



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
 - ❖ State Department of Labor
- Employer Confirmation of Receipt
- Employer Confirmation of Receipt- Paid Sick Leave
- Fraud & Abuse Statement
- Employer/Authorized Representative Background Check Release Form
- 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**



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

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

ARIS Solutions is not open on state or federal holidays.

Financial & Payroll Services for the Nonprofit Sector



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 for instructions and the latest information.

EIN

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested		
	2 Trade name of business (if different from name on line 1)		3 Executor, administrator, trustee, "care of" name
	4a Mailing address (room, apt., suite no. and street, or P.O. box) <i>c/o ARIS SOLUTIONS PO BOX 4409</i>		5a Street address (if different) (Don't enter a P.O. box.)
	4b City, state, and ZIP code (if foreign, see instructions) <i>WHITE RIVER JCT, VT 05001</i>		5b City, state, and ZIP code (if foreign, see instructions)
	6 County and state where principal business is located		
	7a Name of responsible party		7b SSN, ITIN, or EIN
8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8b If 8a is "Yes," enter the number of LLC members	
8c If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
9a Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check.			
<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	
9b If a corporation, name the state or foreign country (if applicable) where incorporated		State	Foreign country
10 Reason for applying (check only one box)			
<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"/> Other (specify) _____		<input type="checkbox"/> Created a pension plan (specify type) _____	
11 Date business started or acquired (month, day, year). See instructions.		12 Closing month of accounting year	
13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.			
Agricultural	Household	Other	
14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and 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"/>			
15 First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year)			
16 Check one box that best describes the principal activity of your business.			
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing		<input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale—agent/broker	
<input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance		<input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale—other <input type="checkbox"/> Retail	
<input type="checkbox"/> Other (specify) _____			
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.			
18 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			
Third Party Designee	Complete this section only 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



VDC Virginia 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:

Note- Worker's Compensation is NOT required in the state of Virginia if you employ less than 3 employees. However, in the event of an injury of your caregiver, you as the employer could be held liable if a worker is injured while in the home if you choose to opt out of worker's compensation insurance.

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.

For IRS use:

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 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
For IRS Use Only
Received by: _____
Name _____
Telephone _____
Function _____
Date _____

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

Taxpayer name and address	Taxpayer identification number(s)
	Daytime telephone number
	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 Check if to be sent copies of notices and communications <input type="checkbox"/>	CAF No. 0313-84964R PTIN _____ Telephone No. 866-970-3301 Fax No. 802-295-1912 Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
---	---

Name and address Check if to be sent copies of notices and communications <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	940, 941x, 941 R, 940, 940x, SS4, W2, W2c	W3, 1099 2026-2029	Tax Liability
Authority to obtain FEIN	SS4, 8821	2026-2029	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.

Signature	Date
	HCSR
Print Name	Title (if applicable)

Form PAR 101

Virginia Power of Attorney and Declaration of Representative

Virginia Tax
P. O. Box 1114
Richmond, VA 23218-1114
Fax: (804) 254-6115

This is a legal document.

If this Form PAR 101, Power of Attorney and Declaration of Representative is not signed and dated, lacks complete information, or is illegible, it will be denied.

Asterisks denote required fields. Read the instructions carefully before completing this form.

1. Taxpayer Information			
Taxpayer Name (Individual, Business, or Fiduciary)*		SSN, ITIN, or FEIN*	
Spouse Name (For joint representation only. See instructions.)		Spouse SSN or ITIN	
Address*		Daytime Telephone Number ()	
Address		Alternative Telephone Number ()	
City*	State*	ZIP Code*	Email Address
2. Maintain or Revoke Prior Authorization			
<input checked="" type="checkbox"/> Maintain authorization for the agent listed below. This form automatically revokes all earlier powers of attorney on file with Virginia Tax for the same tax matters covered by this form. ARIS Solutions, PO Box 4409 White River Jct., VT 05001 (Specify agent name, address, ZIP Code, and date granted. Attach copy of the power of attorney form.)			
<input type="checkbox"/> Revoke prior authorization(s). To revoke a prior power of attorney without naming another representative, send a copy of the power of attorney form to Virginia Tax at the address above and write "REVOKE" across the top. If you do not have a copy of the power of attorney form, provide the agent's name, address, ZIP Code, and date granted: _____			
3. Tax Matters – Taxable years or periods may not extend more than 3 years into the future. You must designate at least one tax type and taxable year period.*			
Annual Income Taxes Only – Individual, Corporate, Pass-through Entity, Fiduciary, or Estate Tax Type			
Tax Type	Taxable Years Do Not Enter "All Years" – Must be Specific		
Business, Excise, Commodity, and Other Taxes			
Tax Type	15-Character Virginia Tax Account Number REQUIRED: See Instructions	Do Not Enter "All Periods" – Must be Specific	
		Beginning Period (MM/YYYY)	Ending Period (MM/YYYY)
Withholding		2026-2029	

4. Authorized Agent /Representative Information. Additional representatives should be listed on an attached list and may not receive copies of correspondence.

