**ARIS Solutions -- Agency of Human Services**

**Self and Surrogate-Managed Programs**

# Employee Hiring Packet

Included in this packet are all the forms that you need to fill out to sign up to work. The sections that are highlighted in **yellow** are the ones that you need to fill out.
Please be sure that you complete them all. Sections highlighted in **blue** need to be completed by your potential employer. Failing to complete highlighted sections may result in the packet being returned to your employer and a delay in processing.

We cannot run your background checks until you and your employer have filled the forms out completely, signed them and sent them all to us. **You must pass these background checks before you can begin working.**

Please remember: you **cannot** be paid through this program, until your employer has been told that you have **cleared the background checks** and are **approved to work**. The date that the employer is told will be the first day that we can pay you for your work.

If you are unpaid for one year, you will be considered "inactive" and terminated. If you become inactive or are terminated for any reason, you **must** complete another hiring packet and pass the background checks before you can work.

It is important that you complete and return each form entirely. **Missing information or incorrectly completed forms will cause us to return the forms to your prospective employer and delay your potential start date.**

If you have any questions about how to fill out the included forms, you can contact ARIS Solutions' Client Support staff. Representatives can be reached by calling (800) 798-1658.

Please visit the Vermont Agency of Human Services Program page on the ARIS Solutions website to locate our online option to complete your employee enrollment packet.

**Important:** both the employee applicant and employer of record need an email address to complete.

Revision Date: September 2026

**Included Forms to Complete and Return:**

- ☑ **Employee Hiring Notice**—this makes sure that we have the necessary information to connect you with your employer
- ☑ **Forms W-4 and W-4VT** (2 forms)—these forms give us information about your State and Federal Income Tax withholdings.
- ☑ **Employment Eligibility Verification Form**—this form gives information about your ability to work in the United States. **Your employer needs to look at your identification and complete the bottom half of this form.** You do **not** need to send ARIS Solutions copies of your identification.
- ☑ **Background Check Release Form**
  - ❒ **Agency of Human Services Adult Protection Service and Child Abuse Consent for Release of Registry Information**—ARIS Solutions processes this request online
  - ❒ **Consent for Release of Information: Request for Criminal Record Check**
  - ❒ **Vermont Driver Information Check**
    - Do not send payment for the cost of this check; we'll take care of that!
    - If you will not be driving as part of your job—or do not have a valid driver's license, please write: "***Will not be driving"*** in the indicated field.
- ☑ **Employee Confirmation Form**—sign off form to make sure you understand some general information about working for an employer supported by ARIS Solutions
- ☑ **Employee Electronic Visit Verification Notification Form**-sign off form to make sure you understand the EVV requirements for Home-Based services enrolled in select programs.
- ☑ **Employee Relationship Form**
- ☑ **Direct Deposit Authorization Form** *(optional)*
- ☑ **e_Timesheets Registration Form and Agreement** *(optional)*

| Mailing address | Physical address (for dropping off forms) |
|---|---|
| **ARIS Solutions**<br>**PO Box 4409**<br>**White River Jct., VT 05001** | **ARIS Solutions**<br>**72 So. Main Street**<br>**White River Jct., VT 05001** |

If you have any questions or need assistance completing these forms, ARIS Solutions' Customer Service team is available to help. Representatives can be reached by calling (800) 798-1658.

ARIS SOLUTIONS

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

## Employee Hiring Notice

**Employee Name:**_____ **Date of Birth:** _____

**Employee Mailing Address:** _____

**Employee Physical Address:** _____

**City** _____ **County:** _____ **State:** _____ **Zip:** _____

**Preferred Language:** _____

**Phone Number:** _____ **Social Security Number:** _____

○ Cell ○ Home

**Employee Email Address:** _____

**Last 4 of the Employer**

**Employer Name:** _____ **Social Security Number:** _____

**Employer Mailing Address:** _____

**Employer Physical Address:** _____

**City:** _____ **State:** _____ **Zip:** _____

**Consumer Name:** _____ **Agency/Program:** _____

**Employer Signature:** _____

**Failure to complete highlighted sections may result in these forms being returned and a delay in processing**

**Should we notify you (employer) by email of the result of your employee's background checks?**

**(Choose only one option below)**

☐ **Yes: Employer Email Address: _____**

☐ **No (if no, left blank, or unable to read email address, results will be sent through the regular mail/USPS). Note: Email notification is the fastest way to have results reported.**

**Please remember:**

- Employees must be at least 18 years old or granted permission from the Agency of Human Services before working;
- Employees are considered inactive after 1 year of non-payment and required to complete a new hiring packet;
- Employee background checks are not transferable; employees must fill out a separate New Employee Hiring Packet for each employer that they are interested in working for;
- Variances granted to employees by the Agency of Human Services are not transferrable;
- Variances are not transferrable across programs within the Agency of Human Services, employers or across individuals who receive care. Employer may need to request variances for an employee if they manage more than one funding source or services for more than one participant. Employees will need to work with each employer that they want to work for to request a variance if a variance is required;
- Employees must notify ARIS Solutions in writing when there is a change in address or name change;
    - Name changes must include a copy of a Social Security card, Driver's License/Non- Driver's Identification Card, Marriage/Divorce Certification or Court documents showing the new name
- Employers must notify ARIS Solutions in writing when an employee is terminated;
- Some programs do not allow the consumer's parent to be a paid caregiver
- Per the Medicaid Manual for Developmental Disabilities Services, employees must have a high school diploma, equivalent or have been granted a variance to be paid to provide care;
- Per the Medicaid Manual for Developmental Disabilities Services, respite cannot be paid to spouses/domestic partner/civil union partner of home provider;
- Per the Choices for Care Program Operations Manual, not all services available can be paid to a spouse;
- Legal guardians cannot be paid caregivers without permission from the Agency of Human Services.

