



Financial & Payroll Services for the Nonprofit Sector

**Enrollment Forms for:  
 VDC Program Employers**

This packet contains the necessary forms and instructions that will authorize ARIS Solutions to act in your behalf as your Financial Management Service provider.

\*\*BELOW FORMS MUST BE SIGNED/DATED AND RETURNED TO ARIS SOLUTIONS\*\*

- Employer / Veteran Information Form
- Form SS-4 - Application for Employer Identification Number
  - ❖ Form SS-4 allows ARIS to request a Federal Employer Identification Number from the IRS for you.
- Workers Compensation Application (if applicable)
- Form 2678 - Employer/Payer Appointment of Agent
  - ❖ Allows ARIS to file your employment tax forms.
- Form 8821- Tax Information Authorization
  - ❖ Allows ARIS to receive & review copies of tax filings from the IRS.
- State Tax Forms
  - ❖ State Department of Revenue (if applicable)
  - ❖ State Department of Labor
- Employer/Authorized Representative Background Check Release Form
- Employer Confirmation of Receipt
- Employer Confirmation of Receipt- Paid Sick Leave
- Fraud & Abuse Statement
- HIPAA Notice of Privacy Practices & Agreement
- Electronic Timesheet Submission: (2 different options)
  - ❖ Electronic Timesheets Application. Followed by instructions on Electronic Timesheets.
  - ❖ Timesheet Submission Portal and applicable information.

If you have questions contact the Veterans Department at 866.970.3301

**Return Packet to: ARIS Solutions-Veteran Program**

**PO Box 4409  
 White River Jct., VT 05001  
 Phone: 866.970.3301 (toll free)  
 Fax: 802.295.9812  
 Email: [veteranpayroll@arissolutions.org](mailto:veteranpayroll@arissolutions.org)**



## New Employer/Veteran Information

### You are now an Employer!

Welcome to the Veteran Directed Care Program employment model. You will now manage and direct the services you receive or the services the Veteran you represent receives. In this employer model you, or a representative who you appoint, are the employer and you direct the work of your employee.

### The Role of ARIS Solutions as Your Financial Management Services "FMS" Provider

ARIS Solutions will serve as your FMS Provider to support you and complete many of the administrative employer obligations. This means that ARIS will process your timesheets, conduct criminal background checks on potential employees manage your employer tax responsibilities on the federal and state level, apply for workers compensation insurance, and pay your employees.

### Roles and Responsibilities Chart

<b>Your Role (as Employer)</b>	<b>Employee's Role (as Employee)</b>	<b>ARIS Solutions' Role (as FMS Provider)</b>
Select and hire an employee  Schedule employees (staying within your authorized budget)  Train employees  Sign timesheets  Review employees job performance	Meet your requirements for hiring  Complete required employment paperwork  Submit a background check  Submit signed timesheets to ARIS	Assist with paperwork, as needed  Establish you as an employer  Establish your worker as your employee  Conduct criminal background checks
Dismiss employees  Establish clear boundaries  Let your employee know what the rules are and what their responsibilities are  Prevent fraud	Respect employer's boundaries, rules and responsibilities  Provide home care services to your employer as directed by your employer  Prevent fraud	Provide payroll services Prepare and disburse payroll checks  Pay employer taxes  Prepare year-end tax reports  Apply for and secure Workers Compensation insurance on behalf of the employer



## Contact Information

You can remove this page from the packet and post it somewhere prominent so you always have the information you need to contact the Veterans Program team.

ARIS Solutions-Veteran Program staff are available for support Monday through Friday from 8:00 am to 4:00pm (EST) and can be reached at **866.970.3301** (toll free), our veteran dedicated email address: [veteranpayroll@arissolutions.org](mailto:veteranpayroll@arissolutions.org) or our Website at [www.arissolutions.org](http://www.arissolutions.org)

*ARIS Solutions is not open on state or federal holidays.*

Financial & Payroll Services for the Nonprofit Sector



**ARIS**  
SOLUTIONS

**Employer/Veteran Information Form**

**NAME OF EMPLOYER**

**Name** \_\_\_\_\_  
(Last) (First) (Middle)

**Address** \_\_\_\_\_  
(Street) (Apt) (City) (State) (Zip)

**Phone** ( ) \_\_\_\_\_ **Email** \_\_\_\_\_

**DOB** / / **Social Security Number** - -

**FEIN** (If previously issued) \_\_\_\_\_

**Relationship to Veteran** \_\_\_\_\_

**Veteran IS EMPLOYER** YES NO

*If yes please skip next section.*

**CASE MANAGER / OPTIONS COUNSELOR / CARE COORDINATOR :**

**NAME OF VETERAN**

**Name** \_\_\_\_\_ **GENDER** \_\_\_\_\_

**Address** \_\_\_\_\_  
(Street) (APT) (City) (State) (Zip)

**Phone** ( ) \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_

# Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

See separate instructions for each line. Keep a copy for your records.

Go to [www.irs.gov/FormSS4](http://www.irs.gov/FormSS4) for instructions and the latest information.

EIN

<b>1</b>	Legal name of entity (or individual) for whom the EIN is being requested																	
<b>Type or print clearly.</b>	<b>2</b>	Trade name of business (if different from name on line 1)	<b>3</b>	Executor, administrator, trustee, "care of" name														
	<b>4a</b>	Mailing address (room, apt., suite no. and street, or P.O. box) <i>c/o ARIS SOLUTIONS PO BOX 4409</i>	<b>5a</b>	Street address (if different) (Don't enter a P.O. box.)														
	<b>4b</b>	City, state, and ZIP code (if foreign, see instructions) <i>WHITE RIVER JCT, VT 05001</i>	<b>5b</b>	City, state, and ZIP code (if foreign, see instructions)														
	<b>6</b>	County and state where principal business is located																
	<b>7a</b>	Name of responsible party	<b>7b</b>	SSN, ITIN, or EIN														
<b>8a</b>	Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>8b</b>	If 8a is "Yes," enter the number of LLC members														
<b>8c</b>	If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No																	
<b>9a</b>	<b>Type of entity</b> (check only one box). <b>Caution:</b> If 8a is "Yes," see the instructions for the correct box to check. <table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> Sole proprietor (SSN) _____</td> <td><input type="checkbox"/> Estate (SSN of decedent) _____</td> </tr> <tr> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Plan administrator (TIN) _____</td> </tr> <tr> <td><input type="checkbox"/> Corporation (enter form number to be filed) _____</td> <td><input type="checkbox"/> Trust (TIN of grantor) _____</td> </tr> <tr> <td><input type="checkbox"/> Personal service corporation</td> <td><input type="checkbox"/> Military/National Guard <input type="checkbox"/> State/local government</td> </tr> <tr> <td><input type="checkbox"/> Church or church-controlled organization</td> <td><input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government</td> </tr> <tr> <td><input type="checkbox"/> Other nonprofit organization (specify) _____</td> <td><input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises</td> </tr> <tr> <td><input checked="" type="checkbox"/> Other (specify) <i>HCSR</i></td> <td>Group Exemption Number (GEN) if any _____</td> </tr> </table>				<input type="checkbox"/> Sole proprietor (SSN) _____	<input type="checkbox"/> Estate (SSN of decedent) _____	<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (TIN) _____	<input type="checkbox"/> Corporation (enter form number to be filed) _____	<input type="checkbox"/> Trust (TIN of grantor) _____	<input type="checkbox"/> Personal service corporation	<input type="checkbox"/> Military/National Guard <input type="checkbox"/> State/local government	<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government	<input type="checkbox"/> Other nonprofit organization (specify) _____	<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises	<input checked="" type="checkbox"/> Other (specify) <i>HCSR</i>	Group Exemption Number (GEN) if any _____
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<input checked="" type="checkbox"/> Other (specify) <i>HCSR</i>	Group Exemption Number (GEN) if any _____																	
<b>9b</b>	If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country															
<b>10</b>	<b>Reason for applying</b> (check only one box) <table style="width:100%; border:none;"> <tr> <td><input checked="" type="checkbox"/> Started new business (specify type) <i>HOME CARE SERVICE RECIPIENT</i></td> <td><input type="checkbox"/> Banking purpose (specify purpose) _____</td> </tr> <tr> <td><input type="checkbox"/> Hired employees (Check the box and see line 13.)</td> <td><input type="checkbox"/> Changed type of organization (specify new type) _____</td> </tr> <tr> <td><input type="checkbox"/> Compliance with IRS withholding regulations</td> <td><input type="checkbox"/> Purchased going business</td> </tr> <tr> <td><input type="checkbox"/> Other (specify)</td> <td><input type="checkbox"/> Created a trust (specify type) _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Created a pension plan (specify type) _____</td> </tr> </table>				<input checked="" type="checkbox"/> Started new business (specify type) <i>HOME CARE SERVICE RECIPIENT</i>	<input type="checkbox"/> Banking purpose (specify purpose) _____	<input type="checkbox"/> Hired employees (Check the box and see line 13.)	<input type="checkbox"/> Changed type of organization (specify new type) _____	<input type="checkbox"/> Compliance with IRS withholding regulations	<input type="checkbox"/> Purchased going business	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Created a trust (specify type) _____		<input type="checkbox"/> Created a pension plan (specify type) _____				
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<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Created a trust (specify type) _____																	
	<input type="checkbox"/> Created a pension plan (specify type) _____																	
<b>11</b>	Date business started or acquired (month, day, year). See instructions.		<b>12</b> Closing month of accounting year															
<b>13</b>	Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.		<b>14</b> If you expect your employment tax liability to be \$1,000 or less in a full calendar year <b>and</b> want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability will generally be \$1,000 or less if you expect to pay \$5,000 or less, \$6,536 or less if you're in a U.S. territory, in total wages.) If you don't check this box, you must file Form 941 for every quarter <input type="checkbox"/>															
	Agricultural	Household			Other													
<b>15</b>	First date wages or annuities were paid (month, day, year). <b>Note:</b> If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year)																	
<b>16</b>	Check <b>one</b> box that best describes the principal activity of your business. <table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> Construction</td> <td><input type="checkbox"/> Rental &amp; leasing</td> <td><input type="checkbox"/> Transportation &amp; warehousing</td> <td><input type="checkbox"/> Accommodation &amp; food service</td> <td><input type="checkbox"/> Wholesale—agent/broker</td> </tr> <tr> <td><input type="checkbox"/> Real estate</td> <td><input type="checkbox"/> Manufacturing</td> <td><input type="checkbox"/> Finance &amp; insurance</td> <td><input type="checkbox"/> Other (specify)</td> <td><input type="checkbox"/> Wholesale—other <input type="checkbox"/> Retail</td> </tr> </table>				<input type="checkbox"/> Construction	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Transportation & warehousing	<input type="checkbox"/> Accommodation & food service	<input type="checkbox"/> Wholesale—agent/broker	<input type="checkbox"/> Real estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Wholesale—other <input type="checkbox"/> Retail				
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<b>17</b>	Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.																	
<b>18</b>	Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," write previous EIN here																	
<b>Third Party Designee</b>	Complete this section <b>only</b> if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.																	
	Designee's name <i>ARIS SOLUTIONS FISCAL AGENT</i>	Designee's telephone number (include area code) <i>866.970.3301</i>																
	Address and ZIP code <i>PO BOX 4409 WHITE RIVER JUNCTION VT 05001</i>	Designee's fax number (include area code) <i>802.295.9812</i>																
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			Applicant's telephone number (include area code)															
Name and title (type or print clearly)			Applicant's fax number (include area code)															
Signature			Date															