Primary Representative – Must be a person; cannot be a business			<p>Automatic Correspondence An Authorized Agent will automatically be mailed copies of correspondence regarding the tax matters.</p> <p>Authorized Agent Number A - _____</p> <input type="checkbox"/> Do NOT mail copies of any correspondence to agent. <input checked="" type="checkbox"/> Mail copies of email communications to agent. <p>Email Address janet.couture@arissolutions.org</p>
First Name* Janet	Last Name* Couture		
Address 72 South Main St			
Address			
City White River Jct	State VT	ZIP Code 05001	
Daytime Telephone Number (802)280.1911	Fax Number ()		

Additional Representative – Must be a person; cannot be a business			<p>Automatic Correspondence An Authorized Agent will automatically be mailed copies of correspondence regarding the tax matters.</p> <p>Authorized Agent Number A - _____</p> <input type="checkbox"/> Do NOT mail copies of any correspondence to agent. <input type="checkbox"/> Mail copies of email communications to agent. <p>Email Address sarah.hesse@arissolutions.org</p>
First Name Sarah	Last Name Hesse		
Address PO Box 4409			
Address			
City White River Jct.	State VT	ZIP Code 05001	
Daytime Telephone Number ((802)280.1911)	Fax Number ()		

5. Signature of Taxpayer(s) and Acknowledgment of Authorized Acts

By signing this form, I am granting the representative(s) listed in Section 4 the authority to:

- Receive and inspect my confidential tax information for the tax matters listed in Section 3,
- Perform all acts that I can perform with respect to the specified tax matters, and
- Represent me before Virginia Tax, including consenting to extend the time to assess tax and executing consents that agree to a tax adjustment.
- In addition, I understand that the acts of my Authorized Agent may increase or decrease my tax liabilities and legal rights.

The authority does not, however, include the power to receive refund checks, substitute another representative, request a copy of a tax return, sign certain returns, or consent to a disclosure of tax information.

For joint representation, both the taxpayer and the spouse listed in Section 1 must sign and date this form. If this form is signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, they certify that they have the authority to execute this form on behalf of the taxpayer. This power of attorney will remain in effect until it is revoked by either the taxpayer or the agent.

Print Name*	Signature*	Title HCSR	Date*
Print Name	Signature	Title	Date

6. Representative Signature: Under penalties of perjury, I declare I am authorized to represent the taxpayer(s) listed in Section 1.

A.) Attorney B.) Certified Public Accountant C.) Enrolled Agent D.) Family member or Other (provide relationship below):
Relationship: _____

Representative	Designation Letter from Above List	Print Name *	Representative Signature*	Date*
Primary				
Additional				

INSTRUCTIONS FOR VIRGINIA FORM PAR 101 POWER OF ATTORNEY AND DECLARATION OF REPRESENTATIVE

Form Purpose

Use Form PAR 101 to:

- Authorize a person to represent you before Virginia Tax with respect to the tax matters you specify, or
- Revoke a prior power of attorney authorization.

THIS IS A LEGAL DOCUMENT: When you submit Form PAR 101, you are authorizing the person you name in Section 4 to be your representative. For the tax matters you specify in Section 3, your representative will be able to receive and inspect your confidential tax information and perform any and all acts you can perform, including consenting to extend the time to assess tax or executing consents that agree to a tax adjustment. The acts of your representative may increase or decrease your tax liabilities and legal rights. Certain exceptions apply. See below.

When to submit Form PAR 101:

The following are examples of when you need to complete and submit Form PAR 101:

1. You are disputing an assessment of tax and a third party is representing you before Virginia Tax,
2. You have been notified that we will be conducting an audit of your account and you have engaged the services of a third party to assist with the audit, or
3. You are the administrator of a deceased individual's estate and you need to grant access to the decedent's confidential tax information to a third party in order to perform your duties.

The above list is not all-inclusive. There are other similar situations that may require you to grant a person the authority to act on your behalf, including the authority to obligate and bind you to agreements and to receive and inspect your confidential tax information.

When a Form PAR 101 is NOT required:

Form PAR 101 is not required when a person merely furnishes information or prepares a report or return for you or your business. For example, you do not need to submit Form PAR 101 to:

1. Authorize a tax professional (CPA, Enrolled Agent, tax preparer, or payroll service provider) to discuss routine issues regarding return filings and payments the tax professional submitted on your behalf,
2. Authorize an employee or officer of your business to discuss routine issues regarding return filings and payments submitted by your business, or
3. Authorize a fiduciary (trustee, receiver, or guardian) to act as Authorized Agent, because a fiduciary already stands in the position of the taxpayer.

Virginia Tax will discuss routine issues regarding return filings and payments and related assessments and adjustments with your designated tax professionals and the employees

and officers of a business, provided we are able to verify the person and the person's relationship to you or your business.

Exceptions - The power of attorney you grant to your representative using Form PAR 101 does not include the power to receive refund checks, the power to substitute another representative, the authority to execute a request for a tax return, the power to sign certain returns for you, or the power to consent to a disclosure of tax information.

Section 1 - Taxpayer Information

Individual - If the tax matter involves a joint return and you and your spouse are designating the same representative, provide your spouse's name and social security number.

Sole Proprietor - For business tax matters, enter your name and the federal employer identification number for your business.

Corporations, Partnerships, or Associations - Enter the legal name of the organization and the organization's federal employer identification number. If the tax matter involves a consolidated or a combined tax return filed for a corporation, do not attach a list of subsidiaries or affiliated corporations to this form. Only the parent corporation's information is required in Section 1. A subsidiary or affiliate must file its own PAR 101 for returns that it files separately.

Fiduciary/Trust - Enter the name and federal employer identification number of the trust, and the telephone number and email address of the trustee. The trustee must sign the form.

