



VDC-Connecticut

ARIS SOLUTIONS
White River Junction, VT 05001
Phone 866.970.3301
Fax 802.295.9812
veteranpayroll@arissolutions.org

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 (OPTIONAL)
- ☐ 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
- ☐ Employer/Authorized Representative Background Check Release Form
- ☐ Employer Confirmation of Receipt
- ☐ 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

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 <i>(as Employer)</i>	Employee's Role <i>(as Employee)</i>	ARIS Solutions' Role <i>(as FMS Provider)</i>
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 or our Website at www.arissolutions.org

ARIS Solutions is not open on state or federal holidays.

Financial & Payroll Services for the Nonprofit Sector

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.

OMB No. 1545-0003

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) c/o ARIS SOLUTIONS PO BOX 4409		5a Street address (if different) (Don't enter a P.O. box.)															
	4b City, state, and ZIP code (if foreign, see instructions) WHITE RIVER JCT, VT 05001		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)? ☐ Yes ☒ 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? ☐ Yes ☐ No																		
9a Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check. ☐ Sole proprietor (SSN) ☐ Estate (SSN of decedent) ☐ Partnership ☐ Plan administrator (TIN) ☐ Corporation (enter form number to be filed) ☐ Trust (TIN of grantor) ☐ Personal service corporation ☐ Military/National Guard ☐ State/local government ☐ Church or church-controlled organization ☐ Farmers' cooperative ☐ Federal government ☐ Other nonprofit organization (specify) ☐ REMIC ☐ Indian tribal governments/enterprises ☒ Other (specify) HCSR 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) ☒ Started new business (specify type) HOME CARE SERVICE RECIPIENT ☐ Hired employees (Check the box and see line 13.) ☐ Compliance with IRS withholding regulations ☐ Other (specify) ☐ Banking purpose (specify purpose) ☐ Changed type of organization (specify new type) ☐ Purchased going business ☐ Created a trust (specify type) ☐ 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. <table><tr><td>Agricultural</td><td>Household</td><td>Other</td></tr></table>		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 ☐													
Agricultural	Household	Other																
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. <table><tr><td>☐ Construction</td><td>☐ Rental & leasing</td><td>☐ Transportation & warehousing</td><td>☐ Health care & social assistance</td><td>☐ Wholesale—agent/broker</td></tr><tr><td>☐ Real estate</td><td>☐ Manufacturing</td><td>☐ Finance & insurance</td><td>☐ Accommodation & food service</td><td>☐ Wholesale—other</td></tr><tr><td colspan="3">☐ Other (specify)</td><td>☐ Retail</td><td></td></tr></table>				☐ Construction	☐ Rental & leasing	☐ Transportation & warehousing	☐ Health care & social assistance	☐ Wholesale—agent/broker	☐ Real estate	☐ Manufacturing	☐ Finance & insurance	☐ Accommodation & food service	☐ Wholesale—other	☐ Other (specify)			☐ Retail	
☐ Construction	☐ Rental & leasing	☐ Transportation & warehousing	☐ Health care & social assistance	☐ Wholesale—agent/broker														
☐ Real estate	☐ Manufacturing	☐ Finance & insurance	☐ Accommodation & food service	☐ Wholesale—other														
☐ Other (specify)			☐ Retail															
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? ☐ Yes ☐ 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 ARIS SOLUTIONS FISCAL AGENT		Designee's telephone number (include area code) 866.970.3301															
	Address and ZIP code PO BOX 4409 WHITE RIVER JUNCTION VT 05001		Designee's fax number (include area code) 802.295.9812															
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.¹ 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) ²	complete lines 1-18 (as applicable).
purchased a going business ³	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 ⁴	complete lines 1-18 (as applicable).
created a pension plan as a plan administrator ⁵	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 ⁶	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 ⁷	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 ⁸ , 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 ⁹	complete lines 1-18 (as applicable).

¹ 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.

² 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).

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

⁴ 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.