## Do I Need an EIN?

File Form SS-4 if the applicant entity doesn't already have an EIN but is required to show an EIN on any return, statement, or other document.<sup>1</sup> See also the separate instructions for each line on Form SS-4.

IF the applicant...	AND...	THEN...
started a new business	doesn't currently have (nor expect to have) employees	complete lines 1, 2, 4a-8a, 8b-c (if applicable), 9a, 9b (if applicable), 10-14, and 16-18.
hired (or will hire) employees, including household employees	doesn't already have an EIN	complete lines 1, 2, 4a-6, 7a-b, 8a, 8b-c (if applicable), 9a, 9b (if applicable), and 10-18.
opened a bank account	needs an EIN for banking purposes only	complete lines 1-5b, 7a-b, 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18.
changed type of organization	either the legal character of the organization or its ownership changed (for example, you incorporate a sole proprietorship or form a partnership) <sup>2</sup>	complete lines 1-18 (as applicable).
purchased a going business <sup>3</sup>	doesn't already have an EIN	complete lines 1-18 (as applicable).
created a trust	the trust is other than a grantor trust or an IRA trust <sup>4</sup>	complete lines 1-18 (as applicable).
created a pension plan as a plan administrator <sup>5</sup>	needs an EIN for reporting purposes	complete lines 1, 3, 4a-5b, 7a-b, 9a, 10, and 18.
is a foreign person needing an EIN to comply with IRS withholding regulations	needs an EIN to complete a Form W-8 (other than Form W-8ECI), avoid withholding on portfolio assets, or claim tax treaty benefits <sup>6</sup>	complete lines 1-5b, 7a-b (SSN or ITIN as applicable), 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18.
is administering an estate	needs an EIN to report estate income on Form 1041	complete lines 1-7b, 9a, 10-12, 13-17 (if applicable), and 18.
is a withholding agent for taxes on nonwage income paid to an alien (that is, individual, corporation, or partnership, etc.)	is an agent, broker, fiduciary, manager, tenant, or spouse who is required to file Form 1042, Annual Withholding Tax Return for U.S. Source Income of Foreign Persons	complete lines 1, 2, 3 (if applicable), 4a-5b, 7a-b, 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18.
is a state or local agency	serves as a tax reporting agent for public assistance recipients under Rev. Proc. 80-4, 1980-1 C.B. 581 <sup>7</sup>	complete lines 1, 2, 4a-5b, 7a-b, 9a, 10, and 18.
is a single-member LLC (or similar single-member entity)	needs an EIN to file Form 8832, Entity Classification Election, for filing employment tax returns and excise tax returns, or for state reporting purposes <sup>8</sup> , or is a foreign-owned U.S. disregarded entity and needs an EIN to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business	complete lines 1-18 (as applicable).
is an S corporation	needs an EIN to file Form 2553, Election by a Small Business Corporation <sup>9</sup>	complete lines 1-18 (as applicable).

<sup>1</sup> For example, a sole proprietorship or self-employed farmer who establishes a qualified retirement plan, or is required to file excise, employment, alcohol, tobacco, or firearms returns, must have an EIN. A partnership, corporation, REMIC (real estate mortgage investment conduit), nonprofit organization (church, club, etc.), or farmers' cooperative must use an EIN for any tax-related purpose even if the entity doesn't have employees.

<sup>2</sup> However, don't apply for a new EIN if the existing entity only (a) changed its business name, (b) elected on Form 8832 to change the way it is taxed (or is covered by the default rules), or (c) terminated its partnership status because at least 50% of the total interests in partnership capital and profits were sold or exchanged within a 12-month period. The EIN of the terminated partnership should continue to be used. See Regulations section 301.6109-1(d)(2)(iii).

<sup>3</sup> Don't use the EIN of the prior business unless you became the "owner" of a corporation by acquiring its stock.

<sup>4</sup> However, grantor trusts that don't file using Optional Method 1 and IRA trusts that are required to file Form 990-T, Exempt Organization Business Income Tax Return, must have an EIN. For more information on grantor trusts, see the Instructions for Form 1041.

<sup>5</sup> A plan administrator is the person or group of persons specified as the administrator by the instrument under which the plan is operated.

<sup>6</sup> Entities applying to be a Qualified Intermediary (QI) need a QI-EIN even if they already have an EIN. See Rev. Proc. 2000-12.

<sup>7</sup> See also *Household employer agent* in the instructions. **Note:** State or local agencies may need an EIN for other reasons, for example, hired employees.

<sup>8</sup> See *Disregarded entities* in the instructions for details on completing Form SS-4 for an LLC.

<sup>9</sup> An existing corporation that is electing or revoking S corporation status should use its previously assigned EIN.



## VDC Illinois Workers' Compensation Form

Employer Legal Name:

Employer Date of Birth:

Veteran name (if different than Employer name):

Relationship to Veteran:

Employer FEIN # :

Employer Phone:

Street Address (where service is provided):

City, State, ZIP(where service is provided):

Estimated Annual Payroll

Annual Amount: \_\_\_\_\_

Effective Date of Coverage (start date):

Employer Signature and Date:

Form **2678** **Employer/Payer Appointment of Agent**

(Rev. December 2024) Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

**Use this form if you want to request approval to have an agent file returns and make deposits or payments of employment or other withholding taxes or if you want to revoke an existing appointment.**

- If you're an employer or payer who wants to request approval, complete Parts 1 and 2 and sign Part 2. Then give it to the agent. Have the agent complete Part 3 and sign it.

**Note:** This appointment isn't effective until we approve your request. See the instructions for more information.

- If you're an employer, payer, or agent who wants to revoke an existing appointment, complete all three parts. In this case, only one signature is required.

<b>For IRS use:</b>

**Part 1: Why you're filing this form.**

(Check one)

- You want to **appoint** an agent for tax reporting, depositing, and paying.
- You want to **revoke** an existing appointment.

**Part 2: Employer or Payer Information: Complete this part if you want to appoint an agent or revoke an appointment.**

**1 Employer identification number (EIN)**

--	--	--	--	--	--	--	--	--	--

**2 Employer's or payer's name**  
(not your trade name)

**3 Trade name** (if any)

**4 Address**

Number	Street	Suite or room number
City	State	ZIP code
Foreign country name	Foreign province/county	Foreign postal code

**5 Forms for which you want to appoint an agent or revoke the agent's appointment to file.** (Check all that apply.)

	For ALL employees/ payees/payments	For SOME employees/ payees/payments
Form 940, Employer's Annual Federal Unemployment (FUTA) Tax Return* (all 940 series)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Form 941, Employer's QUARTERLY Federal Tax Return (all 941 series)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Form 943, Employer's Annual Federal Tax Return for Agricultural Employees (all 943 series)	<input type="checkbox"/>	<input type="checkbox"/>
Form 944, Employer's ANNUAL Federal Tax Return (all 944 series)	<input type="checkbox"/>	<input type="checkbox"/>
Form 945, Annual Return of Withheld Federal Income Tax	<input type="checkbox"/>	<input type="checkbox"/>
Form CT-1, Employer's Annual Railroad Retirement Tax Return	<input type="checkbox"/>	<input type="checkbox"/>
Form CT-2, Employee Representative's Quarterly Railroad Tax Return	<input type="checkbox"/>	<input type="checkbox"/>

\* Generally, you can't appoint an agent to report, deposit, and pay tax reported on Form 940, unless you're a home care service recipient.

- Check here if you're a home care service recipient, and you want to appoint the agent to report, deposit, and pay FUTA tax for you. See the instructions.