**Failure to complete highlighted sections may result in these forms being returned and a delay in processing**

ARIS SOLUTIONS

Form **W-4**

Department of the Treasury
Internal Revenue Service

# Employee's Withholding Certificate

**Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
**Give Form W-4 to your employer.**
**Your withholding is subject to review by the IRS.**

OMB No. 1545-0074

2026

## Step 1: Enter Personal Information

| (a) First name and middle initial | Last name | (b) Social security number |
|---|---|---|
| | | |

Address

City or town, state, and ZIP code

**Does your name match the name on your social security card?** If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to *www.ssa.gov*.

(c) ○ **Single** or **Married filing separately**
○ **Married filing jointly** or **Qualifying surviving spouse**
○ **Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

**Caution:** To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.

**TIP:** Consider using the estimator at *www.irs.gov/W4App* to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at *www.irs.gov/W4App*.

## Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

**(a)** Use the estimator at *www.irs.gov/W4App* for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

**(b)** Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

**(c)** If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(b) is more accurate . . . . . ☐

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

## Step 3: Claim Dependent and Other Credits

If your total income will be $200,000 or less ($400,000 or less if married filing jointly):

**(a)** Multiply the number of qualifying children under age 17 by $2,200 . . . . . **3(a)** $

**(b)** Multiply the number of other dependents by $500 . . . **3(b)** $

Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here . . . . . **3** $

## Step 4: Other Adjustments

**(a) Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . **4(a)** $

**(b) Deductions.** Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . . **4(b)** $

**(c) Extra withholding.** Enter any additional tax you want withheld each **pay period** . . **4(c)** $

## Exempt from withholding

I claim exemption from withholding for 2026, and I certify that I meet **both** of the conditions for exemption for 2026. See *Exemption from withholding* on page 2. I understand I will need to submit a new Form W-4 for 2027 . ☐

## Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

**Employee's signature** (This form is not valid unless you sign it.) **Date**

## Employers Only

| Employer's name and address | First date of employment | Employer identification number (EIN) |
|---|---|---|
| | | |

# General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

## Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to *www.irs.gov/FormW4*.

## Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

**Exemption from withholding.** You may claim exemption from withholding for 2026 if you meet both of the following conditions: you had no federal income tax liability in 2025 **and** you expect to have no federal income tax liability in 2026. You had no federal income tax liability in 2025 if (1) your total tax on line 24 on your 2025 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2026 tax return. To claim exemption from withholding, certify that you meet both of the conditions by checking the box in the *Exempt from withholding* section. Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2027.

**Your privacy.** Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

**When to use the estimator.** Consider using the estimator at *www.irs.gov/W4App* if you:

1. Are submitting this form after the beginning of the year;

2. Expect to work only part of the year;

3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;

4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or

5. Prefer the most accurate withholding for multiple job situations.

**TIP:** Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at *www.irs.gov/W4App* to figure the amount to have withheld.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

# Specific Instructions

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount of tax withheld will be larger the greater the difference in pay is between the two jobs.




***Multiple jobs.*** *Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.*

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain credits. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

**Step 4.**

***Step 4(a).*** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

***Step 4(b).*** Enter in this step the amount from the Deductions Worksheet, line 15, if you expect to claim deductions other than the basic standard deduction on your 2026 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for qualified tips, overtime compensation, and passenger vehicle loan interest; student loan interest; IRAs; and seniors. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain deductions. For additional eligibility requirements, see Pub. 501.

***Step 4(c).*** Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe when you file your tax return.

## Step 2(b)—Multiple Jobs Worksheet *(Keep for your records.)*

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

**Note:** If more than one job has annual wages of more than $120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at *www.irs.gov/W4App*.

**1** **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 5. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 . . . . . **1** $

**2** **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.

**a** Find the amount from the appropriate table on page 5 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . **2a** $

**b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 5 and enter this amount on line 2b . . . . . **2b** $

**c** Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . **2c** $

**3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. . . . . **3**

**4** **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (plus any other additional amount you want withheld) . . . . . **4** $

## Step 4(b)—Deductions Worksheet *(Keep for your records.)*

See the Instructions for Schedule 1-A (Form 1040) for more information about whether you qualify for the deductions on lines 1a, 1b, 1c, 3a, and 3b.

**1** Deductions for qualified tips, overtime compensation, and passenger vehicle loan interest.

- **a** **Qualified tips.** If your total income is less than $150,000 ($300,000 if married filing jointly), enter an estimate of your qualified tips up to $25,000 . . . . . **1a** $
- **b** **Qualified overtime compensation.** If your total income is less than $150,000 ($300,000 if married filing jointly), enter an estimate of your qualified overtime compensation up to $12,500 ($25,000 if married filing jointly) of the "and-a-half" portion of time-and-a-half compensation . . . . . **1b** $
- **c** **Qualified passenger vehicle loan interest.** If your total income is less than $100,000 ($200,000 if married filing jointly), enter an estimate of your qualified passenger vehicle loan interest up to $10,000 **1c** $

**2** Add lines 1a, 1b, and 1c. Enter the result here . . . . . **2** $

**3** **Seniors age 65 or older.** If your total income is less than $75,000 ($150,000 if married filing jointly):

- **a** Enter $6,000 if you are age 65 or older before the end of the year . . . . . **3a** $
- **b** Enter $6,000 if your spouse is age 65 or older before the end of the year and has a social security number valid for employment . . . . . **3b** $