Estate or Inheritance Tax - Applicable only for decedents whose date of death was prior to July 1, 2007. Enter the name and the social security number of the deceased taxpayer and provide the address, telephone number, and email address of the decedent's personal representative. The taxpayer's personal representative must sign and date the form.

Section 2 - Revoking or Maintaining Prior Authorization

Check the box that applies. If you are naming a representative, any prior power of attorney on file with Virginia Tax for the same tax matters covered by the Form PAR 101 you are submitting will be automatically revoked unless you attach a copy of any power of attorney you want to remain in effect.

Either the taxpayer or their representative may revoke the power of attorney. This must be done in writing by submitting a copy of Form PAR 101 with "REVOKE" written on the top of the form or by sending a written request. If you wish to revoke the power of attorney for only one spouse on a joint power of attorney, this should be done by a submitting a letter to indicate which spouse is no longer represented.

Section 3 - Tax Matters

Be specific. You should only grant a person your power of attorney for taxable periods for which you have a tax matter.

You may specify taxable periods no more than 3 years into the future. Future periods are determined starting after Dec. 31 of the year in which we receive Form PAR 101. You may list the current taxable year or period and any taxable years or periods that have already ended as of the date you sign Form PAR 101.

Annual Income Taxes - If the tax matter involves individual, corporate, pass-through entity, or fiduciary income tax, enter the name of the tax under "Tax Type." Also use this section for composite/unified filing tax matters. If the tax matter involves estate tax or inheritance tax for a taxpayer whose **date of death was prior to July 1, 2007**, enter the date of death of the taxpayer in the taxable year field.

Business, Excise, Commodity, and Other Taxes - You must enter the tax type and the beginning and ending periods covered by this form. For each tax type, you must also provide your assigned 15-character Virginia Tax Account Number. If you have multiple locations, be sure to list the account number for each location. If you do not enter your account number(s), the form will be returned.

Exceptions - For the following tax types, leave the Virginia Tax Account Number field blank: Apple Excise Tax, Bank Franchise Tax, and Rolling Stock Tax on Railroads and Freight Car Companies.

Section 4 - Authorized Agent/Representative Information

You must provide complete information for each representative listed on the form. You cannot name a business as your representative. Your representative must be a person. In addition, each representative must sign and date the form. The signature must be an actual signature and cannot be an electronic signature or rubber stamp.

Virginia Tax will automatically mail copies of all outgoing correspondence sent to you regarding the tax matters listed in Section 3 to your Authorized Agent provided that:

- Your Authorized Agent is registered with Virginia Tax, and
- You provide the Authorized Agent's number, a unique 9-character identification number assigned by us that begins with "A."

Virginia Tax will not automatically mail correspondence to your Authorized Agent in the following situations:

- You do not provide your Authorized Agent's number, or
- You check the box indicating that you do not want correspondence automatically mailed to your Authorized Agent.

We will automatically mail copies of secure email to your Authorized Agent if you have opted to have copies of email communications sent to your agent.

Taxpayers may use secure email to discuss specific questions related to their account. The authorized representative(s) will

receive copies of this secure email communication through the U.S mail. To use secure email on Virginia Tax's website at **www.tax.virginia.gov**, log in to iFile (business or individual) or iReg, select Secure Message to send and receive secure email.

To register as an Authorized Agent, your representative must submit Virginia Form R-7. If Form R-7 is submitted with Form PAR 101, enter "Applied For" in the Registered Authorized Agent Number field. Form R-7 is available at **www.tax.virginia.gov**.

Sections 5 and 6 - Signature of Taxpayer(s), Acknowledgment of Authorized Acts, and Representative Signature

Individuals - You must sign and date the form. If the tax matter involves a joint return and you and your spouse are designating the same Authorized Agent(s), your spouse must also sign and date the form.

Corporations or Associations - An officer having authority to bind the taxpayer must sign and date the form.

Partnerships - All partners should sign unless only one partner is authorized to act in the name of the partnership. A partner is authorized to act in the name of the partnership if, under state law, the partner has authority to bind the partnership. A copy of such authorization should be attached. For dissolved partnerships, see 26 CFR 601.503(c)(6).

All others - If the taxpayer is a dissolved corporation, decedent, insolvent, or a person for whom or by whom a fiduciary (a trustee, guarantor, receiver, executor, or administrator) has been appointed, see 26 CFR 601.503(d).

The representative(s) must sign and date the form.

Note - Generally, the taxpayer signs first, granting the authority and then the Authorized Agent signs, accepting the authority granted. The date for both the taxpayer and the representative must be within 45 days for domestic authorizations and within 60 days for authorization from taxpayers residing abroad. If the taxpayer signs last, then there is no timeframe requirement.

All signatures on the form must be actual and cannot be electronic or rubber stamps.

Mail or fax the completed form and enclosures to:

**Virginia Tax
P. O. Box 1114
Richmond, Virginia 23218-1114**

Fax: **(804) 254-6115**

For individual assistance call: **(804) 367-8031**

For business assistance call: **(804) 367-8037**



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 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 Virginia grants access for my employees to **Paid Sick Leave** hours. Included below is information regarding this State mandated Paid Sick Leave Policy. As an employer, you are required to choose your preferred method provided to your employees.