I am authorizing the IRS to disclose otherwise confidential tax information to the agent relating to the authority granted under this appointment, including disclosures required to process Form 2678. The agent may contract with a third party, such as a reporting agent or certified public accountant, to prepare or file the returns covered by this appointment, or to make any required deposits and payments. Such contract may authorize the IRS to disclose confidential tax information of the employer/payer and agent to such third party. If a third party fails to file the returns or make the deposits and payments, the agent and employer/payer remain liable.

**Sign your name here**

Print your name here

Print your title here

Date

Best daytime phone

**Now give this form to the agent to complete.**

### Tax Information Authorization

► Go to [www.irs.gov/Form8821](http://www.irs.gov/Form8821) for instructions and the latest information.  
► Don't sign this form unless all applicable lines have been completed.  
► Don't use Form 8821 to request copies of your tax returns or to authorize someone to represent you. See instructions.

OMB No. 1545-1165
<b>For IRS Use Only</b>
Received by: _____
Name _____
Telephone _____
Function _____
Date _____

**1 Taxpayer information.** Taxpayer must sign and date this form on line 6.

<b>Taxpayer name and address</b>	<b>Taxpayer identification number(s)</b>
	<b>Daytime telephone number</b> Plan number (if applicable)

**2 Designee(s).** If you wish to name more than two designees, attach a list to this form. **Check here if a list of additional designees is attached**

Name and address ARIS Solutions PO Box 4409 White River Jct., VT 05001 <b>Check if to be sent copies of notices and communications</b> <input type="checkbox"/>	CAF No. <u>0313-84964R</u> PTIN _____ Telephone No. <u>866.970.3301</u> Fax No. <u>802.295.9812</u> Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address <b>Check if to be sent copies of notices and communications</b> <input type="checkbox"/>	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

**3 Tax information.** Each designee is authorized to inspect and/or receive confidential tax information for the type of tax, forms, periods, and specific matters you list below. See the line 3 instructions.

By checking here, I authorize access to my IRS records via an Intermediate Service Provider.

(a) Type of Tax Information (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, Sec. 4980H Payments, etc.)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters
Employment	941, 940, 941R, 941X, W2, W3, W2C, SS4	2026-2028	Tax Liability
Authority to obtain existing FEIN	SS4, 8821	2026-2028	Tax Liability

**4 Specific use not recorded on the Centralized Authorization File (CAF).** If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions. If you check this box, skip line 5 . . . . .

**5 Retention/revocation of prior tax information authorizations.** If the line 4 box is checked, skip this line. If the line 4 box isn't checked, the IRS will automatically revoke all prior tax information authorizations on file unless you check the line 5 box and **attach a copy** of the tax information authorization(s) that you want to retain . . . . .   
To revoke a prior tax information authorization(s) without submitting a new authorization, see the line 5 instructions.

**6 Taxpayer signature.** If signed by a corporate officer, partner, guardian, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual other than the taxpayer, I certify that I have the legal authority to execute this form with respect to the tax matters and tax periods shown on line 3 above.

► IF NOT COMPLETED, SIGNED, AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.

► DON'T SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.

<b>Signature</b>	<b>Date</b>
<b>Print Name</b>	Title (if applicable)

Illinois Department of Revenue  
**REG-1 Illinois Business Registration Application**

**Print Form**

Register faster using **MyTax Illinois** available at [mytax.illinois.gov](http://mytax.illinois.gov). If you have questions, visit our website at [tax.illinois.gov](http://tax.illinois.gov), email us at [REV.CRD@illinois.gov](mailto:REV.CRD@illinois.gov), or call us weekdays between 8:00 a.m. and 4:30 p.m. at **217 785-3707**.

**Step 1: Identify your business or organization**

**1** Federal employer identification number (FEIN)  
 FEIN: \_\_\_\_\_ - \_\_\_\_\_  
 Proprietorships must provide the Social Security number (SSN) under which taxes will be filed.  
 SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**2** Legal business name:  
 \_\_\_\_\_

**3** Doing-business-as (DBA), assumed, or trade name, if different from Line 2:  
 \_\_\_\_\_

**4** Primary or legal business address:  
 \_\_\_\_\_  
 Street address - No PO Box number Apartment or suite number  
 \_\_\_\_\_  
 City State ZIP

**If you have other locations in Illinois from where you do business, complete and attach Schedule REG-1-L.**

**5** Mailing address if different from the address above:  
 \_\_\_\_\_  
 In-care-of name  
 \_\_\_\_\_  
 Street address or PO Box number Apartment or suite number  
 \_\_\_\_\_  
 City State ZIP

**6** Check the organization type that applies to you:  
 Proprietorship  
 \_\_\_\_\_ Check if owned by a married couple or civil union  
 Partnership  Trust or estate  
 Corporation\*  S Corp (Subchapter S Corporation)\*  
 \*Is your corporation publicly traded? \_\_\_ Yes \_\_\_ No  
 If yes, provide the ticker symbol \_\_\_\_\_  
 Governmental unit  Not-for-profit organization  
 LLC - Corporation  LLC - Partnership  
 LLC - S Corporation  LLC - Single member  
 \_\_\_\_\_ Check if your organization type is disregarded

**7** Illinois Secretary of State identification number:  
 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**8** Is your business part of a unitary group? \_\_\_ Yes \_\_\_ No  
 If "Yes", provide the FEIN of your designated agent (the entity responsible for filing your Illinois income tax return):  
 FEIN: \_\_\_\_\_ - \_\_\_\_\_

**9** Identify a contact person regarding your business.  
 Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext.: \_\_\_\_\_  
 FAX: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Email address: \_\_\_\_\_

**Step 2: Identify your owners and officers** - If you need to identify more, **attach Schedule REG-1-O.**

**10** Identification depends on the organization type you selected in Step 1, Line 6 (proprietorship - owner(s); partnership - general partners; non-publicly traded corporation - president, secretary, and treasurer; publicly traded corporation - chief operating officer and chief financial officer; trust or estate - trustee(s) or executor(s); governmental unit - one contact person; not-for-profit organization - president, secretary, or treasurer; limited liability company - managers and members). For each individual or business required, complete the following information.

**Individuals:** (include Social Security number (SSN))

**a** \_\_\_\_\_ **HCSR** \_\_\_\_\_  
 Name Title  
 \_\_\_\_\_  
 Home address - No PO Box number City State ZIP  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Date of birth Phone  
 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Ownership percentage: \_\_\_\_\_  
 Social Security number

**b** \_\_\_\_\_  
 Name Title  
 \_\_\_\_\_  
 Home address - No PO Box number City State ZIP  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Date of birth Phone  
 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Ownership percentage: \_\_\_\_\_  
 Social Security number

**c** \_\_\_\_\_  
 Name Title  
 \_\_\_\_\_  
 Home address - No PO Box number City State ZIP  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Date of birth Phone  
 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Ownership percentage: \_\_\_\_\_  
 Social Security number

**d** \_\_\_\_\_  
 Name Title  
 \_\_\_\_\_  
 Home address - No PO Box number City State ZIP  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Date of birth Phone  
 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Ownership percentage: \_\_\_\_\_  
 Social Security number

**Businesses:** (include federal employer identification number (FEIN))

**a** \_\_\_\_\_ - \_\_\_\_\_  
 Name FEIN  
 \_\_\_\_\_  
 Legal address  
 \_\_\_\_\_  
 City State ZIP  
 (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ownership percentage: \_\_\_\_\_  
 Phone

**b** \_\_\_\_\_ - \_\_\_\_\_  
 Name FEIN  
 \_\_\_\_\_  
 Legal address  
 \_\_\_\_\_  
 City State ZIP  
 (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ownership percentage: \_\_\_\_\_  
 Phone



### Step 3: Tell us about your business activities

11 Describe your business activities: \_\_\_\_\_

Provide your North American Industry Classification System (NAICS) number: \_\_\_\_\_

Refer to the website [www.naics.com](http://www.naics.com)

12 Will you have Illinois employees?  Yes  No

If yes, complete and attach **Schedule REG-UI-1**.

When was (is) the date of your first payroll in Illinois? \_\_\_\_/\_\_\_\_/\_\_\_\_

13 Check all that apply to your type of business.

#### **Sales and Use Tax (including service occupation and use tax)**

You must complete and attach Schedule REG-1-L to identify all Illinois locations from which you must collect the local sales tax rate.

Merchandise - Sales, including leases or rentals, of tangible personal property (TPP):

\_\_\_\_ Retail \_\_\_\_ Wholesale

**Services** - Do you transfer, including by lease or rental, TPP items, on which tax must be collected, as part of your sales of service?

\_\_\_\_ Yes \_\_\_\_ No

**Note:** Refer to the [Out-of-State Sales Resource Page](#) for guidance on registering for Retailers' Occupation Tax and Service Occupation Tax.

Do you estimate your monthly sales and use tax liability will be over \$200?  Yes  No

Sales to Illinois customers from out-of-State

\_\_\_\_ Check if you have an Illinois presence, including, but not limited to having an office or other facility in Illinois or having employees or other representatives operating in Illinois.

\_\_\_\_ Check if you have inventory in Illinois or if your Illinois presence is due to inventory within the state. **Attach Schedule REG-1-L.**

\_\_\_\_ Check if you make \$100,000 or more in annual sales from your own sales to Illinois purchasers.

Are you registering as an out-of-State remote retailer?  Yes  No

When will (did) these activities begin? \_\_\_\_/\_\_\_\_/\_\_\_\_

Marketplace facilitator - **Attach Schedule REG-1-MKP.**

Soft drinks (other than fountain soft drinks) in Chicago

Vehicle, watercraft, aircraft, or trailers

Sales or delivery of tires. Do you **always** pay the Tire User Fee to your supplier?  Yes  No

Sales from vending machines. How many vending machines? \_\_\_\_\_

Liquor at retail (bar, tavern, liquor store, etc.)