**4** Add lines 3a and 3b. Enter the result here . . . . . **4** $

**5** Enter an estimate of your student loan interest, deductible IRA contributions, educator expenses, alimony paid, and certain other adjustments from Schedule 1 (Form 1040), Part II. See Pub. 505 for more information . . . . . **5** $

**6** **Itemized deductions.** Enter an estimate of your 2026 itemized deductions from Schedule A (Form 1040). Such deductions may include qualifying:

- **a** **Medical and dental expenses.** Enter expenses in excess of 7.5% (0.075) of your total income . **6a** $
- **b** **State and local taxes.** If your total income is less than $505,000 ($252,500 if married filing separately), enter state and local taxes paid up to $40,400 ($20,200 if married filing separately) . **6b** $
- **c** **Home mortgage interest.** If your home acquisition debt is less than $750,000 ($375,000 if married filing separately), enter your home mortgage interest expense (including mortgage insurance premiums) . . . . . **6c** $
- **d** **Gifts to charities.** Enter contributions in excess of 0.5% (0.005) of your total income . . . . **6d** $
- **e** **Other itemized deductions.** Enter the amount for other itemized deductions . . . . . **6e** $

**7** Add lines 6a, 6b, 6c, 6d, and 6e. Enter the result here . . . . . **7** $

**8** **Limitation on itemized deductions.**

- **a** Enter your total income . . . . . **8a** $
- **b** Subtract line 4 from line 8a. If line 4 is greater than line 8a, enter -0- here and on line 10. Skip line 9 **8b** $

**9** Enter:
- $768,700 if you're married filing jointly or a qualifying surviving spouse
- $640,600 if you're single or head of household
- $384,350 if you're married filing separately

. . . . . **9** $

**10** If line 9 is greater than line 8b, enter the amount from line 7. Otherwise, multiply line 7 by 94% (0.94) and enter the result here . . . . . **10** $

**11** **Standard deduction.**

Enter:
- $32,200 if you're married filing jointly or a qualifying surviving spouse
- $24,150 if you're head of household
- $16,100 if you're single or married filing separately

. . . . . **11** $

**12** **Cash gifts to charities.** If you take the standard deduction, enter cash contributions up to $1,000 ($2,000 if married filing jointly) . . . . . **12** $

**13** Add lines 11 and 12. Enter the result here . . . . . **13** $

**14** If line 10 is greater than line 13, subtract line 11 from line 10 and enter the result here. If line 13 is greater than line 10, enter the amount from line 12 . . . . . **14** $

**15** Add lines 2, 4, 5, and 14. Enter the result here and in Step 4(b) of Form W-4 . . . . . **15** $

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

## Married Filing Jointly or Qualifying Surviving Spouse

| Higher Paying Job Annual Taxable Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | $0 - 9,999 | $10,000 - 19,999 | $20,000 - 29,999 | $30,000 - 39,999 | $40,000 - 49,999 | $50,000 - 59,999 | $60,000 - 69,999 | $70,000 - 79,999 | $80,000 - 89,999 | $90,000 - 99,999 | $100,000 - 109,999 | $110,000 - 120,000 |
| $0 - 9,999 | $0 | $0 | $480 | $850 | $850 | $1,020 | $1,020 | $1,020 | $1,020 | $1,020 | $1,020 | $1,020 |
| $10,000 - 19,999 | 0 | 480 | 1,480 | 1,850 | 2,050 | 2,220 | 2,220 | 2,220 | 2,220 | 2,220 | 2,220 | 2,620 |
| $20,000 - 29,999 | 480 | 1,480 | 2,480 | 3,050 | 3,250 | 3,420 | 3,420 | 3,420 | 3,420 | 3,420 | 3,820 | 4,820 |
| $30,000 - 39,999 | 850 | 1,850 | 3,050 | 3,620 | 3,820 | 3,990 | 3,990 | 3,990 | 3,990 | 4,390 | 5,390 | 6,390 |
| $40,000 - 49,999 | 850 | 2,050 | 3,250 | 3,820 | 4,020 | 4,190 | 4,190 | 4,190 | 4,590 | 5,590 | 6,590 | 7,590 |
| $50,000 - 59,999 | 1,020 | 2,220 | 3,420 | 3,990 | 4,190 | 4,360 | 4,360 | 4,760 | 5,760 | 6,760 | 7,760 | 8,760 |
| $60,000 - 69,999 | 1,020 | 2,220 | 3,420 | 3,990 | 4,190 | 4,360 | 4,760 | 5,760 | 6,760 | 7,760 | 8,760 | 9,760 |
| $70,000 - 79,999 | 1,020 | 2,220 | 3,420 | 3,990 | 4,190 | 4,760 | 5,760 | 6,760 | 7,760 | 8,760 | 9,760 | 10,760 |
| $80,000 - 99,999 | 1,020 | 2,220 | 3,420 | 4,240 | 5,440 | 6,610 | 7,610 | 8,610 | 9,610 | 10,610 | 11,610 | 12,610 |
| $100,000 - 149,999 | 1,870 | 4,070 | 6,270 | 7,840 | 9,040 | 10,210 | 11,210 | 12,210 | 13,210 | 14,210 | 15,360 | 16,560 |
| $150,000 - 239,999 | 1,870 | 4,100 | 6,500 | 8,270 | 9,670 | 11,040 | 12,240 | 13,440 | 14,640 | 15,840 | 17,040 | 18,240 |
| $240,000 - 319,999 | 2,040 | 4,440 | 6,840 | 8,610 | 10,010 | 11,380 | 12,580 | 13,780 | 14,980 | 16,180 | 17,380 | 18,580 |
| $320,000 - 364,999 | 2,040 | 4,440 | 6,840 | 8,610 | 10,010 | 11,380 | 12,580 | 13,860 | 15,860 | 17,860 | 19,860 | 21,860 |
| $365,000 - 524,999 | 2,720 | 5,920 | 9,390 | 12,260 | 14,760 | 17,230 | 19,530 | 21,830 | 24,130 | 26,430 | 28,730 | 31,030 |
| $525,000 and over | 3,140 | 6,840 | 10,540 | 13,610 | 16,310 | 18,980 | 21,480 | 23,980 | 26,480 | 28,980 | 31,480 | 33,990 |