- *Employers provide an “accrual” policy to employees for Paid Sick Leave.*
 - *Employees under an accrual plan will earn a minimum of 1 hour per 30 hours worked.*
- *Employees must wait 90 days from their start date to use accrued Paid Sick Leave.*
 - *They are paid your current hourly rate when using time.*
- *The maximum amount of paid leave you can accrue in a year is 40 hours.*
- *The maximum amount of paid leave you can have saved is 40 hours.*
- *If you are separated from employment with your employer and rehired within 12 months with the same employer, you shall be entitled to any previously accrued time immediately.*
- *Upon separation of employment, you will not be entitled to be paid for any accrued leave time.*
- *Employers can deny time requested if proper notice is not given per employer written policy.*
 - *if time denied has documentation stating a qualifying event, employer can be investigated by the VA DOL.*
- *ARIS Solutions, as the FMS will manage your 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 the 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, my preferred Paid Sick Leave policy will begin. My employees must complete a 90-day employment period before taking any paid sick leave.

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

Employer Signature:

Date:

Veteran Name:



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



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 ___ (If no, skip Authorized Representative Information)					

Authorized Representative Demographic Information

Full Name (If also a POA please attach documentation) :			
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.

* state specific background check(s)

Signatures:

Employer/Authorized Representative: _____ Date: _____

Veteran: _____ 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

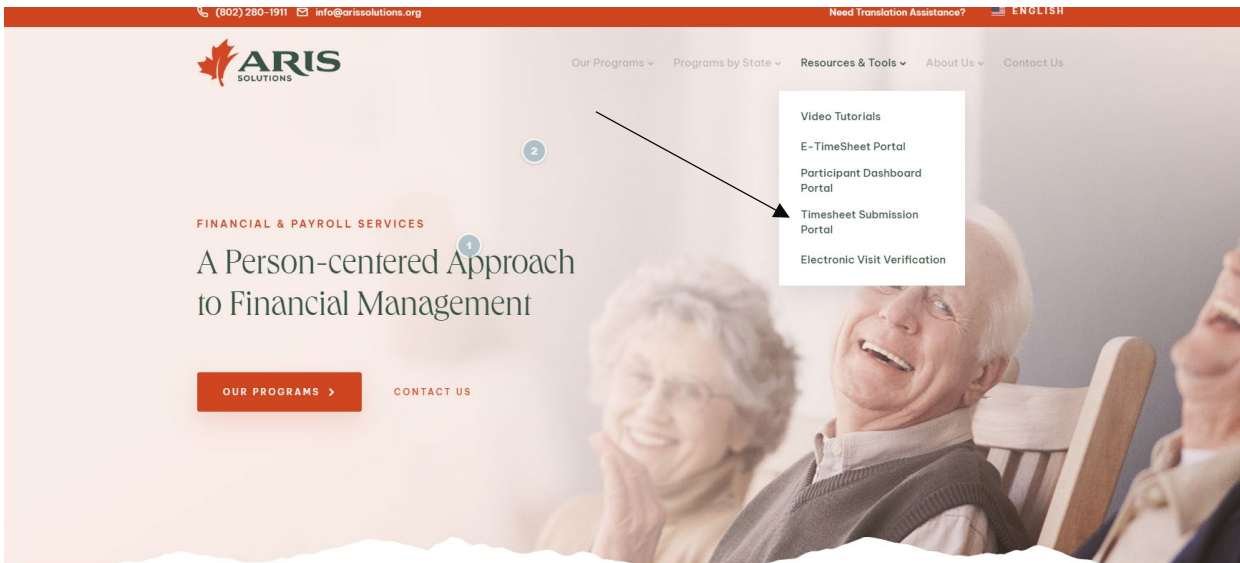
I acknowledge that I have been provided with a notice of privacy practices and have been advised of how health information about me may be used and disclosed by ARIS Solutions/ VDHCB Program and how may I obtain access to and control of this information.

