60,000 - 69,999 | \$70,000 - 79,999 | \$80,000 - 89,999 | \$90,000 - 99,999 | \$100,000 - 109,999 | \$110,000 - 120,000 |
| \$0 - 9,999 | \$0 | \$450 | \$850 | \$1,000 | \$1,020 | \$1,020 | \$1,020 | \$1,020 | \$1,870 | \$1,870 | \$1,870 | \$1,890 |
| \$10,000 - 19,999 | 450 | 1,450 | 2,000 | 2,200 | 2,220 | 2,220 | 3,180 | 4,070 | 4,070 | 4,070 | 4,090 | 4,290 |
| \$20,000 - 29,999 | 850 | 2,000 | 2,600 | 2,800 | 2,820 | 2,820 | 4,780 | 5,670 | 5,670 | 5,690 | 5,890 | 6,090 |
| \$30,000 - 39,999 | 1,000 | 2,200 | 2,800 | 3,000 | 3,020 | 3,980 | 4,980 | 5,980 | 6,890 | 7,090 | 7,290 | 7,490 |
| \$40,000 - 59,999 | 1,020 | 2,220 | 2,820 | 3,830 | 4,850 | 5,850 | 6,850 | 8,050 | 9,130 | 9,330 | 9,530 | 9,730 |
| \$60,000 - 79,999 | 1,020 | 3,030 | 4,630 | 5,830 | 6,850 | 8,050 | 9,250 | 10,450 | 11,530 | 11,730 | 11,930 | 12,130 |
| \$80,000 - 99,999 | 1,870 | 4,070 | 5,670 | 7,060 | 8,280 | 9,480 | 10,680 | 11,880 | 12,970 | 13,170 | 13,370 | 13,570 |
| \$100,000 - 124,999 | 1,950 | 4,350 | 6,150 | 7,550 | 8,770 | 9,970 | 11,170 | 12,370 | 13,450 | 13,650 | 14,650 | 15,650 |
| \$125,000 - 149,999 | 2,040 | 4,440 | 6,240 | 7,640 | 8,860 | 10,060 | 11,260 | 12,860 | 14,740 | 15,740 | 16,740 | 17,740 |
| \$150,000 - 174,999 | 2,040 | 4,440 | 6,240 | 7,640 | 8,860 | 10,860 | 12,860 | 14,860 | 16,740 | 17,740 | 18,940 | 20,240 |
| \$175,000 - 199,999 | 2,040 | 4,440 | 6,640 | 8,840 | 10,860 | 12,860 | 14,860 | 16,910 | 19,090 | 20,390 | 21,690 | 22,990 |
| \$200,000 - 249,999 | 2,720 | 5,920 | 8,520 | 10,960 | 13,280 | 15,580 | 17,880 | 20,180 | 22,360 | 23,660 | 24,960 | 26,260 |
| \$250,000 - 449,999 | 2,970 | 6,470 | 9,370 | 11,870 | 14,190 | 16,490 | 18,790 | 21,090 | 23,280 | 24,580 | 25,880 | 27,180 |
| \$450,000 and over | 3,140 | 6,840 | 9,940 | 12,640 | 15,160 | 17,660 | 20,160 | 22,660 | 25,050 | 26,550 | 28,050 | 29,550 |

Vermont Department of Taxes
Employee's Withholding Allowance Certificate - Form W-4VT

All Vermont employees should complete this form.
To be filed with your employer.

| | | | |
|----------------------------------|--|---|---|
| Last Name | First Name | Initial | Social Security Number |
| Filing Status - Check ONE | | | |
| <input type="checkbox"/> Single | <input type="checkbox"/> Married/Civil Union Filing Jointly | <input type="checkbox"/> Married/Civil Union Filing Separately | <input type="checkbox"/> Married, but withhold at higher single rate |