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

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

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

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

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

Connecticut Workers' Compensation Form

Employer Legal Name:

Employer Date of Birth:

Participant name (if different than Employer name):

Relationship to Participant: ☐ Spouse ☐ Child ☐ Sibling ☐ Other (specify):

Employer FEIN # :

Employer Phone:

Street Address (where service is provided):

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

Opt into Worker's Compensation Policy:

Yes: _____

No: _____

Estimated Annual Payroll:

Effective Date of Coverage (start date):

Employer Signature and Date:

Note- Worker's Compensation is NOT required in the state of Connecticut if your employee works less than 26 hours per week. 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)	☒	☐
Form 941, Employer's QUARTERLY Federal Tax Return (all 941 series)	☒	☐
Form 943, Employer's Annual Federal Tax Return for Agricultural Employees (all 943 series)	☐	☐
Form 944, Employer's ANNUAL Federal Tax Return (all 944 series)	☐	☐
Form 945, Annual Return of Withheld Federal Income Tax	☐	☐
Form CT-1, Employer's Annual Railroad Retirement Tax Return	☐	☐
Form CT-2, Employee Representative's Quarterly Railroad Tax Return	☐	☐

* 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.

VDC-Connecticut	
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 ☐	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 ☐ Telephone No. ☐ Fax No. ☐
Name and address Check if to be sent copies of notices and communications ☐	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

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.

Signature

Date

HCSR

Print Name

Title (if applicable)

LGL-001 Power of Attorney

Complete and attach LGL-001 through myconneCT at portal.ct.gov/DRS-myconneCT. See instructions on Page 2.

Part I: Taxpayer(s) Giving a Power of Attorney to Another Person

Taxpayer's name			Social Security Number		
Spouse's name (personal income tax or individual use tax only)			Social Security Number		
Mailing address			Connecticut Tax Registration Number		
City	State	ZIP code	Federal Employer Identification Number		

Taxpayer is: (Check box)

☐ Corporation	☐ Partnership	☐ Sole proprietorship	☐ Trust (other than a business trust)	☐ Estate
☐ Individual	☐ Limited liability company	☐ Business trust	☒ Other (specify) <u>Domestic Employer</u>	

Part II: Declaration of Person(s) Giving Power of Attorney and Powers Given

See instructions for who may execute this power of attorney. This power of attorney revokes all previous powers of attorney on file with the Department of Revenue Services (DRS) for the same tax matters and years or periods covered by this power of attorney.

Any of the attorney(s)-in-fact are authorized, subject to revocation, to receive tax returns and tax return information as defined in Conn. Gen. Stat. § 12-15, and to perform on behalf of the taxpayer(s) the following acts for the tax matters described below. The authority does not include the power to sign certain returns unless specifically stated below.

Check the boxes for the powers given to:

- ☐ Receive, but not to endorse and collect, checks (made payable to the taxpayer mentioned above) in payment of any refund of Connecticut taxes, penalties, or interest.
- ☐ Execute waivers (including offers of waivers) of restrictions on assessment or collection of deficiencies in tax and waivers of notice of disallowance of a claim for credit or refund.
- ☐ Execute or terminate consents extending the statutory period for assessment or collection of tax.
- ☐ Execute closing agreements under Conn. Gen. Stat. § 12-2e.
- ☐ Delegate authority or to substitute another representative.
- ☒ Represent the taxpayer(s) named above before DRS.
- ☒ Sign returns. (See instructions.)

Declaration: I am the taxpayer identified in Part I, or if I am not the taxpayer identified in Part I, I have been authorized by the taxpayer to execute this power of attorney on behalf of the taxpayer and I am permitted by the instructions on this Form LGL-001 to execute this power of attorney. I declare under penalty of law that I have examined this document (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both.

Print name: _____ Title: HCSR

Signature: _____ Date: _____

Print name (Spouse): _____

Signature (Spouse): _____ Date: _____

Part III: Power of Attorney Given To

The taxpayer(s) named above appoints the following individual(s) as attorney(s)-in-fact to represent the taxpayer(s) before DRS and receive tax returns and return information for the following tax matters. Specify all tax types and periods affected by this power of attorney with the understanding that this authority applies only to the tax types and periods listed below. Enter the date of death for succession and estate taxes. Indicate the representative to whom a copy of any notice from DRS should be sent by checking the box below. Check one box only.

Name	Name of Firm & Address	Check One Box	Telephone Number
Janet Couture, Controller,	ARIS Solutions. PO Box 4409, White River Jct VT 05001	☒	802 280 1911
Sarah Hesse, Tax Generalist	ARIS Solutions. PO Box 4409, White River Jct VT 05001	☐	218 215 3010
Federal Employer Identification Number			
Tax Type (Sales Tax, Gift Tax, etc.)		Year(s) or Period(s)	
Withholding tax		2026-until revoked	

Instructions

Use **LGL-001, Power of Attorney**, to authorize one or more individuals to represent you before the Department of Revenue Services (DRS). This authorization allows your representative(s) to receive and inspect confidential tax information and to act on your behalf in matters before DRS.