Motor fuel/fuel: \_\_\_\_ Retail \_\_\_\_ Wholesale - **Attach Form REG-8-A**  
\_\_\_\_ Check here if you are required to collect prepaid sales tax.

Sales of Motor Fuel in a county that imposes County Motor Fuel Tax

Sales of Motor Fuel in a municipality that imposes Municipal Motor Fuel Tax

Aviation fuel: \_\_\_\_ Retail \_\_\_\_ Wholesale - **Attach Form REG-8-A**

Medical cannabis - **Attach Schedule REG-1-MC.**

\_\_\_\_ Cultivation Center \_\_\_\_ Dispensing Organization

When will (did) these activities begin? \_\_\_\_/\_\_\_\_/\_\_\_\_

#### **Purchaser (Self-assessed Use Tax)**

Does your supplier collect Illinois Sales Tax for merchandise your business uses or consumes in Illinois?  Yes  No

Does your supplier collect Illinois Sales Tax on sales of **aviation fuel** your business uses or consumes in Illinois?  Yes  No

When will (did) these activities begin? \_\_\_\_/\_\_\_\_/\_\_\_\_

#### **Cigarettes and other tobacco products**

Cigarettes - See **Schedule REG-1-C** before you check here.

Tobacco products - See **Schedule REG-1-C** before you check here.

Cigarette machine operator - See **Schedule REG-1-C** before you check here.

When will (did) these activities begin? \_\_\_\_/\_\_\_\_/\_\_\_\_

#### **Renting or leasing**

Hotel rooms for less than 30 days - **Attach Schedule REG-1-L.**

Are you registering as a re-renter of hotel rooms?  Yes  No

Do you charge for telecommunication services?  Yes  No

Vehicles for one year or less - **Attach Schedule REG-1-L.**

Vehicles for more than one year

When will (did) these activities begin? \_\_\_\_/\_\_\_\_/\_\_\_\_

#### **Utility Service Providers**

Electricity: \_\_\_\_ Retail \_\_\_\_ Wholesale

Natural gas: \_\_\_\_ Retail \_\_\_\_ Wholesale

Telecommunications - See **Schedule REG-1-T.**

\_\_\_\_ Retail \_\_\_\_ Wholesale

Water or sewer services

Do you choose to voluntarily collect the Water and Sewer Assistance Charge for: \_\_\_\_ Water \_\_\_\_ Sewer

Are you a utility cooperative?  Yes  No

Are you a municipality?  Yes  No

When will (did) these activities begin? \_\_\_\_/\_\_\_\_/\_\_\_\_

#### **All other tax types**

Liquor warehousing - **Attach Schedule REG-1-A.**

Dry cleaning: \_\_\_\_ Facility \_\_\_\_ Solvent supplier

Own/operate coin-operated amusement devices

You wish to purchase electricity for non-residential use and pay the tax to IDOR - **Attach Schedule REG-1-D.**

You wish to purchase natural gas from outside of Illinois for your own use and pay the tax to IDOR - **Attach Schedule REG-1-G.**

Not listed. Identify: \_\_\_\_\_

When will (did) these activities begin? \_\_\_\_/\_\_\_\_/\_\_\_\_

**Step 4: Sign below** - Under penalties of perjury, I state that I have examined this information and, to the best of my knowledge, it is true, correct, and complete. I further attest that I will be responsible for filing returns and paying all taxes due **unless** Schedule REG-1-R, Responsible Party Information, is attached to this application or forwarded to the department. Check here if you are attaching or forwarding Schedule REG-1-R:

Signature: \_\_\_\_\_

Title: HCSR \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed name: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Mail your completed form, with any required attachments and payment to:**

**CENTRAL REGISTRATION DIVISION  
ILLINOIS DEPARTMENT OF REVENUE  
PO BOX 19030  
SPRINGFIELD IL 62794-9030**





# Form IL-2848

## Power of Attorney



Check **one** box (See instructions)  **Add:** New POA  **Add:** Additional POA  **Change:** Existing POA  **Remove:** Existing POA

### Step 1 - Taxpayer Information

Taxpayer's name (person or business)

FEIN, SSN, or Illinois Account ID

Spouse's name (if joint income tax return)

Spouse's SSN (if joint income tax return)

Taxpayer's Street Address

City

State

ZIP

Taxpayer Phone Number

Taxpayer's Email address

Check this box if your authorized agent (corporate officer, partner, or individual on behalf of the taxpayer) or fiduciary is executing this form **and** complete Step 4 in addition to Steps 1, 2, 3, 5, and 6.

### Step 2 - Power of Attorney Information

Form IL-2848-A attached \_\_\_\_\_ How many Forms IL-2848-A are attached?

Check **one** box:

Attorney

Certified Public Accountant

Enrolled Agent

Other (Complete Step 6)

Janet Couture

Power of Attorney's name

ARIS Solutions- Fiscal Agent

Firm Name

tax@arissolutions.org

Email Address

PO Box 4409

Power of Attorney's Street Address

White River Jct

City

VT

State

05001

ZIP

( 802 ) 280-1911

Daytime Phone Number

( 802 ) 295-9812

Fax Number

Check this box to authorize IDOR to send duplicate copies of notices to the Power of Attorney listed here.

**If your Power of Attorney is an attorney, certified public accountant, or enrolled agent, the Power of Attorney must complete this section:**

*I declare that I am not currently under suspension or disbarment, and that I am*

• *a member in good standing of the highest court of the jurisdiction indicated;*

*or*

• *duly qualified to practice as a certified public accountant in the jurisdiction indicated;*

*or*

• *enrolled as an agent pursuant to the requirements of United States Treasury Circular #230.*

Power of Attorney Signature

Date

Power of Attorney Printed Name

Jurisdiction

### Step 3 - Authority Granted

I grant the above person, and anyone included in the attachment,

**full** authority, authorizing them to act on my behalf in all tax matters with IDOR.

**limited** authority (check only the boxes that apply). By checking boxes, the appointee(s) will be authorized to act on my behalf only for the indicated tax matters. If I do not indicate a specific year, period, or Audit ID for a selected tax type, I am granting authority for all years or periods.

Tax Type	Years/Periods/Audit ID
<input type="checkbox"/> Individual Income Tax	_____
<input checked="" type="checkbox"/> Withholding Income Tax	2026-2028
<input type="checkbox"/> Excise Tax	_____
<input type="checkbox"/> Business Income Tax	_____

Tax Type	Years/Periods/Audit ID
<input type="checkbox"/> Sales and Use Tax	_____
<input type="checkbox"/> Vehicle Use Tax (RUTs)	_____
<input type="checkbox"/> NPL/1002D	_____
<input type="checkbox"/> Specific Authority Granted. Attach Form IL-2848-B.	

Check this box if the appointee(s) is not authorized to sign tax return.



**Step 4 - Authorized Agent/Fiduciary**

If you checked the box in Step 1 indicating that your authorized agent (corporate officer, partner, or individual on behalf of the taxpayer) or fiduciary is executing this form, complete this Step in addition to Steps 1, 2, 3, 5, and 6.

\_\_\_\_\_  
Corporate Officer, Partner, Individual, or Fiduciary Name

\_\_\_\_\_  
Title (Corporate Officer, Partner, Individual, or Fiduciary)

\_\_\_\_\_  
Email Address

( \_\_\_\_\_ )  
\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State ZIP

**Step 5 - Signature**

This form must be signed by the taxpayer(s) listed in Step 1 unless it is being signed by an authorized agent (corporate officer, partner, or individual on behalf of the taxpayer) or fiduciary who certifies: "That I have the authority to execute this power of attorney on behalf of the taxpayer." **Note:** If the Other box in Step 2 of this form or in any section of Form IL-2848-A, is checked, this section **must** be signed in front of the witnesses or notary as documented in Step 6.

\_\_\_\_\_  
Taxpayer (Authorized Agent/Fiduciary) Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
HCSR  
Title (if applicable) Date

\_\_\_\_\_  
Spouse's Signature (required if listed in Step 1)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**Step 6 - Witness (if applicable)**

If you checked the Other box in Step 2 of this form or in any section of Form IL-2848-A, this section must be completed. This section must be signed by two witnesses **or** notarized for the form to be considered complete.

Any person, signing in Step 5, as or for the taxpayer,

is known by (and this document is signed in the presence of) two disinterested witnesses whose printed names and signatures appear here

\_\_\_\_\_  
Signature of Witness Date

\_\_\_\_\_  
Signature of Witness Date

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Printed Name of Witness

**OR**

appeared this day before a notary public and acknowledged, by signing in my presence, this power of attorney as his or her voluntary act and deed

\_\_\_\_\_  
Signature of Notary Public Date

**Notary Seal**





UNEMPLOYMENT INSURANCE SPECIAL MAILING FORM

Fax: 217-557-1948

33 SOUTH STATE STREET CHICAGO, IL 60603-2802

The purpose of this form is to notify the Department of a request to have correspondence sent to an address other than your business address or to terminate a preexisting address, except that notices pertaining to a Determination and Assessment or Refund/Adjustment shall be sent to the employing unit at its principal place of business or its last known place of business or residence. If the requested address being added is for a third party or service bureau, you must also complete the Power of Attorney (LE-10) form.

