State of Vermont Fiscal Employer/Agent
PO Box 4409
White River Jct., VT 05001

Change of Relationship Form

Use this form to update information with ARIS Solutions.

Name: **Last 4 digits of SSN:** _____

Your Role:

ARIS Solutions must collect information about the relationships between employers, employees, and people receiving services to make sure payments follow Federal and State Medicaid rules. Employers and employees must report any changes in their relationship that could affect payment eligibility. Giving false or misleading information may lead to losing self-directed services and may be considered Medicaid fraud.

Relationship Type List:

- Adoptive Parent
- Biological Parent
- Civil Union Partner
- Civil Union Partner of Legal Guardian
- Domestic Partner
- Domestic Partner of Legal Guardian
- Shared Living Provider
- Foster Parent
- Legal Guardian
- None
- Spouse
- Spouse of Legal Guardian
- Stepparent

From the list of relationships, write down the change to your relationship in the table below. Put the name of the person whose relationship with you changed in the 'Person's Name' column.

Person's Name	Their Role	New Relationship Type

Printed Name: _____ Signature: _____

Date: _____