Vermont Allowances Worksheet

1. Enter "1" for yourself if no one can claim you as a dependent.....1. _____
2. Enter "1" if you are filing jointly and your spouse does not work.....2. _____
3. Enter the number of dependents you plan to claim on your tax return. If you file jointly, then only one of you should claim the dependents on your W-4VT3. _____
4. Enter "1" if you plan to file as "head of household".....4. _____
5. Total number of Vermont allowances. (Add Lines 1 through 4 and enter total here)5. _____
6. Enter an additional amount, if any, you want withheld from each check.6. _____

Exempt: If you had a right to a refund of all your Vermont income tax withheld last year because you had no tax liability and you also expect to have no liability this year, write "Exempt" here....._____

General Information

Form W-4VT is designed so that you can have as much "take-home pay" as possible without an income tax liability due to Vermont when you file your tax return. Each withholding allowance you claim on Line 5 above will reduce the amount of income you are taxed on and therefore the amount of Vermont income tax withheld each paycheck.

Here are some things to remember as you complete this form:

- Generally, dependents are children under 19 (or up to 24 if they are a full-time student) and any relatives who live with you and you support financially.
- If you and your spouse both claim your dependents on your respective W-4VTs, not enough income tax will be withheld, and you might end up with taxes due when you file. Only one spouse should claim the dependents.
- If you entered an additional amount to be withheld on the federal W-4, consider entering 30% of that amount on Line 6.
- If you have more than one employer, consider claiming zero allowances with the employer(s) where you earn less income.

Signature

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Employee's Signature

Date

This form may be photocopied as needed.



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS

Form I-9

OMB No.1615-0047

Expires 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

| | | | | |
|---|---|----------------------------|---|-----------------------------|
| Last Name (Family Name) | First Name (Given Name) | Middle Initial (if any) | Other Last Names Used (if any) | |
| Address (Street Number and Name) | | Apt. Number (if any) | City or Town | |
| Date of Birth (mm/dd/yyyy) | U.S. Social Security Number | Employee's Email Address | | Employee's Telephone Number |
| <p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p> | Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.): | | | |
| | <input type="checkbox"/> 1. A citizen of the United States | | | |
| | <input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.) | | | |
| | <input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.) | | | |
| | <input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any) | | | |
| If you check Item Number 4., enter one of these: | | | | |
| USCIS A-Number | | Form I-94 Admission Number | Foreign Passport Number and Country of Issuance | |
| OR | | OR | OR | |
| Signature of Employee | | Today's Date (mm/dd/yyyy) | | |

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

| | List A | OR | List B | AND | List C |
|--|--------|----|------------------------|-----|--------|
| Document Title 1 | | | | | |
| Issuing Authority | | | | | |
| Document Number (if any) | | | | | |
| Expiration Date (if any) | | | | | |
| Document Title 2 (if any) | | | Additional Information | | |
| Issuing Authority | | | | | |
| Document Number (if any) | | | | | |
| Expiration Date (if any) | | | | | |
| Document Title 3 (if any) | | | | | |
| Issuing Authority | | | | | |
| Document Number (if any) | | | | | |
| Expiration Date (if any) | | | | | |
| <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. | | | | | |

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

First Day of Employment
(mm/dd/yyyy):

| | | |
|--|--|---------------------------|
| Last Name, First Name and Title of Employer or Authorized Representative | Signature of Employer or Authorized Representative | Today's Date (mm/dd/yyyy) |
| Employer's Business or Organization Name | Employer's Business or Organization Address, City or Town, State, ZIP Code | |

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

Must be this
current version!

USCIS

Form I-9

OMB No.1615-0047

Expires 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

| | | | | |
|--|---|---|--------------------------------|--|
| Last Name (Family Name) DOE | First Name (Given Name) JANE | Middle Initial (if any) | Other Last Names Used (if any) | |
| Address (Street Number and Name) 123 ANYWHERE TOWN | | Apt. Number (if any) | City or Town NOWHERE | State VT ZIP Code 05123 |
| Date of Birth (mm/dd/yyyy) 01/01/1990 | U.S. Social Security Number 1 2 3-4 5-6 7 8 9 | Employee's Email Address JANE.DOE@GMAIL.COM | | Employee's Telephone Number 802-555-1234 |

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

1. A citizen of the United States
 2. A noncitizen national of the United States (See Instructions.)
 3. A lawful permanent resident (Enter USCIS or A-Number.)
 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)

If you check Item Number 4., enter one of these:

USCIS A-Number OR Form I-94 Admission Number OR Foreign Passport Number and Country of Issuance

Signature of Employee

JANE DOE

Employee must date & sign!