## Single or Married Filing Separately

| Higher Paying Job Annual Taxable Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | $0 - 9,999 | $10,000 - 19,999 | $20,000 - 29,999 | $30,000 - 39,999 | $40,000 - 49,999 | $50,000 - 59,999 | $60,000 - 69,999 | $70,000 - 79,999 | $80,000 - 89,999 | $90,000 - 99,999 | $100,000 - 109,999 | $110,000 - 120,000 |
| $0 - 9,999 | $90 | $850 | $1,020 | $1,020 | $1,020 | $1,070 | $1,870 | $1,870 | $1,870 | $1,870 | $1,870 | $1,970 |
| $10,000 - 19,999 | 850 | 1,780 | 1,980 | 1,980 | 2,030 | 3,030 | 3,830 | 3,830 | 3,830 | 3,830 | 3,930 | 4,130 |
| $20,000 - 29,999 | 1,020 | 1,980 | 2,180 | 2,230 | 3,230 | 4,230 | 5,030 | 5,030 | 5,030 | 5,130 | 5,330 | 5,530 |
| $30,000 - 39,999 | 1,020 | 1,980 | 2,230 | 3,230 | 4,230 | 5,230 | 6,030 | 6,030 | 6,130 | 6,330 | 6,530 | 6,730 |
| $40,000 - 59,999 | 1,020 | 2,880 | 4,080 | 5,080 | 6,080 | 7,080 | 7,950 | 8,150 | 8,350 | 8,550 | 8,750 | 8,950 |
| $60,000 - 79,999 | 1,870 | 3,830 | 5,030 | 6,030 | 7,100 | 8,300 | 9,300 | 9,500 | 9,700 | 9,900 | 10,100 | 10,300 |
| $80,000 - 99,999 | 1,870 | 3,830 | 5,100 | 6,300 | 7,500 | 8,700 | 9,700 | 9,900 | 10,100 | 10,300 | 10,500 | 10,700 |
| $100,000 - 124,999 | 2,030 | 4,190 | 5,590 | 6,790 | 7,990 | 9,190 | 10,190 | 10,390 | 10,590 | 10,940 | 11,940 | 12,940 |
| $125,000 - 149,999 | 2,040 | 4,200 | 5,600 | 6,800 | 8,000 | 9,200 | 10,200 | 10,950 | 11,950 | 12,950 | 13,950 | 14,950 |
| $150,000 - 174,999 | 2,040 | 4,200 | 5,600 | 6,800 | 8,150 | 10,150 | 11,950 | 12,950 | 13,950 | 14,950 | 16,170 | 17,470 |
| $175,000 - 199,999 | 2,040 | 4,200 | 6,150 | 8,150 | 10,150 | 12,150 | 13,950 | 15,020 | 16,320 | 17,620 | 18,920 | 20,220 |
| $200,000 - 249,999 | 2,720 | 5,680 | 7,880 | 10,140 | 12,440 | 14,740 | 16,840 | 18,140 | 19,440 | 20,740 | 22,040 | 23,340 |
| $250,000 - 449,999 | 2,970 | 6,230 | 8,730 | 11,030 | 13,330 | 15,630 | 17,730 | 19,030 | 20,330 | 21,630 | 22,930 | 24,240 |
| $450,000 and over | 3,140 | 6,600 | 9,300 | 11,800 | 14,300 | 16,800 | 19,100 | 20,600 | 22,100 | 23,600 | 25,100 | 26,610 |

## Head of Household

| Higher Paying Job Annual Taxable Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | $0 - 9,999 | $10,000 - 19,999 | $20,000 - 29,999 | $30,000 - 39,999 | $40,000 - 49,999 | $50,000 - 59,999 | $60,000 - 69,999 | $70,000 - 79,999 | $80,000 - 89,999 | $90,000 - 99,999 | $100,000 - 109,999 | $110,000 - 120,000 |
| $0 - 9,999 | $0 | $280 | $850 | $950 | $1,020 | $1,020 | $1,020 | $1,020 | $1,560 | $1,870 | $1,870 | $1,870 |
| $10,000 - 19,999 | 280 | 1,280 | 1,950 | 2,150 | 2,220 | 2,220 | 2,220 | 2,760 | 3,760 | 4,070 | 4,070 | 4,210 |
| $20,000 - 29,999 | 850 | 1,950 | 2,720 | 2,920 | 2,980 | 2,980 | 3,520 | 4,520 | 5,520 | 5,830 | 5,980 | 6,180 |
| $30,000 - 39,999 | 950 | 2,150 | 2,920 | 3,120 | 3,180 | 3,720 | 4,720 | 5,720 | 6,720 | 7,180 | 7,380 | 7,580 |
| $40,000 - 59,999 | 1,020 | 2,220 | 2,980 | 3,570 | 4,640 | 5,640 | 6,640 | 7,750 | 8,950 | 9,460 | 9,660 | 9,860 |
| $60,000 - 79,999 | 1,020 | 2,610 | 4,370 | 5,570 | 6,640 | 7,750 | 8,950 | 10,150 | 11,350 | 11,860 | 12,060 | 12,260 |
| $80,000 - 99,999 | 1,870 | 4,070 | 5,830 | 7,150 | 8,410 | 9,610 | 10,810 | 12,010 | 13,210 | 13,720 | 13,920 | 14,120 |
| $100,000 - 124,999 | 1,870 | 4,270 | 6,230 | 7,630 | 8,900 | 10,100 | 11,300 | 12,500 | 13,700 | 14,210 | 14,720 | 15,720 |
| $125,000 - 149,999 | 2,040 | 4,440 | 6,400 | 7,800 | 9,070 | 10,270 | 11,470 | 12,670 | 14,580 | 15,890 | 16,890 | 17,890 |
| $150,000 - 174,999 | 2,040 | 4,440 | 6,400 | 7,800 | 9,070 | 10,580 | 12,580 | 14,580 | 16,580 | 17,890 | 18,890 | 20,170 |
| $175,000 - 199,999 | 2,040 | 4,440 | 6,400 | 8,510 | 10,580 | 12,580 | 14,580 | 16,580 | 18,710 | 20,320 | 21,620 | 22,920 |
| $200,000 - 249,999 | 2,720 | 5,920 | 8,680 | 10,900 | 13,270 | 15,570 | 17,870 | 20,170 | 22,470 | 24,080 | 25,380 | 26,680 |
| $250,000 - 449,999 | 2,970 | 6,470 | 9,540 | 12,040 | 14,410 | 16,710 | 19,010 | 21,310 | 23,610 | 25,220 | 26,520 | 27,820 |
| $450,000 and over | 3,140 | 6,840 | 10,110 | 12,810 | 15,380 | 17,880 | 20,380 | 22,880 | 25,380 | 27,190 | 28,690 | 30,190 |