Signature of Employer

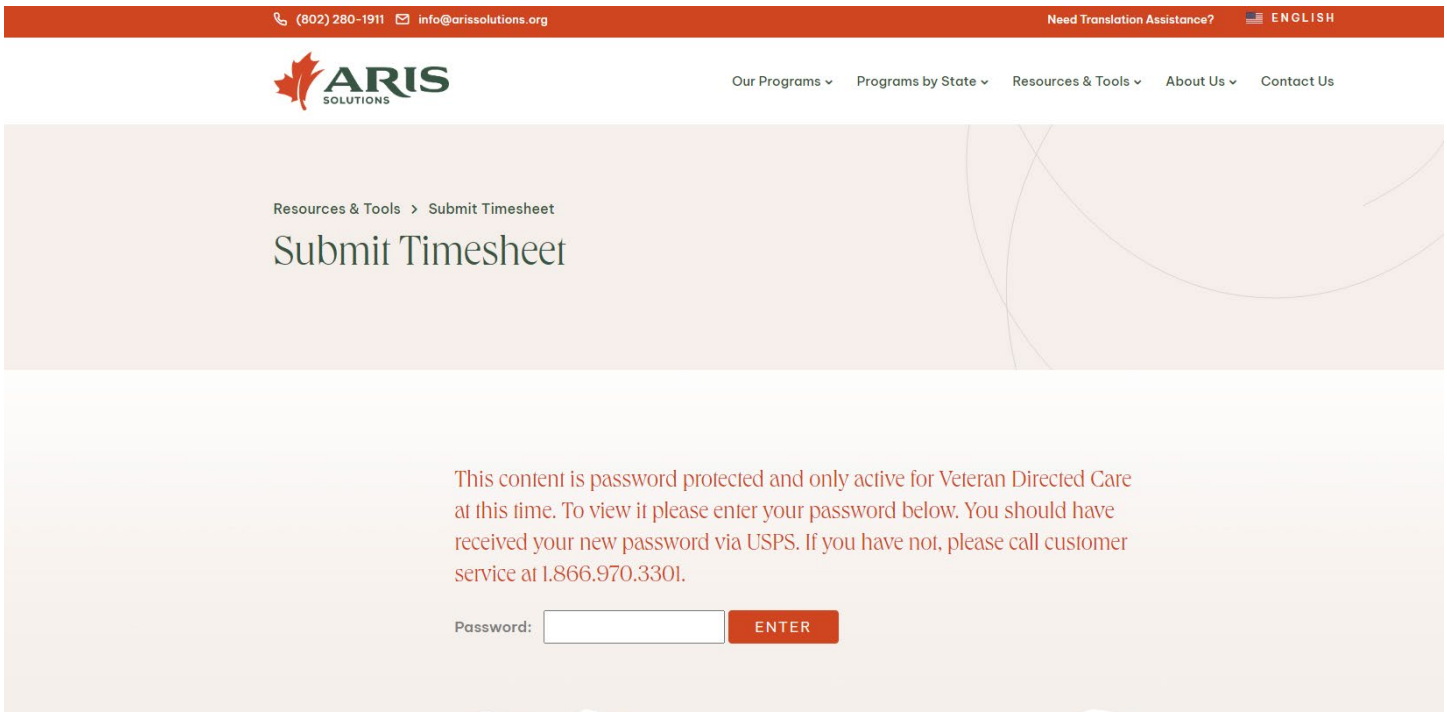
Date



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

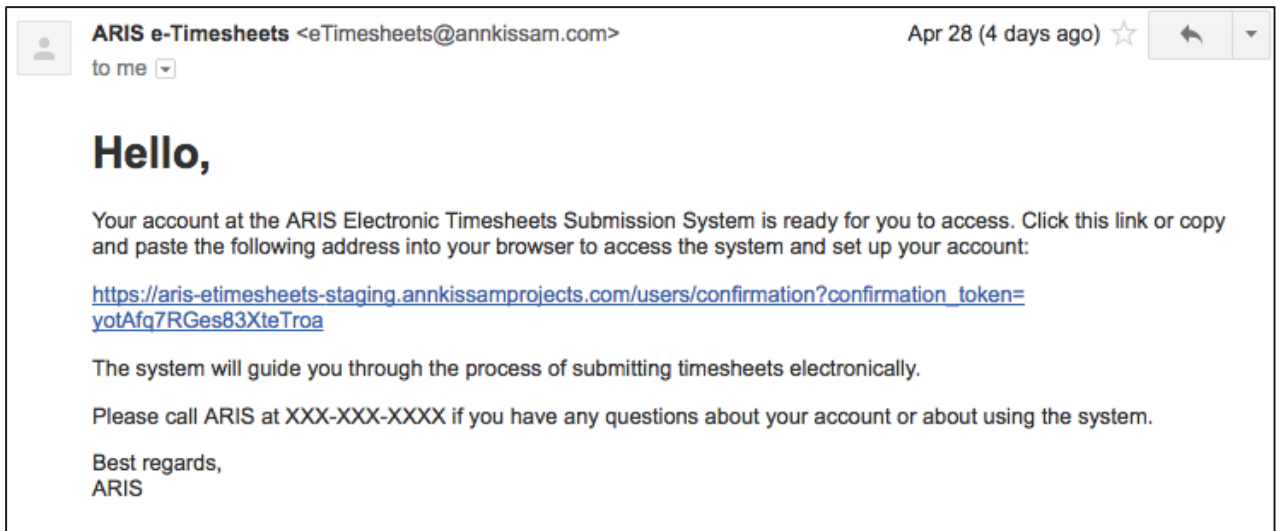
The Electronic Timesheets Module is a web-based interface through which Consumers, Employers, Representatives and Employees can respectively enter and view relevant timesheet information.

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.



Worker's Compensation Insurance

Information on Worker's Compensation Insurance/frequently asked questions:

- ❖ *All employers are required to obtain Worker's Compensation insurance if they employ 3 or more employees and before employees may begin to work.*
 - *Employers will be notified as soon as policy is in place.*
- ❖ *Worker's Compensation Insurance is an insurance policy which pays for the cost of an employee's medical expense and lost wages in the event of a work related injury.*
- ❖ *ARIS Solutions assists employers in obtaining a Worker's Compensation Policy.*
- ❖ *The cost for Worker's Compensation insurance can vary somewhat, most policies on average cost around \$1000 per year.*
 - *The exact cost is determined by the insurance company and depends upon the number of full or part time employees and the total annual wages to be paid in the year.*
 - *The cost of the policy is paid from the participant's budget and is broken down into equal monthly amounts.*
 - *ARIS Solutions pays the policy upfront and is repaid through the VA as billing is done each month.*

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-VA-WI-WY
Time Sheet and Reimbursement Schedule 2026

Pay Period	Pay Period Start Date	Pay Period End Date	Timesheet Submission Due Date	Payment Date
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	6/19/2026
13	6/14/2026	6/27/2026	6/29/2026	7/3/2026
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	1/1/2027
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/>



NOTICE TO WORKERS

Unemployment Insurance (UI) benefits are available to workers who are unemployed and who meet the requirements of Virginia UI eligibility laws. You may file a UI claim in the first week that employment stops or work hours are reduced.