Today's Date (mm/dd/yyyy)

1/1/2025

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

| | List A | OR | List B | AND | List C |
|--|--------|----|---|--------------------------------|--------|
| Document Title 1 | | | LICENSE | SOCIAL SECURITY CARD | |
| Issuing Authority | | | US GOVERNMENT- DMV | SOCIAL SECURITY ADMINISTRATION | |
| Document Number (if any) | | | 123456789 | 123-45-6789 | |
| Expiration Date (if any) | | | 1/1/2026 | N/A | |
| Document Title 2 (if any) | | | Additional Information | | |
| Issuing Authority | | | Information must be entered in List A or List B and List C | | |
| Document Number (if any) | | | It is the employers responsibility to review documentation. | | |
| Expiration Date (if any) | | | | | |
| Document Title 3 (if any) | | | | | |
| Issuing Authority | | | | | |
| Document Number (if any) | | | | | |
| Expiration Date (if any) | | | | | |
| <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. | | | | | |

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

First Day of Employment
(mm/dd/yyyy):

| | | | |
|---|--|----------------------------|--|
| Last Name, First Name and Title of Employer or Authorized Representative JOHN DOE | Signature of Employer or Authorized Representative JANE DOE | Employer must date & sign! | Today's Date (mm/dd/yyyy) 1/1/2025 |
| Employer's Business or Organization Name JOHN DOE | Employer's Business or Organization Address, City or Town, State, ZIP Code 1234 BACKWARDS ST, NOWHERE TOWN, VT 05123 | | |

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

| LIST A Documents that Establish Both Identity and Employment Authorization | OR | LIST B Documents that Establish Identity | AND | LIST C Documents that Establish Employment Authorization |
|--|----|---|-----|---|
| 1. U.S. Passport or U.S. Passport Card | | 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address | | 1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION |
| 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) | | 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address | | 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) |
| 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa | | 3. School ID card with a photograph | | 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal |
| 4. Employment Authorization Document that contains a photograph (Form I-766) | | 4. Voter's registration card | | 4. Native American tribal document |
| 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. | | 5. U.S. Military card or draft record | | 5. U.S. Citizen ID Card (Form I-197) |
| 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI | | 6. Military dependent's ID card | | 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) |
| | | 7. U.S. Coast Guard Merchant Mariner Card | | 7. Employment authorization document issued by the Department of Homeland Security |
| | | 8. Native American tribal document | | For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central . |
| | | 9. Driver's license issued by a Canadian government authority | | The Form I-766, Employment Authorization Document, is a List A, Item Number 4 , document, not a List C document. |
| | | For persons under age 18 who are unable to present a document listed above: | | |
| | | 10. School record or report card | | |
| | | 11. Clinic, doctor, or hospital record | | |
| | | 12. Day-care or nursery school record | | |

Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.

For receipt validity dates, see the M-274.

| | | | |
|--|----|---|---|
| <ul style="list-style-type: none"> Receipt for a replacement of a lost, stolen, or damaged List A document. Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. Form I-94 with "RE" notation or refugee stamp issued to a refugee. | OR | <p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p> | <p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p> |
|--|----|---|---|

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



Agency of Human Services

Adult Protective Services, 103 S. Main Street, Ladd Hall, Waterbury, VT 05671-2306
AND
Child Abuse Registry Unit, 103 S. Main Street, Waterbury, VT 05671-2401

FORM C

CONSENT FOR RELEASE OF REGISTRY INFORMATION

This form is for use with the ON-LINE registry checking system ONLY

This consent form must be filled out completely and signed by the current employee, prospective employee, contractor or volunteer and kept on file at the requesting organization. The Agency of Human Services reserves the right to audit these consent forms at any time.

