



**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 **pink** 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 must have original signatures; enclosed are envelopes to use to send the forms back.

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’ Customer Service staff. Representatives can be reached by calling (800) 798-1658.

Forms must be mailed back to us—because we must have original signatures, we cannot accept faxed or emailed copies. Our mailing address is:

**ARIS Solutions
PO Box 4409
White River Jct., VT 05001**

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 second page of this form.** You do **not** need to send ARIS Solutions copies of your identification.
- Background Check Forms**
 - 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**” on the top of the form
 - You must return the form for the packet to be complete and processed
- 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.
- Direct Deposit Authorization Form** (*optional*)
- e_Timesheets Registration Form and Agreement** (*optional*)

Mailing address	Physical address (for dropping off forms)
ARIS Solutions PO Box 4409 White River Jct., VT 05001	ARIS Solutions 72 So. Main Street 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 -- Agency of Human Services
Self and Surrogate-Managed Programs

Employee Hiring Notice

Employee Name: _____ Date of Birth: _____

Employee Mailing Address: _____

Employee Physical Address: _____

City: _____ State: _____ Zip: _____ Preferred Language: _____

Phone Number: _____ Social Security Number: _____
 Cell Home

Employee Email Address: _____

Relationship to:

Employer: _____ Individual Receiving Support: _____

By Leaving the Employer relationship blank, I choose not to take exemptions available to me

Employer Name: _____ Employer Last Four of 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;
- Legal guardians cannot be paid caregivers without permission from the Agency of Human Services.

Return New Employee Hiring forms to:

**ARIS Solutions
PO Box 4409
White River Jct., VT 05001**

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

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.

2023

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		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 .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> 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.)		

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, other details, and privacy.

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) Reserved for future use.

(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 (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

TIP: If you have self-employment income, see page 2.

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):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$ _____		
	Multiply the number of other dependents by \$500.....\$ _____		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$ _____
Step 4 (optional): 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. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ _____

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.

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 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 **and** you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), 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 2023 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). 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 15, 2024.

Your privacy. If you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c).

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 income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds \$160,200 for a given individual.

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.

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 roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount 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 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 (optional).

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 5, if you expect to claim deductions other than the basic standard deduction on your 2023 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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.

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.

- 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 4. 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
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 4 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
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 4 and enter this amount on line 2b
c Add the amounts from lines 2a and 2b and enter the result on line 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.
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 (along with any other additional amount you want withheld)

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



- 1 Enter an estimate of your 2023 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: \$20,800 if you're head of household, \$27,700 if you're married filing jointly or a qualifying surviving spouse, \$13,850 if you're single or married filing separately
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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	\$850	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870
\$10,000 - 19,999	0	930	1,850	2,000	2,200	2,220	2,220	2,220	2,220	2,220	3,200	4,070
\$20,000 - 29,999	850	1,850	2,920	3,120	3,320	3,340	3,340	3,340	3,340	4,320	5,320	6,190
\$30,000 - 39,999	850	2,000	3,120	3,320	3,520	3,540	3,540	3,540	4,520	5,520	6,520	7,390
\$40,000 - 49,999	1,000	2,200	3,320	3,520	3,720	3,740	3,740	4,720	5,720	6,720	7,720	8,590
\$50,000 - 59,999	1,020	2,220	3,340	3,540	3,740	3,760	4,750	5,750	6,750	7,750	8,750	9,610
\$60,000 - 69,999	1,020	2,220	3,340	3,540	3,740	4,750	5,750	6,750	7,750	8,750	9,750	10,610
\$70,000 - 79,999	1,020	2,220	3,340	3,540	4,720	5,750	6,750	7,750	8,750	9,750	10,750	11,610
\$80,000 - 99,999	1,020	2,220	4,170	5,370	6,570	7,600	8,600	9,600	10,600	11,600	12,600	13,460
\$100,000 - 149,999	1,870	4,070	6,190	7,390	8,590	9,610	10,610	11,660	12,860	14,060	15,260	16,330
\$150,000 - 239,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$240,000 - 259,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$260,000 - 279,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	18,140
\$280,000 - 299,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,870	17,870	19,740
\$300,000 - 319,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,470	15,470	17,470	19,470	21,340
\$320,000 - 364,999	2,040	4,440	6,760	8,550	10,750	12,770	14,770	16,770	18,770	20,770	22,770	24,640
\$365,000 - 524,999	2,970	6,470	9,890	12,390	14,890	17,220	19,520	21,820	24,120	26,420	28,720	30,880
\$525,000 and over	3,140	6,840	10,460	13,160	15,860	18,390	20,890	23,390	25,890	28,390	30,890	33,250