Connecticut law stipulates that all official mailings will be sent to the taxpayer of record at the address on file with DRS. As a matter of policy, DRS also provides taxpayers with the right to have a copy of any notice sent to its counsel or other qualified representative who has properly executed and filed this power of attorney with DRS for the type of tax and tax period that is the subject of the notice. This power of attorney does not change the requirement that DRS send all official mailings directly to the taxpayer.

How to File

Complete and attach LGL-001 through **myconneCT** at **portal.ct.gov/DRS-myconneCT**.

To attach LGL-001 through **myconneCT**:

- Log into **myconneCT**.
- Click the *More...* tab.
- Under the *Forms* panel click the *Submit LGL-001- for Power of Attorney* hyperlink.

LGL-001 must be completed and signed prior to submission on myconneCT.

Part I: Taxpayer(s) Giving a Power of Attorney to Another Person

Provide the taxpayer's name and address and either your Social Security Number (SSN) or Connecticut Tax Registration Number and Federal Employer Identification Number (FEIN). If you are a sole proprietor, enter your name and SSN. Do not enter your trade name. Do not use your representative's address as your own.

Your spouse's name is not required except for joint personal income tax or individual use tax returns.

If you are filing a joint personal income tax return and you and your spouse have the same representative(s), include your spouse's name, SSN, and signature in the appropriate spaces provided. Otherwise, each spouse must file a separate LGL-001.

Check the box that describes the taxpayer.

Part II: Declaration of the Person Giving Power of Attorney And Powers Given

Any person giving a power of attorney to another person(s) must sign this declaration and must check the box for **each** act being granted to the attorney-in-fact to perform in matters before DRS. If a tax matter concerns a joint return, **both** husband and wife must sign in the space provided if they wish to be represented by the same person(s).

Who may execute this power of attorney?

- Any individual if the request is for an income tax return filed by that individual (or filed by that individual and his or her spouse if the request is for a joint income tax return);

Conn. Agencies Regs. § 12-725-1(b) allows an agent, or a fiduciary charged with the care of the person or property of the taxpayer, to make and sign a return only when illness, absence, minority, or other good cause prevents the person required or permitted to make or file a Connecticut income tax return from doing so. You **must** state a reason why the taxpayer cannot sign the return.

- A limited liability company (LLC) member if the taxpayer is an LLC and has no manager or a manager if the taxpayer is an LLC and has managers
- The sole proprietor if the taxpayer is a sole proprietorship;
- A general partner if the taxpayer is a partnership or a limited partnership;
- The administrator or executor if the taxpayer is an estate;
- The trustee if the taxpayer is a trust;
- If the taxpayer is a corporation, a principal officer or corporate officer (who has legal authority to bind the corporation), any person who is designated by the board of directors or other governing body of the corporation, any officer or employee of the corporation upon written request signed by a principal officer of the corporation and attested to by the secretary or other officer of the corporation, or any other person who is authorized to receive or inspect the corporation's return or return information under IRC § 6103(e)(1)(D);
- The successor, receiver, guarantor, or any assignee of the taxpayer; **or**
- The authorized representative of any of the above.

Part III: Power of Attorney Given To

Provide the name, address, FEIN, and telephone number of the person(s) designated by you to be your attorney(s)-in-fact. If you are adding additional representatives to an existing power of attorney, include the names of all individuals you wish to represent you. This power of attorney revokes all previous powers of attorney on file with DRS for the same tax matters and years or periods covered by this power of attorney.

Enter the tax type and the tax periods or tax years that are the subject of this power of attorney. Be specific about the type of tax at issue (refer to the following examples):

- Withholding tax;
- Income tax;
- Sales and use taxes;
- Corporation business tax;
- Pass-through entity tax;
- Admissions and dues tax;
- Estate tax;
- Gift tax;
- Motor vehicle fuels tax;
- Gross earnings tax (petroleum, gas, hospital, community antenna);
- Cigarette tax distributor; **and**
- Individual use tax.

The terms **years** and **periods** can indicate various time frames.

A **tax year** may be a calendar year of 1/1/24 through 12/31/24 or a fiscal year of 7/1/24 through 6/30/25 for corporation tax. A **tax period** may have one or more monthly or quarterly periods.

Example: A sales and use tax period of 1/1/24 through 12/31/26 may contain 36 monthly or 12 quarterly periods.