Employer Name \_\_\_\_\_

DBA Name \_\_\_\_\_

Illinois UI Account Number \_\_\_\_\_

Federal I.D. Number \_\_\_\_\_

Note: Each form can be directed to only one address. Therefore, check only once for each form. If your request cannot be contained in its entirety on this form because of multiple addresses, please provide additional copies of the form:

- X BIS-32 (Notice to Chargeable Employer)
X UI-3/40 (Contribution & Wage Report)
X Ben-118/118R Benefit Charge Notice
X UI-5A/UI5B (Rate Notice)
X Benefit Appeal Notice
X SI-5 (Notice of Benefit Earnings Audit)

ARIS001 - ARIS SOLUTIONS FISCAL AGENT
C/O (Name of Representative or Service Bureau)
PO BOX 4409
Street Address Unit or Suite
WHITE RIV JCT, VT 05001
City, State, ZIP
USA 802.280.1911
Country Telephone Number
tax@arissolutions.org
E-Mail Address

Effective Date \_\_\_\_\_

Termination Date \_\_\_\_\_

- \_\_\_ BIS-32 (Notice to Chargeable Employer)
\_\_\_ UI-3/40 (Contribution & Wage Report)
\_\_\_ Ben-118/118R Benefit Charge Notice
\_\_\_ UI-5A/UI5B (Rate Notice)
\_\_\_ Benefit Appeal Notice
\_\_\_ SI-5 (Notice of Benefit Earnings Audit)

C/O (Name of Representative or Service Bureau)
Street Address Unit or Suite
City, State, ZIP
Country Telephone Number
E-Mail Address

Effective Date \_\_\_\_\_

Termination Date \_\_\_\_\_

Signed by \_\_\_\_\_

Date \_\_\_\_\_

Title DOMESTIC EMPLOYER \_\_\_\_\_

Telephone Number \_\_\_\_\_



## PROGRAM INTEGRITY and FRAUD PREVENTION

Maintaining and improving program integrity is one of the most important aspects of the Veteran Directed Program. Program integrity including fraud prevention is critical to sustaining this program model. Participants, authorized representatives, and providers are vital to preventing fraud and maintaining program integrity.

Fraud and abuse with funds from the Veteran's Administration can cost billions of dollars each year, diverting funds that could otherwise be used for additional services or to assist more people that need care. As a participant, authorized representative, care provider or recipient of funds, you must comply with all State and Federal laws and prevent misuse or fraud of any funds within this programs. Honesty and integrity are expected of all who participate in the Veteran Directed Program.

### *Examples of Fraud and Abuse Include*

- Submitting timesheets for services not actually provided
- Approving/authorizing hours that employees didn't actually work
- Recording more time or stating different times than you actually work
- Changing hours on a timesheet after it has been approved
- Not providing the services the veteran needs
- Falsifying a worker's compensation claim
- Falsifying or misrepresentation on applications or documentation
- Billing for services while in the hospital or other care facility
- Submitting twice for the same service
- Requiring an employee to "share" their paycheck with the employer

### Results

Fraud is a felony conviction that can lead to substantial penalties, including imprisonment of up to ten years, or a fine of up to \$1,000 or an amount equal to twice the amount of assistance or benefits wrongfully obtained, or both. If convicted of fraud you may be excluded for a minimum of five years from any employment with a program or facility that receives Medicaid funding.

### REPORTING

If you suspect or know of fraud or abuse occurring, it is your duty and responsibility to report this immediately to the Area Agency on Aging and the Veteran's Administration. Or call ARIS Solutions at 866.970.3301 and the proper people will be contacted.



## Employer/Authorized Representative Background Checks

Effective February 1, 2024 any new Employer of Record or Authorized Representative whom is other than the Veteran, are required to undergo and pass a background check in accordance with the Veterans Administration (VA) and state polices as specified by the VDC provided to be designated as a Veteran's representative.

Per VA policy, any representative candidate who has a felony for fraud, abuse or exploitation for an individual may be not authorized as a representative for a Veteran.

Examples of Disqualifying Events as a Result of a Background Check would include:

1. A misdemeanor conviction against any individual that involves:

- a. Physical or sexual assault;
- b. Violence or exploitation;
- c. Child pornography;
- d. Threatening or reckless conduct;
- e. Theft;
- f. Fraud;
- g. Driving under the influence of drugs or alcohol;
- h. Any other conduct that represents evidence of behavior that could endanger the safety or well-being of an individual.

2. A conviction of a felony against an individual.

3. Additional factors considered in determining suitability may include, but not limited to:

- a. Relevance of the crime to the position sought;
- b. The nature of the work and/or activity to be performed;
- c. Time elapsed since the conviction;
- d. Age of the candidate at the time of the offense;
- e. The number of offenses;
- f. Whether the individual has pending charges;
- g. Any relevant evidence of rehabilitation or lack thereof;
- h. Any other relevant information, including information submitted by the individual or requested by the hiring authority.

**Employer/Authorized Representative Background Check Release Form**

Veteran Directed Care Program

Care Coordinator \_\_\_\_\_ AAA \_\_\_\_\_

**Veteran Demographic Information**

Last Name:		First Name:	
Home Phone:	Cell Phone:	ID # (Last 4 SS#):	
Is Veteran using a Representative?    Yes ___    No ___ <b>(If no, skip Authorized Representative Information)</b>			

**Authorized Representative Demographic Information**

Full Name <b>(If also a POA please attach documentation)</b> :		
Alias/Maiden Name (if more than one):		
Home Phone Number:	Cell Phone:	Work Phone:
Address:		
Address outside of state within 5 years:		
Date of Birth:	Full Social Security Number:	

By signing below, I am consenting to reviewing the list of excluded convictions, substantiations, and findings. I understand that ARIS Solutions will conduct background checks on behalf of the Veteran. I understand that the Veteran will be made aware of all findings and that any finding on the list of program background check exclusions will eliminate me from consideration as the Veteran's employer or Authorized Representative.

As so, I authorize ARIS Solutions to perform the following background check(s) on behalf of the Veteran. The cost of these background check(s) will be an expense to the Veterans budget.

\*Illinois Criminal History Information Check

\*Office of Inspector General Check

**Signatures:**

Employer/Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Veteran: \_\_\_\_\_ Date: \_\_\_\_\_



## Employer Confirmation of Receipt

I, \_\_\_\_\_, have read the "Program Integrity and Fraud Prevention" documents provided by ARIS Solutions.

I understand and accept my role or my designated representative's role as an employer in the Veteran Directed Program employment model.

I acknowledge that I am the employer of any employee I may choose to hire to provide home health care service in the Veteran Directed Program employment model.

I understand I am responsible for hiring, firing, training, and supervising my employees, as well as, maintaining program integrity by preventing and reporting fraud.

I understand and acknowledge that as a FMS Provider, ARIS Solutions, **will not** act as the employer of any employee I may choose to hire through this program.

Signed,

---

Signature of Employer

---

Date



## Employer Confirmation of Receipt: Paid Leave Accrual

I, \_\_\_\_\_, understand that being an employer in Illinois grants access for my employees to **Paid Leave** hours for all employees. Included below is information regarding this State mandated accrual and how it works.

- *For every 40 hours worked, employees accrue 1 hour of paid leave.*
- *Waiting period to use paid leave is 90 days from the start of employment (first date approved to work for Veteran).*
  - *Employees are paid their current hourly rate when using time.*
  - *Claiming hours is for **absences during regularly scheduled work shifts**.*
- *The maximum amount of paid leave an employee can accrue and take in a year is 40 hours.*
- *Carryover from one year to the next allows employees to take 40 hours from one year to the next year, rules regarding time you can take and use within a year stay the same, that being 40 hours. (Calendar year i.e., January – December)*
- *If an employee is separated from employment and rehired within 12 months with the same employer, they shall be entitled to any previously accrued time and not have to wait 90 days to use this time.*
- *Upon separation of employment, employees will not be entitled to be paid for any accrued time.*
- *ARIS Solutions, as the FMS will manage employees paid leave accrual and be available if questions arise.*

I understand and accept my role as an employer in the Veteran Directed Program employment model.

I understand I am responsible for completing required employer paperwork and will be responsible for managing the employees and budget as part of this participant directed business model.

On my employee(s) first day of employment, this above accrual will begin.

I understand and acknowledge that as an FMS Provider, ARIS Solutions, **is not** the employer.

Employer Signature

Date

Veteran name (please print):



## FRAUD & ABUSE STATEMENT

**Fraud** is defined as **recklessly or purposefully** making false statements or representations to obtain some benefit or payment that you would not be entitled to without those statements or facts. These acts may be committed either for the person's own benefit or for the benefit of someone else. In other words, fraud includes the obtaining of something of value through misrepresentation or concealment of facts. Fraud is committed when a person or business deceives or distorts facts or information to get something they would not be otherwise entitled to. Fraud can range from a solo act to a broad-based operation by an institution or a group. Anyone can commit fraud.

### **Examples of Medicaid/Veteran Administration Fraud include, but are not limited to:**

- Knowingly and/or purposefully filling out an employee timesheet incorrectly for hours or services that were not provided during the times listed or on the day listed;
- Knowingly and/or purposefully allowing the Vendor F/EA FMS-Support Broker entity to bill Medicaid/Veteran Administration for services that were not provided;
- Knowingly and/or purposefully using the Veteran's budget for any other purpose than what has been approved in the Veteran's service plan.
- Knowingly and/or purposefully allowing an employee to document services or hours that were not provided.
- Knowingly and/or purposefully submitting invoices to the Vendor F/EA FMS-Support Broker entity for goods and services that were not provided.
- Knowingly and/or purposefully having the Vendor F/EA FMS-Support Broker entity pay an employee or vendor for goods and/or services actually provided by someone else. (This is also tax fraud.)
- Knowingly and/or purposefully making a "side deal" with an employee to split their pay check with the Veteran or his/her representative. (This is also tax fraud).
- Knowingly or purposefully withholding information from authorities during an investigation
- Knowingly and/or purposely having the Vendor F/EA FMS-Support Broker entity pay for an approved good included in the Veteran's budget, and then return the approved good to get the cash or use it for something else that has not been approved.