Vermont Department of Taxes

# Employee's Withholding Allowance Certificate - Form W-4VT

All Vermont employees should complete this form.

**To be filed with your employer.**

| Last Name | First Name | Initial | Social Security Number |
|---|---|---|---|
| | | | |

Filing Status - Check ONE

☐ Single ☐ Married/Civil Union Filing Jointly ☐ Married/Civil Union Filing Separately ☐ Married, but withhold at higher single rate

## Vermont Allowances Worksheet

1. Enter "1" for yourself if no one can claim you as a dependent ..... **1.** _____
2. Enter "1" if you are filing jointly and your spouse does not work ..... **2.** _____
3. Enter the number of dependents you plan to claim on your tax return. If you file jointly, then only one of you should claim the dependents on your W-4VT ..... **3.** _____
4. Enter "1" if you plan to file as "head of household" ..... **4.** _____
5. Total number of Vermont allowances. (Add Lines 1 through 4 and enter total here.) . . . . . **5.** _____
6. Enter an additional amount, if any, you want withheld from each check. . . . . **6.** _____

**Exempt:** If you had a right to a refund of all your Vermont income tax withheld last year because you had no tax liability and you also expect to have no liability this year, write "Exempt" here. ..... _____

## General Information

Form W-4VT is designed so that you can have as much "take-home pay" as possible without an income tax liability due to Vermont when you file your tax return. Each withholding allowance you claim on Line 5 above will reduce the amount of income you are taxed on and therefore the amount of Vermont income tax withheld each paycheck.

Here are some things to remember as you complete this form:

- Generally, dependents are children under 19 (or up to 24 if they are a full-time student) and any relatives who live with you and you support financially.
- If you and your spouse both claim your dependents on your respective W-4VTs, not enough income tax will be withheld, and you might end up with taxes due when you file. Only one spouse should claim the dependents.
- If you entered an additional amount to be withheld on the federal W-4, consider entering 30% of that amount on Line 6.
- If you have more than one employer, consider claiming zero allowances with the employer(s) where you earn less income.

## Signature

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Employee's Signature _____ Date _____

***This form may be photocopied as needed.***

# Employment Eligibility Verification

**Department of Homeland Security**

U.S. Citizenship and Immigration Services

**USCIS Form I-9**

OMB No.1615-0047

Expires 05/31/2027

**START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.**

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

## Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.

| Last Name (Family Name) | First Name (Given Name) | Middle Initial (if any) | Other Last Names Used (if any) |
|---|---|---|---|
| | | | |

| Address (Street Number and Name) | Apt. Number (if any) | City or Town | State | ZIP Code |
|---|---|---|---|---|
| | | | | |

| Date of Birth (mm/dd/yyyy) | U.S. Social Security Number | Employee's Email Address | Employee's Telephone Number |
|---|---|---|---|
| | | | |

**I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.**

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

- ☐ 1. A citizen of the United States
- ☐ 2. A noncitizen national of the United States (See Instructions.)
- ☐ 3. A lawful permanent resident (Enter USCIS or A-Number.) _____
- ☐ 4. An alien authorized to work until _____ (exp. date, if any)

If you check **Item Number 4.**, enter one of these:

| USCIS A-Number | OR | Form I-94 Admission Number | OR | Foreign Passport Number and Country of Issuance |
|---|---|---|---|---|
| | | | | |

| Signature of Employee | Today's Date (mm/dd/yyyy) |
|---|---|
| | |

**If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.**

## Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

| | List A | OR | List B | AND | List C |
|---|---|---|---|---|---|
| **Document Title 1** | | | | | |
| Issuing Authority | | | | | |
| Document Number (if any) | | | | | |
| Expiration Date (if any) | | | | | |
| **Document Title 2 (if any)** | | | | | |
| Issuing Authority | | | | | |
| Document Number (if any) | | | | | |
| Expiration Date (if any) | | | | | |
| **Document Title 3 (if any)** | | | | | |
| Issuing Authority | | | | | |
| Document Number (if any) | | | | | |
| Expiration Date (if any) | | | | | |