Current or Prospective Employee, Contractor, or Volunteer Information

Full Name: _____ **LAST** **FIRST** **Middle Initial** **Gender:** Male Female

Address: _____

Last four digits of social security number: XXX-XX-

Phone number: _____ Birth Date: _____ Place of Birth _____

City, State, Country

Other **FIRST** names I have used, if any (i.e. Nicknames, Aliases): _____
(Type or Print)

Other **LAST** names I have used, if any (i.e. Maiden Names, Aliases): _____
(Type or Print)

I hereby authorize release of any information of reports of abuse, neglect or exploitation substantiated against me and contained in the **Vermont Adult Abuse Registry** and/or the **Vermont Child Protection Registry** to:

ARIS Solutions
(Print Organization Name)

(Prospective) Staff, Contractor, or Volunteer Signature

Date



ARIS Solutions -- Agency of Human Services

Self and Surrogate-Managed Programs

Consent for Release of Information: Request for Vermont Criminal Record Check

*Remember: You must use your **full legal** name*

1. **Employee:** _____
 Last _____ First _____ Middle _____

2. **Maiden or Alias Name(s):** _____

3. **Social Security Number:** _____/_____/_____

4. **Place of Birth:** _____/_____
 City or Town _____ State _____

5. **Date of Birth:** _____/_____/_____
 Month _____ Day _____ Year _____

6. **Telephone Number:** _____

RELEASE

I, _____, hereby acknowledge and agree to a check of any criminal convictions which may be maintained by the Vermont Criminal Information Center. I understand that the results of that check will be made available to ARIS Solutions for use in reviewing my suitability as an employee to consumers. The results of this check will also be provided to the employer listed on my Employee Hiring Notice to make determination about employment and may be provided to State of Vermont/Agency of Human Services personnel. I further understand that I have the right to appeal the results of the criminal record check to the Vermont Criminal Information Center, Department of Public Safety, 103 South Main Street, Waterbury, VT, 05671.

Signature of Employee: _____ **Date** _____





DEPARTMENT OF MOTOR VEHICLES
Agency of Transportation
dmv.vermont.gov

Vermont DMV Record Request

120 State Street
Montpelier, Vermont 05603-0001
802.828.2000

Requests for Vermont Department of Motor Vehicles records must be submitted on this form. The form must be completed in ink.

All applicable sections of this form (front and back) must be completed to obtain the requested information. Do not mail cash! Make check or money order payable (in U.S. funds only) to:
Vermont Department of Motor Vehicles.

Signature Required on Back of Form

| | | |
|---|---|--|
| Requester Name: ARIS Solutions | | DBA/Company: |
| Mailing Address: | Street/Box Number: PO Box 4409 | |
| | City, State, Zip: White River Jct., VT 05001 | |
| Mail to (If different than above address): | | Telephone Number: 800-798-1658 |

| | |
|---|---|
| <input type="checkbox"/> Listings of 1 through 4 current or expired registrations – \$8.00 | <input type="checkbox"/> Certified copy of suspension notice – \$8.00 |
| <input type="checkbox"/> Listing of 1 through 4 current or expired operator's license – \$8.00 | <input type="checkbox"/> Certified copy of reinstatement notice – \$8.00 |
| <input type="checkbox"/> Certified copy of current or original registration application – \$8.00 | <input type="checkbox"/> Certified copy of title – \$6.00 |
| <input type="checkbox"/> Certified copy of expired operator's license application – \$8.00 | <input type="checkbox"/> Certified copy of vehicle title search, title info, lien info. – \$22.00 |
| <input type="checkbox"/> Certified copy individual accident report – \$12.00 | <input type="checkbox"/> Certified copy of vessel, snowmobile or ATV title search – \$13.00 |
| <input type="checkbox"/> Certified copy police accident report – \$18.00 | <input type="checkbox"/> Certified copy of 3 year operating record (Vermont only) – \$14.00 |
| <input type="checkbox"/> Insurance information of accident – \$8.00 | <input type="checkbox"/> Certified copy of complete operating record (Vermont only) – \$20.00 |
| <input type="checkbox"/> Statistics and research – \$42.00 per hour | <input type="checkbox"/> Certified copy of proof of mailing – \$8.00 |
| <input type="checkbox"/> Periodic inspection sticker record – \$8.00 | <input type="checkbox"/> Certified copy of mail receipt – \$8.00 |
| <input type="checkbox"/> Lists of registered dealers, transporters, periodic inspection stations, rental vehicle companies, fuel dealers and distributors (including gallons sold or delivered) – \$8.00 per page | |
| <input type="checkbox"/> Other – Write explanation on reverse side of this form. All other items of information requested will be furnished at a minimum charge of \$8.00. | |