YOU MAY APPLY FOR UNEMPLOYMENT INSURANCE BENEFITS IF:

- You are totally unemployed.
- You are working reduced wages or hours.

YOU WILL NEED TO PROVIDE:

- Your full legal name
- Your Social Security Number
- Your authorization to work (if you are not a US Citizen or resident)

IF TOTALLY UNEMPLOYED, ON A TEMPORARY LAYOFF, OR IF WORKING REDUCED HOURS:

The first week you are unemployed, register for work, and file a claim for benefits. You can file your claim online at www.vec.virginia.gov or by calling our Customer Contact Center at 1-866-832-2363. Register for work online at www.vawc.virginia.gov.

TO BE ELIGIBLE FOR BENEFITS, THE LAW REQUIRES THAT YOU:

- File a claim with the Virginia Employment Commission.
- Have earned sufficient wages from employers who are subject to the Virginia Unemployment Compensation Act or any other State within your Base Period.
- Must be unemployed through no fault of your own.
- Must be able and available for work and actively searching for work.
- Continue to report as instructed by the Virginia Employment Commission.

You cannot be paid unemployment benefits until you have filed your claim and have met all eligibility requirements. You should file your claim as soon as you become unemployed, or your hours are reduced. If you have any questions about your rights and responsibilities under the Virginia Unemployment Compensation Act, visit website www.vec.virginia.gov or call our Customer Contact Center at 1-866-832-2363.

THE LAW REQUIRES EMPLOYERS TO POST THIS NOTICE IN A PLACE VISIBLE TO ALL WORKERS.

EFFECTIVE MARCH, 14, 2024, EMPLOYERS MUST ALSO PROVIDE A COPY OF THIS NOTICE TO EACH WORKER AT THE TIME OF SEPARATION FROM EMPLOYMENT ([42 USC, §1103 \(h\)\(2\)](#)).

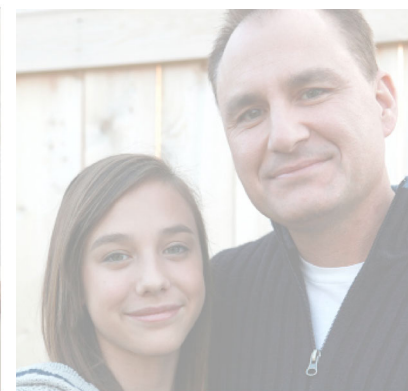
An Equal Opportunity Employer/Program
Auxiliary aids and services are available upon request to individuals with disabilities. Please call 866-832-2363 or
Email: translation@vec.virginia.gov for Language Access/Assistance.

This notice is available in Spanish.
Direct requests to: **Employer Accounts**
P.O. Box 26441
Richmond, VA 23261-6441

Did you know Virginia has an income tax credit for low-income, working individuals and families?



Could you be eligible?



FIND OUT IF YOU QUALIFY for the Commonwealth of Virginia income tax credit today! Visit the Low Income Individuals Credit page on the Virginia Tax site: www.tax.virginia.gov/low-income-individuals-credit

Two ways to increase your income:

- ✓ The Federal Earned Income Tax Credit
- ✓ The Virginia Credit for Low Income Individuals

Call the **Virginia Department of Taxation** at: **(804) 367-8031**, PAY-VTAX at: **(804) 339-1307**

▶ or visit: www.tax.virginia.gov

WORKERS' COMPENSATION NOTICE

The employees of this business are covered by the Virginia Workers' Compensation Act. In case of injury by accident or notice of an occupational disease:

THE EMPLOYEE SHOULD:

1. Immediately give notice to the employer, in writing, of the injury or occupational disease and the date of accident or notice of the occupational disease.
2. Promptly give to the employer and to the Virginia Workers' Compensation Commission notice of any claim for compensation for the period of disability beyond the seventh day after the accident. In case of fatal injuries, notice must be given by one or more dependents of the deceased or by a person in their behalf.
3. In case of failure to reach an agreement with the employer in regard to compensation under the act, file application with the Commission for a hearing within two years of the date of accidental injury or first communication of the diagnosis of an occupational disease.
4. If medical treatment is anticipated for more than two years from the date of the accident and no award has been entered, the employee should file a claim with the Commission within two years from the date of the accident.

NOTE: The employer's report of accident is not the filing of a claim for the employee.

THE EMPLOYER SHOULD:

1. At the time of the accident, give the employee the names of at least three physicians from which the employee may select the treating physician.
2. Report the injury to the Commission through your carrier or directly to the Commission.
3. Accurately determine the employee's average weekly wage, including overtime, meals, uniforms, etc.

Questions may be answered by contacting the Commission. A booklet explaining the Workers' Compensation Act is available without cost from:

THE VIRGINIA WORKERS' COMPENSATION COMMISSION

333 E. Franklin St
Richmond, Virginia 23219

1-877-664-2566
www.workcomp.virginia.gov

Every employer within the operation of the Virginia Workers' Compensation Act MUST POST THIS NOTICE IN A CONSPICUOUS PLACE in his place of business.

Look Below the Surface

Human Trafficking is Modern Day Slavery

Do you ever feel like you are a slave?

It is possible you could be a victim of human trafficking without even realizing it

Ask yourself

Has anyone ever convinced you to have sex for money?