**Additional Information**

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

**Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.**

First Day of Employment (mm/dd/yyyy):

| Last Name, First Name and Title of Employer or Authorized Representative | Signature of Employer or Authorized Representative | Today's Date (mm/dd/yyyy) |
|---|---|---|
| | | |

| Employer's Business or Organization Name | Employer's Business or Organization Address, City or Town, State, ZIP Code |
|---|---|
| | |

**For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.**

# LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.
* Documents extended by the issuing authority are considered unexpired.
Employees may present one selection from List A or a
combination of one selection from List B and one selection from List C.
**Examples of many of these documents appear in the Handbook for Employers (M-274).**

| LIST A<br>**Documents that Establish Both Identity and Employment Authorization** | OR | LIST B<br>**Documents that Establish Identity** | AND | LIST C<br>**Documents that Establish Employment Authorization** |
|---|---|---|---|---|
| **1.** U.S. Passport or U.S. Passport Card | | **1.** Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address | | **1.** A Social Security Account Number card, unless the card includes one of the following restrictions:<br>**(1)** NOT VALID FOR EMPLOYMENT<br>**(2)** VALID FOR WORK ONLY WITH INS AUTHORIZATION<br>**(3)** VALID FOR WORK ONLY WITH DHS AUTHORIZATION |
| **2.** Permanent Resident Card or Alien Registration Receipt Card (Form I-551) | | **2.** ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address | | **2.** Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) |
| **3.** Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa | | **3.** School ID card with a photograph | | **3.** Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal |
| **4.** Employment Authorization Document that contains a photograph (Form I-766) | | **4.** Voter's registration card | | **4.** Native American tribal document |
| **5.** For an individual temporarily authorized to work for a specific employer because of his or her status or parole:<br>**a.** Foreign passport; and<br>**b.** Form I-94 or Form I-94A that has the following:<br>**(1)** The same name as the passport; and<br>**(2)** An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. | | **5.** U.S. Military card or draft record | | **5.** U.S. Citizen ID Card (Form I-197) |
| | | **6.** Military dependent's ID card | | **6.** Identification Card for Use of Resident Citizen in the United States (Form I-179) |
| | | **7.** U.S. Coast Guard Merchant Mariner Card | | **7.** Employment authorization document issued by the Department of Homeland Security<br>For examples, see **Section 7** and **Section 13** of the M-274 on **uscis.gov/i-9-central**.<br>The Form I-766, Employment Authorization Document, is a List A, **Item Number 4.** document, not a List C document. |
| | | **8.** Native American tribal document | | |
| | | **9.** Driver's license issued by a Canadian government authority | | |
| | | **For persons under age 18 who are unable to present a document listed above:** | | |
| | | **10.** School record or report card | | |
| | | **11.** Clinic, doctor, or hospital record | | |
| | | **12.** Day-care or nursery school record | | |
| **6.** Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI | | | | |

## Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.
For receipt validity dates, see the M-274.

| | | | |
|---|---|---|---|
| • Receipt for a replacement of a lost, stolen, or damaged List A document.<br>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.<br>• Form I-94 with "RE" notation or refugee stamp issued to a refugee. | OR | Receipt for a replacement of a lost, stolen, or damaged List B document. | Receipt for a replacement of a lost, stolen, or damaged List C document. |

*Refer to the Employment Authorization Extensions page on **I-9 Central** for more information.

# Employment Eligibility Verification

**Department of Homeland Security**
U.S. Citizenship and Immigration Services

Must be this current version!

**USCIS Form I-9**
OMB No.1615-0047
Expires 05/31/2027

**START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.**

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

## Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.

| Last Name (Family Name) | First Name (Given Name) | Middle Initial (if any) | Other Last Names Used (if any) |
|---|---|---|---|
| Doe | Jane | | Smith |

| Address (Street Number and Name) | Apt. Number (if any) | City or Town | State | ZIP Code |
|---|---|---|---|---|
| 123 Anywhere Town | | Nowhere | VT | 05123 |

| Date of Birth (mm/dd/yyyy) | U.S. Social Security Number | Employee's Email Address | Employee's Telephone Number |
|---|---|---|---|
| 01/01/1990 | 1 2 3 4 5 6 7 8 9 | jane.doe@gmail.com | 802-555-1234 |

**I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.**

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

- [x] 1. A citizen of the United States
- [ ] 2. A noncitizen national of the United States (See Instructions.)
- [ ] 3. A lawful permanent resident (Enter USCIS or A-Number.)
- [ ] 4. An alien authorized to work until (exp. date, if any)

If you check **Item Number 4.**, enter one of these:

| USCIS A-Number | OR | Form I-94 Admission Number | OR | Foreign Passport Number and Country of Issuance |
|---|---|---|---|---|
| | | | | |

| Signature of Employee | | Today's Date (mm/dd/yyyy) |
|---|---|---|
| Jane Doe | EMPLOYEE MUST SIGN & DATE! | 1/1/2026 |

**If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.**

## Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

| | List A | OR | List B | AND | List C |
|---|---|---|---|---|---|
| **Document Title 1** | | | License | | Social Security Card |
| Issuing Authority | | | US Government- DMV | | Social Security Administration |
| Document Number (if any) | | | 111111111 | | 123456789 |
| Expiration Date (if any) | | | 1/1/2028 | | N/A |
| **Document Title 2 (if any)** | | | | | |
| Issuing Authority | | | | | |
| Document Number (if any) | | | | | |
| Expiration Date (if any) | | | | | |
| **Document Title 3 (if any)** | | | | | |
| Issuing Authority | | | | | |
| Document Number (if any) | | | | | |
| Expiration Date (if any) | | | | | |

**Additional Information**

The reviewing of this documentation for authenticity is on the employer of record. They must review these documents!