Indicate the tax year(s) or tax period(s) to be covered by the power of attorney.

For the Latest News

Visit the DRS website at **portal.ct.gov/DRS**.



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 _____ (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.

*Connecticut 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



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

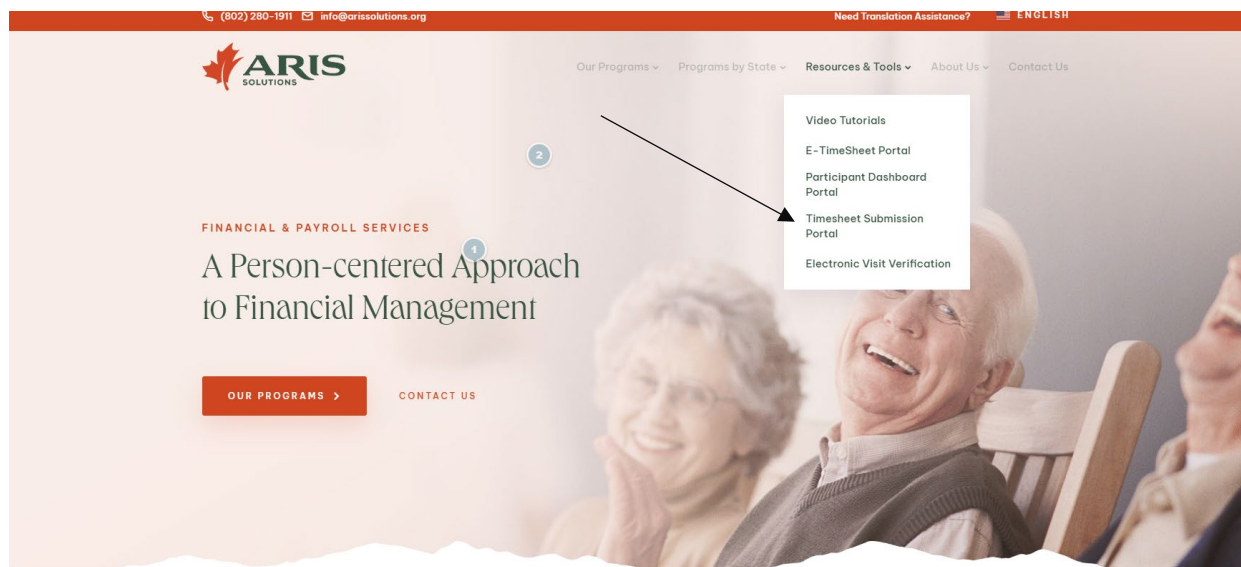
I acknowledge that I have been provided with a notice of privacy practices and have been advised of how health information about me may be used and disclosed by ARIS Solutions/ VDHCB Program and how may I obtain access to and control of this information.