Has anyone forced you to work to pay off a debt to them or anyone else?

Has anyone ever lied to you about the type of work you would be doing?

Has anyone made threats against you or your family?

You need to know

It is illegal for someone to do this to you

Your immigration status does not matter

You can find help

Victims of human trafficking are protected under both United States and Virginia Law

If you or someone you know is being forced to engage in any activity and cannot leave, whether it is commercial sex, housework, farm work, or any other activity - call the trafficking hotline to access help and services.

The National Human Trafficking Hotline: **1-888-373-7888**

The hotline is available

24/7 Toll Free

Anonymous Confidential

Able to provide help and referral to

Services, Training, General Information

Available to Non-English Speakers



<http://www.doli.virginia.gov>

Job Safety and Health Protection

THE VIRGINIA OCCUPATIONAL SAFETY AND HEALTH (VOSH) LAW, BY AUTHORITY OF TITLE 40.1 OF THE LABOR LAWS OF VIRGINIA, PROVIDES JOB SAFETY AND HEALTH PROTECTION FOR WORKERS. THE PURPOSE OF THE LAW IS TO ASSURE SAFE AND HEALTHFUL WORKING CONDITIONS THROUGHOUT THE STATE. THE VIRGINIA SAFETY AND HEALTH CODES BOARD PROMULGATES AND ADOPTS JOB SAFETY AND HEALTH STANDARDS, AND EMPLOYERS AND EMPLOYEES ARE REQUIRED TO COMPLY WITH THESE STANDARDS. THESE STANDARDS MAY BE FOUND AT THE FOLLOWING WEB ADDRESS: https://doli.virginia.gov/regulatory_information/. YOU MAY ALSO CONTACT THE DEPARTMENT OF LABOR AND INDUSTRY OFFICES LISTED BELOW TO RECEIVE PRINTED COPIES OF THE VIRGINIA UNIQUE STANDARDS AND OBTAIN THE NAMES OF PUBLISHERS OF THE FEDERAL IDENTICAL STANDARDS.

Employers

Each employer shall furnish to each of his employees employment and a place of employment free from recognized hazards that are causing or are likely to cause death or serious harm to his employees, and shall comply with occupational safety and health standards issued under the law.

Employees

Each employee shall comply with all occupational safety and health standards, rules, regulations and orders issued under the Law that apply to his own actions and conduct on the job.

Inspection

The Law requires that a representative of the employer and a representative authorized by the employees be given an opportunity to accompany the VOSH inspector for the purpose of aiding the inspection.

Where there is no authorized employee representative, the VOSH inspector must consult with a reasonable number of employees concerning safety and health conditions in the workplace.

Citation

If upon inspection VOSH believes an employer has violated the Law, a citation alleging such violations will be issued to the employer. Each citation will specify a time period within which the alleged violation must be corrected.

The VOSH citation must be prominently displayed at or near the place of alleged violation for three days or until the violation is corrected, whichever is later, to warn employees of dangers that may exist there.

Proposed Penalty

The Law provides for mandatory penalties against private sector employers of up to \$15,875 for each serious violation and for optional penalties of up to \$15,875 for each other-than-serious violation. Penalties of up to \$15,875 per day may be proposed for failure to correct violations within the proposed time period. Also, any employer who willfully or repeatedly violates the Law may be assessed penalties of up to \$158,725 for each such violation.

Public Sector employers, all departments, agencies, institutions or other political subdivisions of the Commonwealth, are subject to the penalty provisions of 16VAC 25-60-260.

Criminal penalties are also provided for in the Law. Any willful violation resulting in the death of an employee is punishable, upon conviction, by a fine of not more than \$70,000 or by imprisonment for not more than six months, or by both. Subsequent conviction of an employer after a first conviction doubles these maximum penalties.

Complaint

Employees or their representatives have the right to file a complaint with the nearest VOSH office requesting an inspection if they believe unsafe or

unhealthy conditions exist in their workplace. VOSH will withhold, on request, names of employees filing complaints. Complaints may be made at the Department of Labor and Industry addresses shown below.

Discrimination

It is illegal to retaliate against an employee for using any of their right under the law, including raising a safety or health concern with the employer or VOSH, or reporting a work-related injury or illness.

An employee who believes they have been discriminated against for exercising their rights under the Law, may file a complaint with the Commissioner of the Virginia Department of Labor and Industry within 60 days of the alleged discrimination.

CASPA

Complaints about State Plan Administration: Any person may complain to the Regional Administrator of OSHA (address below) concerning the Administration of the State Safety and Health Program.

State Coverage

The VOSH program shall apply to all public and private sector businesses in the State except for Federal agencies, businesses under the Atomic Energy Act, railroad rolling stock and tracks, certain Federal enclaves, and businesses covered by the Federal Maritime jurisdiction.

Voluntary Activity

Voluntary efforts by the employer to assure its workplace is in compliance with the Law are encouraged. Voluntary Safety and Health Consultation and Training Programs exist to assist employers. These services may be obtained by contacting the Virginia Department of Labor and Industry addresses

Recordkeeping

Employers now have a new system for tracking workplace injuries and illnesses. OSHA's new recordkeeping log (Form 300) is simpler to understand and use. Using a question and answer format, the revised recordkeeping rule provides guidance for recording occupational injuries and illnesses and explains how to classify specific cases. Smaller employers (10 or fewer employees) are exempt from most requirements. To see if your industry is partially exempt, visit the OSHA Website at www.osha.gov/recordkeeping/pub3169text.html.

