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

Employee Relationship Form

ARIS Solutions is required to collect information about the relationships between employers, employees, and individuals receiving services to ensure payments comply with Federal and State Medicaid rules.

- From the relationship list, record the relationship your employees have with you (the employer) and the individual receiving services, in the table below.
- Also indicate your relationship with your clients in the table below.
- If no relationship below applies, write "None." Do not leave any fields blank.

It is the responsibility of the employer to ensure payroll submissions comply with Federal and State Medicaid rules. Misrepresentation or falsification of information may result in loss of self-directed services and could be considered Medicaid fraud.

Relationship Selection 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

Employee Name	Employee Relationship to Employer	Client Name	Employee Relationship to Client	Employer Relationship to Client

By signing this form, I understand the relationship information provided is accurate and I am required to follow the programmatic restrictions outlined in the following pages:

Employee Name (please print): _____

Employee Signature: _____ Date: _____

Employer name (please print): _____

Employer Signature: _____ Date: _____