Signature of Employer

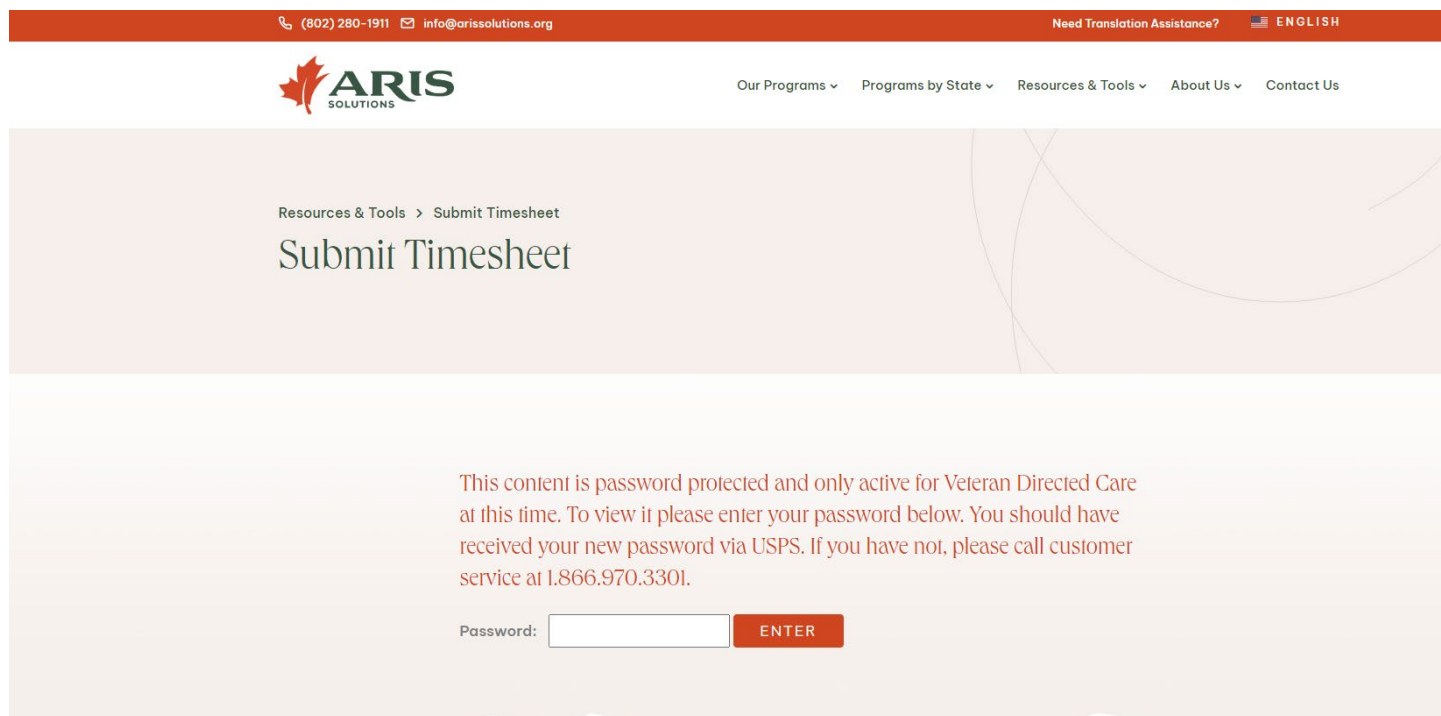
Date



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

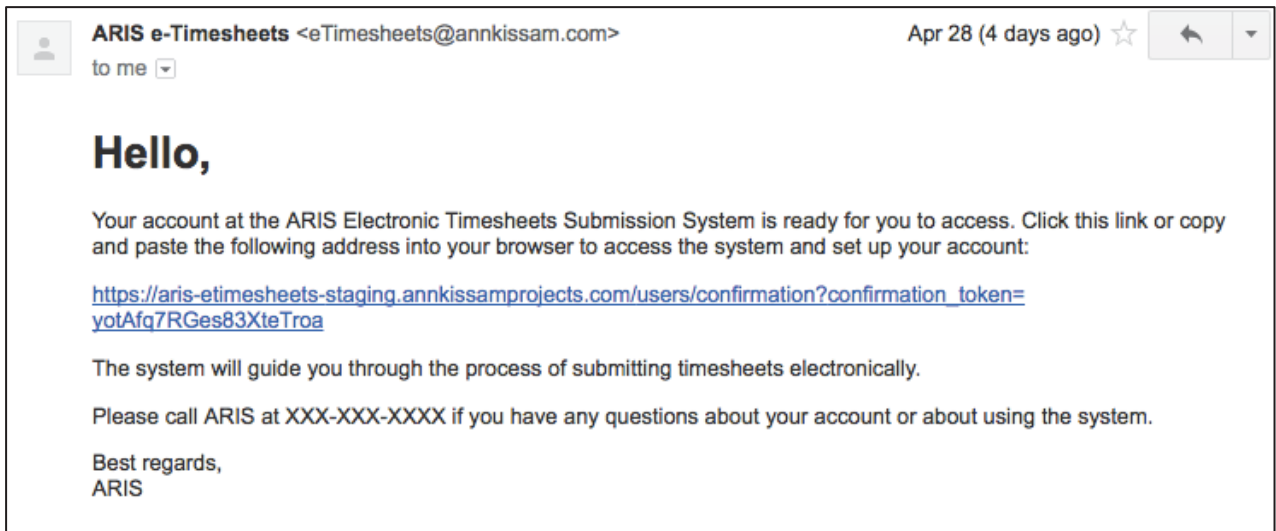
The Electronic Timesheets Module is a web-based interface through which Consumers, Employers, Representatives and Employees can respectively enter and view relevant timesheet information.

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.



3. 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

4. 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.

Time Sheet and Reimbursement Schedule 2026

VDC-AK-CT-KS-MO-MT-NC-PA-VT

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

Time sheets, reimbursements, employee paperwork and check requests received by
Send to:

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

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