**Abuse** is defined as practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to Medicaid/Veteran Administration and other programs, or in reimbursement for services that are not medically necessary or fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary costs to the Medicaid/Veteran Administration program.

**Examples of Medicaid/Veteran Administration Abuse include:**

- Making errors when filling out the employee’s timesheet and not immediately reporting the error to the Vendor F/EA FMS-Support Broker entity to remedy the situation.
- Being late in handing in Veteran/representative-employer related paperwork to the Vendor F/EA FMS-Support Broker entity.

**The difference between Fraud and Abuse**

Fraud is anything intentionally, purposefully or recklessly done to get something for your own benefit that you normally would not be entitled to. Abuse is anything that wasn’t done intentionally or purposefully but was still completed incorrectly for your own benefit and not immediately reported.

**Medicaid/Veteran Administration Fraud and Abuse** is a crime against all taxpayers and is both a state and federal offense. All reports or allegations of fraud and abuse within the Veteran Directed Home and Community Based Services Program will be referred to the Veteran’s Administration for possible criminal investigation. Veteran’s suspected of Medicaid/Veteran Administration Fraud or Abuse also face termination from the Veteran Directed Home and Community Based Services Program.

---

Veteran’s Signature Date

---

Authorized Representative Signature Date

---

FMS Provider Signature Date

## HIPAA NOTICE OF PRIVACY PRACTICES & AGREEMENT

This notice describes how medical information about you may be used and disclosed and how we may obtain access to this information. Please review it carefully & keep for your records.

### DEFINITION OF MEDICAL INFORMATION

When ARIS Solutions/ VDC Program refers to medical information, we mean protected health information (PHI). PHI is information that is individually identifiable health information including demographic information collected.

### USES AND DISCLOSURES OF PHI

**Health Care Operations-** Your medical information may be used and disclosed in connection with our health care operational including:

- *Case management and care coordination.*
- *Quality assessment and improvement activities and protocol assessment.*
- *Reviewing the competence or qualifications of health care professionals, evaluating provider performance, conducting training programs, accreditation, certification activities, and credentialing activities.*
- *Conducting legal services, compliance programs, fraud and abuse detection*
- *Business planning and development.*

**Additional disclosures-PHI may be disclosed;**

- *To another entity that has relationship with the organization for their health care operations relating to quality improvement and assessment activities, reviewing competence or qualifications of health care professionals.*
- *To other entities that assist us in conducting our health care operations.*

*We will not disclose your medical information to those persons or entities unless they agree to keep it protected.*



**HIPAA NOTICE OF PRIVACY PRACTICES & AGREEMENT  
continued...**

**For the Public Benefit- as authorized by law for the following purposes:**

- *As required by law*
- *For public health activities, including disease and vital statistic reporting, FDA oversight, and for work related illness or injury*
- *To health oversight agencies*
- *In response to court and administrative orders*
- *To avert a serious threat to health and human safety*

*Your written authorization is required for all other uses and disclosures of your PHI. You may revoke your authorization at any time. However, your revocation will not affect any use or disclosure you permitted to your revocation.*

**YOUR RIGHTS**

*Access to your information — You have the right to inspect or obtain a copy of the medical information about you that is contained in a “designated record set”. The organization may ask you to submit your request in writing.*

*Accounting of disclosures – You have the right to receive a list of instances in which we or our associates disclosed your PHI for purposes other than health care operations or those authorized by you.*

*Confidential Communication – You have the right to request that we communicate with you about your PHI by a different means or at a different location. You make this request in writing.*

*Amending your PHI – You have the right to request that we amend your PHI contained in the “designated record set” if it is not correct or complete. We may require that this request be in writing.*

*Complaints – You have the right to file a complaint if you believe your privacy rights have been violated. You may file this complaint with ARIS Solutions/ VDC Program and/or the Secretary of the Department of Health and Human Services. All complaints to ARIS Solutions/ VDC Program must be made in writing. We support your right to protect your PHI.*

**\*\*PLEASE KEEP THIS FOR YOUR RECORDS\*\***

## HIPAA NOTICE OF PRIVACY PRACTICES & AGREEMENT

*\*PLEASE SIGN/DATE & RETURN TO ARIS SOLUTIONS\**

*At ARIS Solutions/ VDC Program, we respect the confidentiality of your medical information and will protect information in a responsible manner. We have a privacy program in place that meets the requirements of HIPAA, the government legislation that sets standards for the privacy of medical information.*

*This notice will be effective for all medical information that we maintain, including medical information we created or received before \_\_\_\_\_ (date)  
\_\_\_\_\_(initials)*

## HIPAA PRIVACY NOTICE ACKNOWLEDGEMENT AND CONSENT

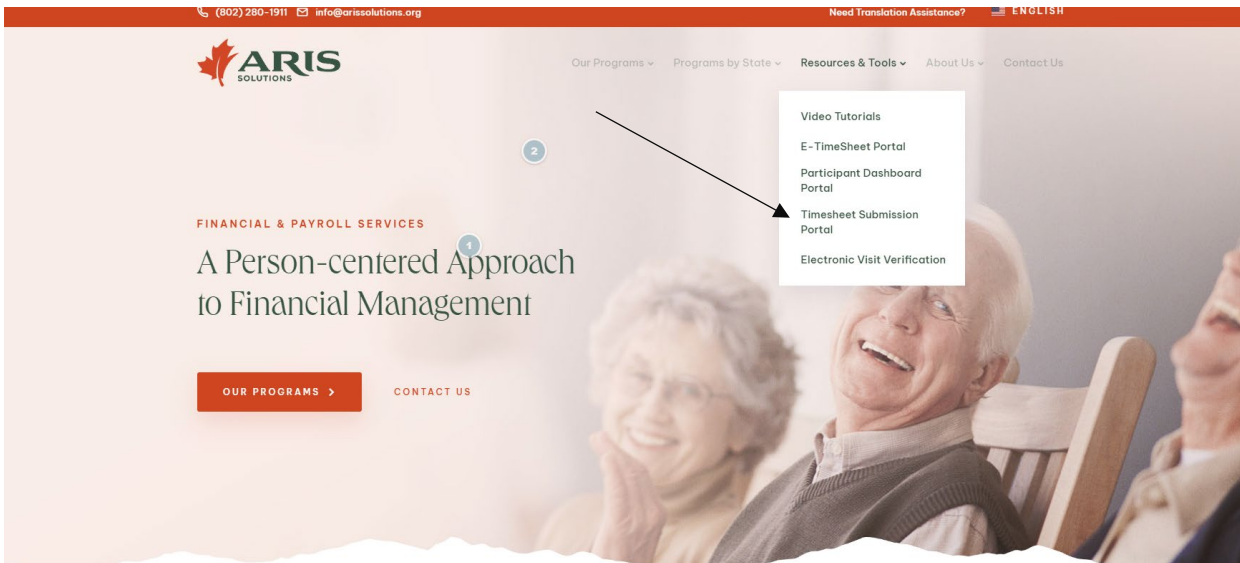
*I acknowledge that I have been provided with a notice of privacy practices and have been advised of how health information about me may be used and disclosed by ARIS Solutions/ VDHCB Program and how may I obtain access to and control of this information.*

\_\_\_\_\_  
*Signature of Employer*

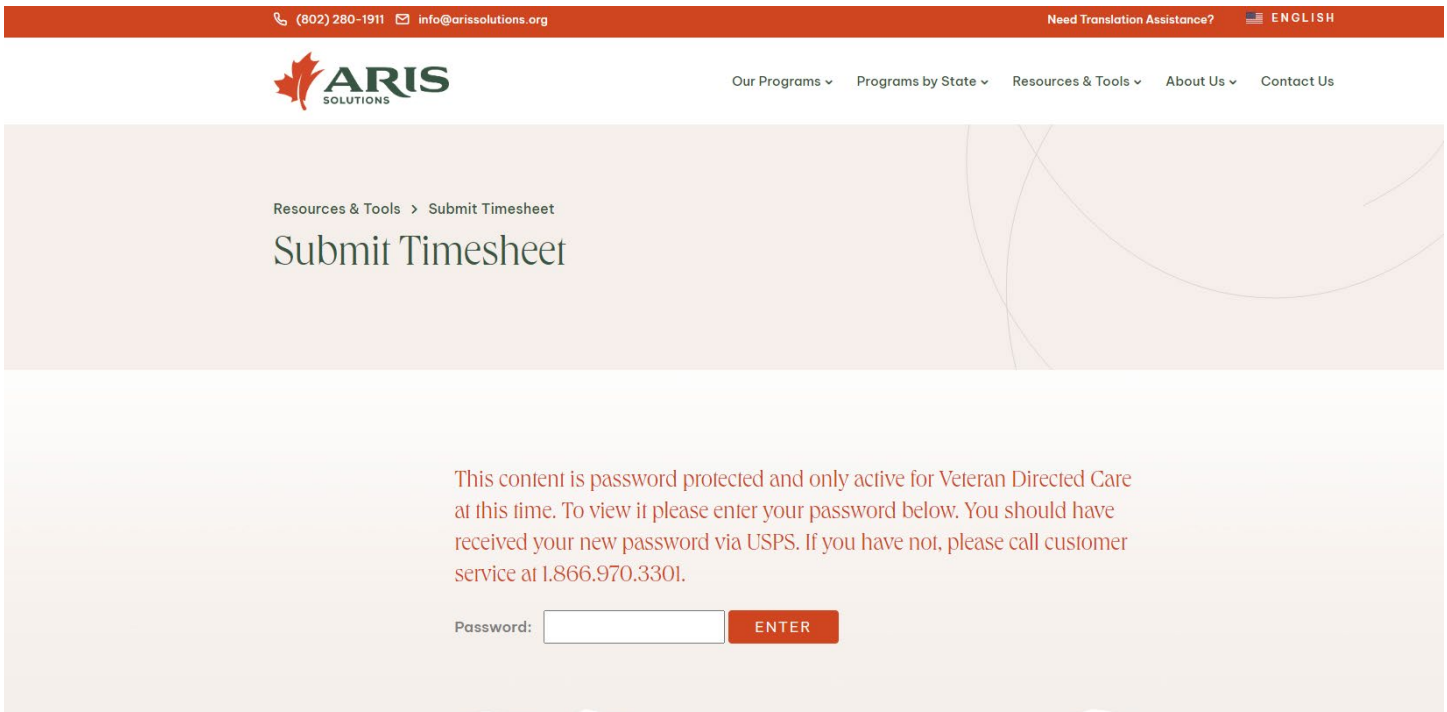
\_\_\_\_\_  
*Date*



If you utilize the **Timesheet Submission Portal**, you can find it under the “Resources and Tools” tab on the home page. Please note it now requires a case sensitive password that we have provided below:



Once you click on “Timesheet Submission Portal” you will be brought to this screen:



Your password will be:

**ArisTime?4409**

Then, enter your first and last name and upload the timesheet file. You will receive a unique submission number for that timesheet. Record this number. If you are unsure if the file was successfully submitted, we can be reached at 1.866.970.3301.



## 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 if enrolling as employee

You are also agreeing that:

- You understand that ARIS Solutions reports suspected fraud to the Office of Attorney General 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 fraud.

**Signature** \_\_\_\_\_  
 Required

**Print Name** \_\_\_\_\_  
 Required

**Date** \_\_\_\_\_  
 Required

## About the Electronic Timesheets Module

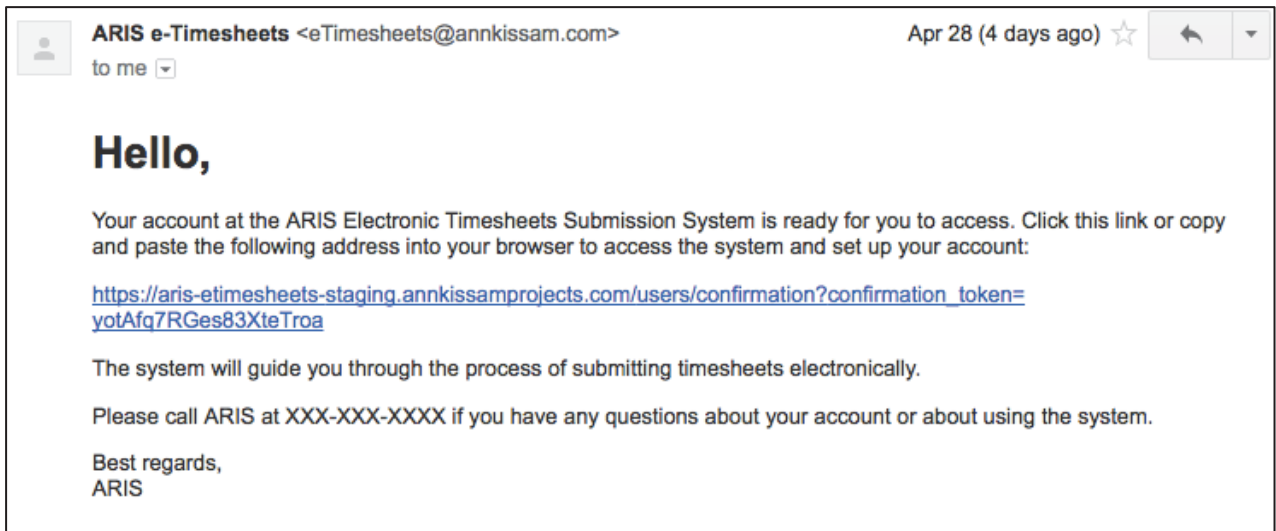
The Electronic Timesheets Module is a web-based interface through which Consumers, Employers, Representatives and Employees can respectively enter and view relevant timesheet information.

## Electronic Timesheets Agreement

In order to use the Electronic Timesheets Submission interface, a Consumer, their Representative or Employer (if applicable) and their Employee must sign an Electronic Timesheets Agreement which states that they both have valid e-mail addresses, and agree to use the electronic timesheets submission interface as a method of submitting time.

## Getting Started

1. An admin will create a user for the Consumer, Employer, Employee and Representative (if applicable).
2. The Consumer, Employer, Employee and Representative (if applicable) will each receive an e-mail alerting them that their account has been set up, and instructions for activating this account. Each user will click a one-time login link that expires after access to set up a password.



- Each user will be prompted to accept the Terms of Service, and set up a password for their account.

**Electronic timesheets user**

**Terms of Service**

**USE OF USER ID AND PASSWORD:**

1. If you register and/or set up an account on the Electronic Timesheets System Interface, you will be solely responsible for maintaining the confidentiality of your Registration Information. You may not authorize others to use your Registration Information. You may not sub-license, transfer, sell or assign your Registration Information and/or this Agreement to any third party. Any attempt to do so will be null and void and shall be considered a material breach of this Agreement.
2. You are solely responsible for all usage or activity on your account including, but not limited to, use of the account by any person who uses your Registration Information, with or without authorization, or who has access to any computer on which your account resides or is accessible.
3. If you have reason to believe that your account is no longer secure (for example, in the event of a loss, theft or unauthorized disclosure or use of your Personal Identifiable Information stored on the Electronic Timesheets System Interface), you must promptly change the affected Registration Information by using the appropriate update mechanism on the Electronic Timesheets System Interface, if available, or notify ARIS.

Please set your password for your account here.

**New Password**

**Confirm Password**

I have read and accept the above terms of service.

**Submit**

- Once each user accepts the Terms of Service and creates a password, he or she may start using the system.

Time sheets are due on Mondays by 11:59pm Eastern Standard Time  
 Due dates do not change if they fall on a holiday.

**VDC-CA-CO-IA-IL-IN-ME-MN-NE-WI-WY**  
**Time Sheet and Reimbursement Schedule 2026**

<b>Pay Period</b>	<b>Pay Period Start Date</b>	<b>Pay Period End Date</b>	<b>Timesheet Submission Due Date</b>	<b>Payment Date</b>
1	12/28/2025	1/10/2026	1/12/2026	1/16/2026
2	1/11/2026	1/24/2026	1/26/2026	1/30/2026
3	1/25/2026	2/7/2026	2/9/2026	2/13/2026
4	2/8/2026	2/21/2026	2/23/2026	2/27/2026
5	2/22/2026	3/7/2026	3/9/2026	3/13/2026
6	3/8/2026	3/21/2026	3/23/2026	3/27/2026
7	3/22/2026	4/4/2026	4/6/2026	4/10/2026
8	4/5/2026	4/18/2026	4/20/2026	4/24/2026
9	4/19/2026	5/2/2026	5/4/2026	5/8/2026
10	5/3/2026	5/16/2026	5/18/2026	5/22/2026
11	5/17/2026	5/30/2026	6/1/2026	6/5/2026
12	5/31/2026	6/13/2026	6/15/2026	6/18/2026
13	6/14/2026	6/27/2026	6/29/2026	7/2/2026
14	6/28/2026	7/11/2026	7/13/2026	7/17/2026
15	7/12/2026	7/25/2026	7/27/2026	7/31/2026
16	7/26/2026	8/8/2026	8/10/2026	8/14/2026
17	8/9/2026	8/22/2026	8/24/2026	8/28/2026
18	8/23/2026	9/5/2026	9/7/2026	9/11/2026
19	9/6/2026	9/19/2026	9/21/2026	9/25/2026
20	9/20/2026	10/3/2026	10/5/2026	10/9/2026
21	10/4/2026	10/17/2026	10/19/2026	10/23/2026
22	10/18/2026	10/31/2026	11/2/2026	11/6/2026
23	11/1/2026	11/14/2026	11/16/2026	11/20/2026
24	11/15/2026	11/28/2026	11/30/2026	12/4/2026
25	11/29/2026	12/12/2026	12/14/2026	12/18/2026
26	12/13/2026	12/26/2026	12/28/2026	12/31/2026
27	12/27/2026	1/9/2027	1/11/2027	1/15/2027
28	1/10/2027	1/23/2027	1/25/2027	1/29/2027

Time sheets, reimbursements, employee paperwork and check requests received by the ARIS Solutions office after the due dates posted above will be processed with the next pay period.

Send to:  
 ARIS Solutions  
 PO Box 4409  
 White River Junction, VT 05001  
 FAX: 1.802.295.9812

Questions?  
 Veterans Department  
 1.866.970.3301  
<https://arissolutions.org/submit-timesheet/>



## WHAT EMPLOYERS NEED TO KNOW

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## **How to Protect Yourself and Your Worker: A Guide for Employers**

Being an employer brings not only rights but also responsibilities. This guide describes a few important issues that every employer should know about.

### **Maintaining a Safe Workplace**

It is important to keep your home safe for your employee. Slips and falls are a common cause of injuries, so you should clean up or warn your employee of spills and wet surfaces, and keep stairs and flooring in good repair. If you have pets in your home, make sure they cannot bite or scratch your employee.