I am requesting information concerning:

| | | | | |
|--------------------------|---------------------------------|---------------------|---------------------------|-------------------------------|
| VIN | Vehicle Make | Vehicle Year | VT License Plate # | Expiration Date |
| Name | VT Driver License Number | | Date of Birth | |
| Street/Box Number | | | | Social Security Number |
| City | State | Zip Code | | |

Date(s) you want covered, if applicable (does not apply to driving records)

| | | | | | | |
|--------------|------------|-------------|----------------|--------------|------------|-------------|
| Month | Day | Year | Through | Month | Day | Year |
|--------------|------------|-------------|----------------|--------------|------------|-------------|

AUTHORIZATION OF RELEASE OF INFORMATION

I hereby, with my signature, authorize (print name of person or business you are authorizing):

ARIS SOLUTIONS, INC.

| |
|--|
| <input type="checkbox"/> To perform a one-time search of the VT Department of Motor Vehicles files (pertaining to me) and any resulting reports. |
| <input type="checkbox"/> To perform a one-time authorization to transact business (pertaining to me) with the VT Department of Motor Vehicles. |

Signature of individual authorizing release:

Date authorization given:

Information requested (be specific, if necessary use separate sheet of paper):

The information requested may be disclosed if its use is authorized under the Driver Privacy Protection Act. The information being requested is:

| ↓ You must initial inside the appropriate box(es)/category(ies) below: | |
|---|---|
| | 1. For use by any government agency, including any court or law enforcement agency, in carrying out its functions, or any private person acting on behalf of a government agency in carrying out its functions. Appropriate documents identifying requester are required* . |
| | 2. For use in connection with matters of motor vehicles or driver safety and theft; motor vehicle emissions; motor vehicle product alterations, recalls, or advisories; performance monitoring of motor vehicles, motor vehicle parts, and dealers; motor vehicle market research activities, including survey research; and removal of non-owner records from the original owner records of motor vehicle manufacturers. <i>An explanation that details the reason(s) why you feel you qualify under this category must be attached to this document.</i> |
| | 3. For use in the formal course of business by a legitimate business or its agents, employees, or contractors: a. To verify the accuracy of personal information submitted by the individual to the business or its agents, employees, or contractors; and b. If the information as so submitted is not correct or is no longer correct, to obtain the correct information, but only for the purposes of preventing fraud by, pursuing legal remedies against, or recovering on a debt or security interest against, the individual. Appropriate documents identifying requester are required* . |
| | 4. For use in connection with any proceeding in any court or government agency or before any self-regulatory body, including the service of process, investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, or pursuant to an order of any court. <i>An explanation that details the reason(s) why you feel you qualify under this category must be attached to this document.</i> |
| | 5. For use in research activities, and for use in producing statistical reports, so long as the personal information is not published, re-disclosed, or used to contact individuals. <i>An explanation that details the reason(s) why you feel you qualify under this category must be attached to this document.</i> |
| | 6. For use by any insurer or insurance support organization, or by a self-insured entity, or its agents, employees, or contractors, in connection with claims investigation activities, antifraud activities, rating, or underwriting. Appropriate documents identifying requester are required* . |
| | 7. For use in providing notice to the owner or lien-holder of a towed or impounded vehicle. |
| | 8. For use by any licensed private investigative agency or licensed security service for any purpose permitted under this section. Appropriate documents identifying requester are required* . |
| | 9. For use by an employer, of its agent or insurer, to obtain or verify information relating to a holder of a commercial driver's license which is required under the Commercial Motor Vehicle Safety Act of 1996 [Title XII of Public Law 99-570]. |
| | 10. For use in connection with the operation of private toll transportation facilities. |
| | 11. For any use specifically authorized by law that is related to the operation of a motor vehicle or public safety. <i>An explanation that details the reason(s) why you feel you qualify under this category must be attached to this document.</i> |
| | 12. Unrestricted or specified use with written consent of the person who is the subject of the information. This includes information regarding oneself. ("Release portion" on other side of this form must be completed in full.) |