- [ ] Check here if you used an alternative procedure authorized by DHS to examine documents.

**Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.**

First Day of Employment (mm/dd/yyyy):

| Last Name, First Name and Title of Employer or Authorized Representative | Signature of Employer or Authorized Representative | Today's Date (mm/dd/yyyy) |
|---|---|---|
| John Doe | John Doe | 01/01/2026 |

| Employer's Business or Organization Name | Employer's Business or Organization Address, City or Town, State, ZIP Code |
|---|---|
| John Doe | 1234 Backwards St, Nowhere Town, VT 05123 |

**For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.**

## Current or Prospective Employee
## Authorization to Perform Background Check(s)

I, _____, hereby acknowledge and agree that ARIS Solutions may conduct the background checks identified for me on behalf of my employer. I understand that the results of these checks will be made available to ARIS Solutions for the purpose of reviewing my suitability as an employee for consumers. I further understand that if any disqualifying convictions, substantiations, or findings are identified through these background checks, ARIS Solutions will provide a report of these findings to my potential or current employer to then determine if application for a variance is wanted.

I authorize ARIS Solutions to perform the following background check(s) on behalf of my potential or current employer based on the information provided below.

- Criminal History Information Check (VCIC);
- Department of Motor Vehicles Record Check (DMV);
- Agency of Human Services Adult Protection Service and Child Abuse Record Check

_____ _____

**Signature of Current or Prospective Employee** **Date**

| | |
|---|---|
| **First Name** | |
| **Last Name** | |
| **Alias or Maiden Name(s)** | |
| **Employee Home Address** | |
| **Date of Birth (MM/DD/YYYY)** | |
| **Gender at Birth** | |
| **Place of Birth (City, State)** | |
| **Employee Full Social Security Number** | |
| **Vermont Drivers License Number** | |
| **Phone Number** | |

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

# Employee Confirmation Form

**Employee Name**: _____ **Employer Name**: _____

By signing this form, I understand:

- There are State, Federal and program rules that apply to the care I provide,
- The person who hired me and signs my timesheets is my employer,
- Based on my relationship to my employer, I may be exempt from some taxes,
- Based on my relationship to my employer or the person I plan on caring for, I may **not** be able to provide some kinds of care. Ie Spouse,
- There is paperwork I must fill out before I can start to work,
- I must pass background checks before I can start to work,
- If I work before I have passed the background checks, I will not be paid,
- It is my employer's responsibility to make sure I am paid,
- I am not employed by ARIS Solutions, the State of Vermont or the agency that provides funding to the person that I provide care to,
- My employer should be the person to send in my timesheet,
- There is a deadline for when my timesheet must arrive to be paid on time,
- Late timesheets will not be paid until the next regularly scheduled payroll for the program I work in,
- If my employer sends in a timesheet that is missing information, it could delay my payment,
- Funding for my payroll comes from Medicaid,
- Signing a timesheet that is not accurate could be considered Medicaid fraud,
- It is never okay to sign blank timesheets,
- Signing timesheets in someone else's name could be considered Medicaid fraud,
- Sometimes to answer my question, ARIS Solutions staff might need to talk to my employer and have my employer talk to me.

**Employee Signature**: _____ **Date**: _____

VERMONT



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

# Employee Electronic Visit Verification Notification Form

**Employee Name**: _____ **Employer Name:** _____

Electronic Visit Verification (EVV): is a telephone and computer-based system that records information about services provided. EVV is federally required, from the 21st Century CURES Act, which directs all states to use an EVV system for specific Medicaid funded services.

By signing this form, I understand:

- EVV is a Federal requirement for caregivers who perform home-based services for individuals enrolled in a State of Vermont program.
- Exemptions to EVV requirements are:
    - If you live with the individual receiving services
    - If the service is provided solely in the community
- If program requirements and/or participant needs change, my EVV exemption status may change,
- EVV requires the use of resources such as a landline phone, smartphone, and/or computer,
- EVV visits must be recorded at the time services are delivered,
- Shifts on a timesheet must have matching EVV data,
- EVV visits do not replace a timesheet submission,
- EVV does not replace your payroll responsibilities,
- If my employer sends in a timesheet that is missing EVV information, it could delay my payment.

**Employee Signature:** _____ **Date**: _____

**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: _____

**Please keep this form for your records.**

Relationship based restrictions are listed by program below:

Developmental Disability Services

Restrictions to payment for services rendered under **Developmental Disabilities Services** programs, including **Family Managed Respite**, outside of the allowances of the Legally Responsible Individual policy are as follows, as outlined in the Vermont Medicaid Manual for Development Disabilities Services *revised January 2018*, section 1.8 Worker Qualifications:

- Payment will not be made for services furnished by:
  - Legal Guardian or spouse/domestic partner/civil union partner of legal guardian.
  - Individual's parent, step-parent or adoptive parent.
  - Domestic partner or civil union partner of the parent.
  - Spouse, domestic partner or civil union partner of the individual.
  - Payment will not be made to spouse/domestic partner/civil union partner of a home provider for respite.
- Payment *may* be made to the spouse/domestic partner/civil union partner of the home provider for Community Supports, In Home residential supports at the discretion of the contracting DS agency.