### **Making Hiring and Firing Decisions**

#### **Terminating Employees**

Do not hesitate to terminate an employee who does not meet your needs. Most employment relationships are considered employment “at will,” which means you can terminate an employee for any reason or no reason at all, so long as your reason is not discriminatory, retaliatory (see discussion below) or otherwise unlawful.

#### **Avoiding Promises about the Length of Employment**

To avoid a claim for breach of contract, do not make any promises to your employee that you will keep him employed for a certain period of time or that you would only fire him for a specific reason. Remember that a contract does not always have to be in writing to be legally binding. Spoken statements and promises can sometimes create legal obligations.

#### **Avoiding Illegal Discrimination and Retaliation**

In many states it is illegal to discriminate against employees based on certain factors, which can include race, color, religion, sex, national origin, marital status, sexual orientation. This means that you must not hire, fire, or harass employees based on such factors. While your employee is with you, be careful not to express any personal opinions that could be interpreted as discriminatory. Even if you are in your own home, the home is considered a workplace while your employee is there, and workplace discrimination and harassment are prohibited by law.

Do not allow friends or family to behave in ways that could be considered discriminatory or harassing towards your employee. As the employer, you could be held responsible for their behavior if you allow it to continue.

Sexual harassment is also illegal. It includes unwelcome sexual advances that can be physical or verbal, such as offensive comments or gestures that create a hostile environment. Remember that the harasser can be someone other than the employer, such as a guest visiting your home or someone who lives with you.

It is also illegal to fire employees in retaliation for reporting a crime or irregularity. For example, if an employee believes that an employer is misusing Medicaid funds and reports it to the authorities, it would be illegal to fire the employee in retaliation.

### **Providing References for Former Employees**

Be careful when talking about your reasons for terminating employees, because you could risk a claim of discrimination or defamation (saying things about the employee who harms them). If you are asked for a reference about a former employee and cannot provide a positive one, it is safest not to provide a reference at all.

## **What Family Members and Authorized Representatives Need to Know**

### **Your Duty as Representative**

In participant-directed programs, usually the participant (the person receiving services) is the employer. It is not unusual, however, for the participant to be unable or unwilling to serve as the employer. In those cases, the participant will designate a “representative” to serve as the employer. If you are designated as an authorized representative, you have a *fiduciary* duty to the participant. “Fiduciary” means you must always act in the best interest of the participant and not in your own interest. Program funds must always be spent for the participant’s benefit, not your own benefit.

### **Hiring and Training Employees**

If the participant is likely to injure himself or others, you have a duty to warn employees of the risk and instruct them how to best handle it. Make sure to hire only employees who can deal with situations that arise. Ask them to confirm that they understand the risks and are willing and able to handle them.

If you are a parent, you must exercise reasonable care to control your minor child as best as you can, even if you are not listed as an authorized representative for the child. It is important to hire employees who are able to deal with any risks they may encounter when caring for your child. You should warn employees ahead of time of risks, and explain how to best handle situations that may come up.

### **Mandatory Reporter Duty**

As an authorized representative, you may have a legal duty to report to the authorities if you suspect or notice that the participant is being abused by a family member, an employee, or some other person. Many states have “mandatory reporter” laws that could require you to report abuse of a child, an elderly adult or a person with a disability. You may have a duty to report the abuse even if the abuser is a member of your own family or the participant’s family.

## **Worker's Compensation Insurance**

It is important to maintain a worker's compensation insurance policy, because such insurance will pay for claims if an employee is injured on the job.

If an employee is injured while at work, the employer is liable even if the injury is not the employer's fault. For example, if your employee drives to the grocery store on your behalf and is injured when a careless driver hits her car, the employee could ask you for compensation even though you could not have prevented the accident. This is because employers have to compensate employees for injuries sustained on the job. A worker's compensation insurance policy will pay for such claims.

## **Liability Insurance**

Worker's compensation will pay when your employee is injured, but what happens when someone else is injured? As an employer you may be liable when your employee injures someone else, even if the injury is not your fault. For example, if your employee causes a car accident while driving you to an appointment and injures a third party, the third party could sue you because your employee caused the accident while on the job.

Employment-related claims like wrongful termination, discrimination, or defamation are another source of liability that is not covered by worker's compensation insurance.

Some homeowner's, renter's, or liability insurance policies will cover such claims. However the terms of insurance policies vary, so you should read the terms and consult with an insurance agent before you start your participant direction program. You may consider an addition to your homeowner's or renter's policy, or a separate liability insurance policy, to be covered for liability risks related to domestic employees.



# FREQUENTLY ASKED QUESTIONS

## REGARDING PAID LEAVE

### **ILLINOIS – Paid Leave for All Workers Act. (PLAWA)**

- **What is this?**
  - Illinois' sick leave Act, PLAWA begins January 1, 2024. This new Act provides paid time off for any reason.
- **What makes you eligible as an Employer?**
  - The Paid Leave for All Workers Act applies to all Illinois employers.
- **Does the Act apply to part-time employees, or just full-time employees?**
  - The act doesn't distinguish between part-time, full-time, or seasonal employees. Both full-time and part-time employees are covered by this Act. Employees who work fewer hours may accrue less leave time compared to full-time employees.
- **What can employees use this time for?**
  - Employees can use their earned paid leave for any reason without providing documentation.
- **How does an employee earn time?**
  - The accrual rate is one hour of paid leave for every 40 hours worked. With a maximum of 40 hours accrued per year and can only use 40 hours in a year.
- **Does time carry from one year to the next?**
  - Employees can carry over up to 40 hours from year to year, but the maximum they can have will remain 40 hours and they cannot earn over that or use over that in a year.
- **When does an employee start earning time?**
  - Current employees as of 1/1/2024, start earning time as of that date. New employees start earning as of their date of hire.
- **When can an employee use leave time?**
  - Active employees as of 1/1/2024 can use their earned time off beginning March 31, 2024, or 90 days following the date of hire.

- **Who pays for leave time when used?**
  - Employees who use leave time are paid through the Veterans budget, due to this being an expense of being an employer within the State of Illinois.
  - Employees will submit a timesheet to ARIS when claiming time, it is not the standard timesheet for hours worked. Allowing it to stand out when processing.
- **Are employees required to sign anything agreeing to hours they will earn?**
  - Yes, current employees will be mailed a confirmation of receipt regarding the paid leave accrual which will be stored with their employee documents at ARIS.
  - New employees will sign this form when completing the employee enrollment forms for ARIS.
- **How would an employee know how many hours they have of leave time?**
  - Earned leave time will be included in the pay stub the employee receives from ARIS.
  - Employees or employers may reach out to ARIS and ask for this information.
- **If an employee leaves employment or is terminated, do they receive pay for earned time?**
  - No, upon leaving employment an employee will not be paid for unused leave time.
- **What if an employee leaves and is rehired?**
  - If the employee is rehired within 12 months of separation by the same employer, any previously earned leave time that was not used is reinstated to the employee.
- **What hourly rate are employees paid when using leave time?**
  - Employees must be paid at their current hourly rate when using leave time.
- **Do Employers need anything posted?**
  - Yes, employers must post the "Your Rights Under Illinois Employment Laws" in a conspicuous place on site. (ARIS will mail this to all Illinois based employers, or they can be printed from [labor.illinois.gov/employers/posters.html](http://labor.illinois.gov/employers/posters.html))

## ▪ **Can employers deny leave?**

- Yes, but only in limited situations where denial is warranted because of “operational needs.” If employers chose to utilize this right, they must have a written policy that explains how leave requests are considered and why they may be denied (due to ARIS being the agent, we would not create this policy as it is an employer function).
- If employers decide to have a policy, they must send this to ARIS upon with enrollments forms, and clearly be signed off upon by employee and employer.
- If the employer then decides to deny leave for operational needs, it must provide a written explanation to the employee and send a copy to ARIS for the employment files.
  - All policies an employer has in place and denials of employee time must be sent to ARIS, because the Illinois Department of Labor can request such documentation.

## ▪ **Can an employer require an employee to find coverage during leave?**

- No, per 820 ILCS 192/15 Section 15- part H- #4



# PAID LEAVE FOR ALL WORKERS ACT NOTICE

Employers must provide employees with up to 40 hours of paid leave for any reason.

## Paid Leave

- **Workers:** Earn up to five (5) days per year of paid leave from work.
- **Use:** Workers can use paid leave for any reason of their choosing. Employers cannot require workers to provide a reason for their time off request. Employers may not require, as a condition of taking leave, that the employee search for a replacement worker.
- **Accrual:** Workers earn 1 hour of paid leave for every 40 hours they work.
- **Carryover:** Workers rollover all unused paid leave at the end of the year.
  - **Retaliation is prohibited:** Penalties may apply to employers that take adverse action against workers who exercise their rights under this law.



## Penalties

Workers may recover the amount they should have been paid for the leave, penalties, and other equitable relief.

## Filing a Complaint

A worker may file a complaint with the Illinois Department of Labor alleging a violation of this Act by filling out a complaint form at [labor.illinois.gov/paidleave](http://labor.illinois.gov/paidleave).

## Existing Policy and Exclusions

Certain exceptions may apply for employers who already provide their workers with paid leave. There are also certain categories of workers that are not covered by the law.

See QR code for more information on how to file a complaint and applicable exceptions to the law.



For a complete text of the laws, visit our website at:  
[www.labor.illinois.gov](http://www.labor.illinois.gov)

For more information or to file a Complaint, contact us at:  
[DOL.PaidLeave@illinois.gov](mailto:DOL.PaidLeave@illinois.gov)

**THIS NOTICE MUST BE DISPLAYED IN A CONSPICUOUS PLACE ON THE PREMISES OF THE EMPLOYER WHERE OTHER NOTICES ARE POSTED.**