In requesting and using this information I acknowledge that this disclosure and any re-disclosure is subject to the Driver Privacy Protection Act (18 USC §2723). This is signed and the request made subject to the penalties of 18 USC §2723 and 23 VSA §202.

| | |
|--|--------------|
| Signature of Requester: | Date: |
| Driver License/Corporate Number of Requester: | |

Upon receipt of this request by the Vermont Department of Motor Vehicles, it will be reviewed by the appropriate department personnel to determine whether this request conforms to (DPPA) protocol and requirements. Failure to meet these qualifications will result in a denial of your request.

* **Appropriate documents identifying requester are required. You must include copies of your identification and documents verifying you are authorized to obtain this information. Failure to meet these qualifications will result in a denial of your request. If you are unsure what documents are required, call 802.828.2000**

FOR DEPARTMENT USE ONLY – DO NOT WRITE ANYTHING BEYOND THIS POINT

This request is hereby denied as the record(s) is/are exempt from inspection and copying for the following reason:

- They are records which, by law, are designated confidential or by a similar term.
- They are records which, by law, may only be disclosed to specifically designated persons.

You have the right to appeal this denial to the Commissioner of Motor Vehicles (appeals must be submitted in writing).

Vermont Department of Motor Vehicles: _____



ARIS Solutions -- Agency of Human Services
Self and Surrogate-Managed Programs

Employee Confirmation Form

Employee Name: _____

Employer Name: _____

Employee Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

By signing this form, I understand:

- There are State, Federal and program rules that apply to the care I provide,
- The person who hired me and signs my timesheets is my employer,
- Based on my relationship to my employer, I may be exempt from some taxes,
- Based on my relationship to my employer or the person I plan on caring for, I may **not** be able to provide some kinds of care. ie Spouse,
- There is paperwork I must fill out before I can start to work,
- I must pass background checks before I can start to work,
- If I work before I have passed the background checks, I will not be paid,
- It is my employer's responsibility to make sure I am paid,
- I am not employed by ARIS Solutions, the State of Vermont or the agency that provides funding to the person that I provide care to,
- My employer should be the person to send in my timesheet,
- There is a deadline for when my timesheet must arrive to be paid on time,
- Late timesheets will not be paid until the next regularly scheduled payroll for the program I work in,
- If my employer sends in a timesheet that is missing information, it could delay my payment,
- Funding for my payroll comes from Medicaid,
- Signing a timesheet that is not accurate could be considered Medicaid fraud,
- It is never okay to sign blank timesheets,
- Signing timesheets in someone else's name could be considered Medicaid fraud,
- Sometimes to answer my question, ARIS Solutions staff might need to talk to my employer and have my employer talk to me.

Employee Signature: _____ **Date:** _____





**ARIS Solutions -- Agency of Human Services Self and
Surrogate-Managed Programs**

**Employee Electronic Visit
Verification Notification Form**

Employee Name: _____ **Employer Name:** _____

Employee Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Electronic Visit Verification (EVV): is a telephone and computer-based system that records information about services provided. EVV is federally required, from the 21st Century CURES Act, which directs all states to use an EVV system for specific Medicaid funded services.