Accident Reporting

All fatalities must be reported to VOSH within eight (8) hours. All injuries or illnesses that result in an in-patient hospitalization, amputation or loss of an eye must be reported to VOSH within twenty-four (24) hours. Failure to report may result in significant monetary penalties.

VIRGINIA DEPARTMENT OF LABOR AND INDUSTRY

Brookfield Place
6606 West Broad St, Suite 500
Richmond, Virginia 23230
VOICE (804) 371-2327
FAX (804) 371-6524

Headquarters
Brookfield Place
6606 West Broad Street, Suite
500 Richmond, Virginia 23230
(804) 371-2327

OCCUPATIONAL SAFETY AND HEALTH OFFICE LOCATIONS

Northern Virginia/Manassas
9400 Innovation Drive, Suite 120,
Manassas, VA 20110.
(703) 392-0900

Abingdon
The Johnson Center
468 East Main Street,
Suite 114,
Abingdon, VA 24210
(276) 676-5465



VIRGINIA DEPARTMENT OF LABOR AND INDUSTRY

Gary G. Pan
Commissioner

VIRGINIA SAFETY AND HEALTH CODES BOARD

www.doli.virginia.gov

U.S. Department of Labor OSHA
Regional Administrator The Curtis
Center, STE 740 West 170 South
Independence Mall West
Philadelphia, PA 19106-3309
(215) 861-4900

Central Virginia/Richmond
North Run Business Park
1570 East Parham Road
Richmond, VA 23228
(804) 371-3104

Tidewater/Norfolk
6363 Center Drive
Building 6, Suite 101
Norfolk, VA 23502
(757) 455-0891

Lynchburg
3704 Old Forest Road
Suite B
Lynchburg, VA 24501
(434) 385-0806

Southwest/Roanoke
Brammer Village
3013 Peters Creek Road
Roanoke, VA 24019
(540) 562-3580

Verona
P.O. Box 772
201 Lee Highway
Verona, VA 24482
(540) 248-9280

VIRGINIA HUMAN RIGHTS ACT REASONABLE ACCOMMODATIONS FOR PREGNANCY

Protections from Discrimination – Va. Code § 2.2-3909

Effective July 1, 2020, employers with five or more employees for a 20-week period in the current or preceding year must provide reasonable accommodations for pregnancy, childbirth or related medical conditions, including lactation, unless the accommodation would impose an undue hardship. Employers also may not, in response to a request for a reasonable accommodation for pregnancy:

- take adverse actions against an employee;
- deny employment or promotions; or
- require an employee to take leave if another reasonable accommodation can be provided.

Reasonable Accommodations

Examples of reasonable accommodations include more frequent or longer bathroom breaks, breaks to express breast milk, access to a private location other than a bathroom for the expression of breast milk, acquisition or modification of equipment or access to or modification of employee seating, a temporary transfer to a less strenuous or hazardous position, assistance with manual labor, job restructuring, a modified work schedule, light duty assignments, and leave to recover from childbirth.

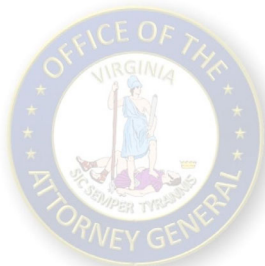
Interactive Process

When an employee requests an accommodation, employers must engage in a timely, good faith interactive process with the employee to determine if the requested accommodation is reasonable and, if not, discuss alternative reasonable accommodations that may be provided.

Complaints

Any person who believes they were discriminated against on this basis may file a complaint with the Division of Human Rights or seek relief by filing a civil action in state court.

OFFICE OF THE ATTORNEY GENERAL



Division of Human Rights
202 North 9th Street
Richmond, Virginia 23219
www.ag.virginia.gov

human_rights@oag.state.va.us

P: (804) 225-2292; F: (804) 225-3294



Seizure First Aid

How to help someone having a seizure

1

STAY with the person until they are awake and alert after the seizure.

- ✓ Time the seizure
- ✓ Remain **calm**
- ✓ Check for **medical ID**



2

Keep the person **SAFE**.

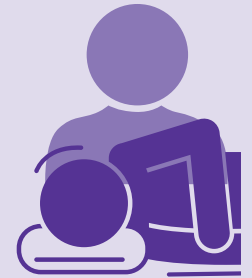
- ✓ Move or guide away from **harm**



3

Turn the person onto their **SIDE** if they are not awake and aware.

- ✓ Keep **airway clear**
- ✓ **Loosen tight clothes** around neck
- ✓ Put **something small and soft** under the head



Call
911
if...

- ▶ Seizure lasts longer than 5 minutes
- ▶ Person does not return to their usual state
- ▶ Person is injured, pregnant, or sick
- ▶ Repeated seizures
- ▶ First time seizure
- ▶ Difficulty breathing
- ▶ Seizure occurs in water

Do
NOT

- ✗ Do **NOT** restrain.
- ✗ Do **NOT** put any objects in their mouth.
- ✓ **Rescue medicines can be given** if prescribed by a health care professional

Learn More and Register for Training: epilepsy.com/firstaid



EPILEPSY
FOUNDATION

epilepsy.com

24/7 Helpline: 1-800-332-1000

In Partnership with
Virginia Department
of Labor and Industry