Choices for Care

Unless there is a variance approved by the Adult Services Division, restrictions to payment for services rendered under **Choices for Care**, **Flexible Choices, Moderate Needs** & **Adult Family Care** are as follows, as outlined in the Choices for Care Vermont Long-Term Services & Supports Program Operations Manual High & Highest Needs Group *revised July 2020*, Section IV.3.E. & Section IV.10.F & Section IV.11.I:

- A legal guardian, appointed by probate court, may not be paid to provide Personal Care Services.
- The participant's legal guardian shall not be paid to provide Adult Family Care services to the participant.
- A spouse or civil union partner shall not be paid to provide assistance with Instrumental Activities of Daily Living (IADLs) as part of personal care services.
  - IADLs are defined as:
    a. Meal Preparation
    b. Medication Management
    c. Using the Telephone
    d. Money Management
    e. Household Maintenance
    f. Light Housekeeping
    g. Laundry
    h. Shopping
    i. Transportation

j. Care of Medical or Adaptive Equipment

Restrictions to payment for Respite Care and Companion Care services rendered under **Choices for Care** programs are as follows, as outlined in as outlined in the Choices for Care Vermont Long Term Services & Supports Program Operations Manual High & Highest Needs Group *revised July 2020*, Section IV.4.E & Section IV.5.E:

- A spouse or civil union partner of the individual receiving services shall not be paid to provide respite care services.
- A spouse or a civil union partner of the individual receiving services shall not be paid to provide companion care services.
- A legal guardian, appointed by the probate court, shall not be paid to provide respite care services.
- A legal guardian, appointed by probate court, shall not be paid to provide companion
- care services.

Children's Personal Care

Restrictions to payment for services rendered under the **Children's Personal Care Services** program, with the exception of the allowances provided under the Legally Responsible Adult policy, are as follows, as outlined in the Children's Personal Care Services Program guidelines, *dated June 30, 2023*:

- A personal care worker may not be a biological or adoptive parent, guardian, shared living provider, foster parent, stepparent, domestic/civil union partner of the child's primary caregiver, or relative serving in the primary caregiver capacity.

Brain Injury Program

Restrictions to payment for services rendered under the **Brain Injury Program** are as follows, as outlined in the Traumatic Brain Injury Provider/Procedures Manual Section V:

- Payment will not be made for services furnished by the consumer's parent, step-parent or adoptive parent; by the consumer's spouse, domestic partner or legal guardian; or by sibling under the age of eighteen (18).

Attendant Services Program

Restrictions to payment for services rendered under the **Attendant Services Program**, inclusive of **Medicaid Participant Directed Attendant Care (PDAC)** and **Attendant Services Program (ASP) General Funds**, are as follows, as outlined in the Attendant Services Program Employer Handbook *Revised July 2014*, Chapter VI:

- The spouse or civil union partner of a participant may be paid to provide services as an employee under ASP General Fund programs, but will not be paid under Medicaid PDAC.
- An ASP Participant's legal guardian (appointed by a probate court) may not be paid to provide services as an employee under ASP.

Please contact your agency or case manager with questions you may have regarding how a relationship between an employee and individual receiving care may impact payment.

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

## Direct Deposit Authorization Form

Please complete the yellow highlighted sections below to sign up for Direct Deposit of your paycheck and submit either a voided/cancelled check or a typed and signed letter from the bank/financial institution—on their letterhead—that includes your account information. This information **cannot be handwritten.**

At this time, we **cannot**:

- Deposit funds into more than one account
- Deposit funds into any debit accounts (i.e., H&R Block Emerald Card)
- Deposit funds into an account that is not yours (the employee's)
- Accept deposit tickets/slips or account statements
- Accept starter checks or checks with handwritten information on them
- Accept request to cancel or change accounts over the phone. All change requests/cancellations must be made in writing, for your protection.

It will take at least one full pay period for your Direct Deposit Authorization to go into effect. You will be paid with a paper check until the process is completed.

By enrolling in direct deposit, you agree to allow payments in error to be reversed. ARIS Solutions staff will contact you in advance in the event an error and a funds reversal is necessary.

**Name:** _____

**Employer Name:** _____

**Telephone Number:** _____

**Bank Name:** _____

**Account Type (*choose one*):** ☐ Checking ☐ Savings

**Non-Payroll/Legall Responsible Individual Recipient:** ☐ Yes ☐ No

**Signature:** _____ **Date:** _____

**You must include a voided/cancelled check OR include a signed letter from your bank that includes your name, account and routing number.**

# e-Timesheets Registration Form and Agreement

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** ☐ Required

**My Employer's** name is: _____

You are also agreeing that:

- You understand that ARIS Solutions reports suspected fraud to the Vermont Office of Attorney General-Medicaid Fraud and Residential Abuse Unit (MFRAU) 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 Medicaid fraud.

**Signature** _____
Required

**Print Name** _____
Required

**Date** _____
Required

**Financial Management Support Empowering Independent Lives.**
Tel: 800.798.1658 □ Fax: 802.295.0663 □ PO Box 4409 □ White River Jct., VT 05001
www.arissolutions.org

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

# Change of Information Form

Use this form to update information with ARIS Solutions.

**Name:**

**Role:**

**Last 4 digits of SSN:** _____

Check the appropriate box and fill in the information below. **If a name change is occurring, supporting legal documentation is required with submissions.**

| | | | |
|---|---|---|---|
| ◯ Address Update | ◯ Name Change | ◯ Involuntary Termination | ◯ Voluntary Termination |
| ◯ Email Address Update | | ◯ Phone Number Update | |

**Fill in appropriate changes**

| | | |
|---|---|---|
| | | |
| Name: | | |
| Address: | | |
| City: | State: | Zip Code: |
| Email Address: | | |
| Phone Number: | | |

If notifying of separation from employment, please select the reason below:

◯ Lack of Productivity/Poor Quality of Work

◯ Attendance Issues

◯ Employee quit with written notice

◯ Employee quit with verbal notice

◯ Other:

Last Date of Employment:

Printed Name: _____ Signature: _____

Date: _____