By signing this form, I understand:

- EVV is a Federal requirement for caregivers who perform home-based services for individuals enrolled in the following programs:
 - Adult Family Care Respite (AFCR)
 - Attendant Services- General Funds (ASP)
 - Attendant Services- (PDAC)
 - Brain Injury Program (BIP)
 - Children's Personal Care Services (CPCS)
 - Choices for Care (CFC)
 - Developmental Disabilities Services (DS)
 - Family Managed Respite (FMR)
 - Flexible Choices (Flex)
 - Moderate Needs (MNG)
- Exemptions to EVV requirements are:
 - If you live with the individual receiving services
 - If the service is provided solely in the community
- If program requirements and/or participant needs change, my EVV exemption status may change,
- EVV requires the use of resources such as a landline phone, smartphone, and/or computer,
- EVV visits must be recorded at the time services are delivered,
- Shifts on a timesheet must have matching EVV data,
- EVV visits do not replace a timesheet submission,
- EVV does not replace your payroll responsibilities,
- If my employer sends in a timesheet that is missing EVV information, it could delay my payment.
- Timesheets submitted without the matching EVV visits may cause a delay in my payment.

Employee Signature: _____ **Date:** _____

**Direct Deposit Authorization Form**

Please complete the **yellow** highlighted sections below to sign up for Direct Deposit of your paycheck and submit either a voided/cancelled check or a typed and signed letter from the bank/financial institution—on their letterhead—that includes your account information. This information **cannot be handwritten**.

At this time, we **cannot**:

- Deposit funds into more than one account
- Deposit funds into any debit accounts (i.e., H&R Block Emerald Card)
- Deposit funds into an account that is not yours (the employee's)
- Accept deposit tickets/slips or account statements
- Accept starter checks or checks with handwritten information on them
- Accept request to cancel or change accounts over the phone. All change requests/cancellations must be made in writing, for your protection.

It will take at least one full pay period for your Direct Deposit Authorization to go into effect. You will be paid with a paper check until the process is completed.

By enrolling in direct deposit, you agree to allow payments in error to be reversed. ARIS Solutions staff will contact you in advance in the event an error and a funds reversal is necessary.

Name: _____

Employer Name: _____

Telephone Number: _____

Bank Name: _____

Account Type (choose one): Checking Savings

Non-Payroll Recipient: Yes No

Signature: _____ **Date:** _____

You must include a voided/cancelled check OR include a signed letter from your bank that includes your name, account and routing number.



e-Timesheets Registration and Agreement Form

Each Employer and Employee must complete a separate form. If you are filling out this form as an Employee, you (and your Employer) must sign up for e_Timesheets with each Employer that you work for.

Please remember that each Employer and Employee must have individual email addresses (**cannot** share one with any other employer or employee).

Name: _____
Required (Please print clearly)

E-mail Address: _____
Required (Please print clearly)

Phone Number: _____ Last 4 digits of Social Security Number: _____
Required

Registering as: **Employer** _____
Employee _____ My Employer's name is: _____
Required

You are also agreeing that:

- You understand that ARIS Solutions reports suspected fraud to the Vermont Office of Attorney General-Medicaid Fraud and Residential Abuse Unit (MFRAU) and will automatically do that, even if the timesheet is sent through e_Timesheets,
- You will not share your User Name or Password with anyone,
- You will notify ARIS Solutions immediately if you change your email address,
- You will notify ARIS Solutions immediately if there is a change in employment status of any employee who uses e_Timesheets,
- You will notify ARIS Solutions immediately if there is a change in the employer of record for anyone who uses e_Timesheets, and
- Submitting hours or services that were not worked may be considered Medicaid fraud
- **You understand the timesheet submission deadline is Monday by 12p EST of the payroll week.**

Signature _____
Required

Print Name _____
Required

Date _____
Required

Financial Management Support Empowering Independent Lives.

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