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	\$310	\$890	\$1,020	\$1,020	\$1,020	\$1,860	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040
\$10,000 - 19,999	890	1,630	1,750	1,750	2,600	3,600	3,600	3,600	3,600	3,760	3,960	3,970
\$20,000 - 29,999	1,020	1,750	1,880	2,720	3,720	4,720	4,730	4,730	4,890	5,090	5,290	5,300
\$30,000 - 39,999	1,020	1,750	2,720	3,720	4,720	5,720	5,730	5,890	6,090	6,290	6,490	6,500
\$40,000 - 59,999	1,710	3,450	4,570	5,570	6,570	7,700	7,910	8,110	8,310	8,510	8,710	8,720
\$60,000 - 79,999	1,870	3,600	4,730	5,860	7,060	8,260	8,460	8,660	8,860	9,060	9,260	9,280
\$80,000 - 99,999	1,870	3,730	5,060	6,260	7,460	8,660	8,860	9,060	9,260	9,460	10,430	11,240
\$100,000 - 124,999	2,040	3,970	5,300	6,500	7,700	8,900	9,110	9,610	10,610	11,610	12,610	13,430
\$125,000 - 149,999	2,040	3,970	5,300	6,500	7,700	9,610	10,610	11,610	12,610	13,610	14,900	16,020
\$150,000 - 174,999	2,040	3,970	5,610	7,610	9,610	11,610	12,610	13,750	15,050	16,350	17,650	18,770
\$175,000 - 199,999	2,720	5,450	7,580	9,580	11,580	13,870	15,180	16,480	17,780	19,080	20,380	21,490
\$200,000 - 249,999	2,900	5,930	8,360	10,660	12,960	15,260	16,570	17,870	19,170	20,470	21,770	22,880
\$250,000 - 399,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$400,000 - 449,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$450,000 and over	3,140	6,380	9,010	11,510	14,010	16,510	18,010	19,510	21,010	22,510	24,010	25,330

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	\$620	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,650	\$1,870	\$1,870	\$1,890	\$2,040
\$10,000 - 19,999	620	1,630	2,060	2,220	2,220	2,220	2,850	3,850	4,070	4,090	4,290	4,440
\$20,000 - 29,999	860	2,060	2,490	2,650	2,650	3,280	4,280	5,280	5,520	5,720	5,920	6,070
\$30,000 - 39,999	1,020	2,220	2,650	2,810	3,440	4,440	5,440	6,460	6,880	7,080	7,280	7,430
\$40,000 - 59,999	1,020	2,220	3,130	4,290	5,290	6,290	7,480	8,680	9,100	9,300	9,500	9,650
\$60,000 - 79,999	1,500	3,700	5,130	6,290	7,480	8,680	9,880	11,080	11,500	11,700	11,900	12,050
\$80,000 - 99,999	1,870	4,070	5,690	7,050	8,250	9,450	10,650	11,850	12,260	12,460	12,870	13,820
\$100,000 - 124,999	2,040	4,440	6,070	7,430	8,630	9,830	11,030	12,230	13,190	14,190	15,190	16,150
\$125,000 - 149,999	2,040	4,440	6,070	7,430	8,630	9,980	11,980	13,980	15,190	16,190	17,270	18,530
\$150,000 - 174,999	2,040	4,440	6,070	7,980	9,980	11,980	13,980	15,980	17,420	18,720	20,020	21,280
\$175,000 - 199,999	2,190	5,390	7,820	9,980	11,980	14,060	16,360	18,660	20,170	21,470	22,770	24,030
\$200,000 - 249,999	2,720	6,190	8,920	11,380	13,680	15,980	18,280	20,580	22,090	23,390	24,690	25,950
\$250,000 - 449,999	2,970	6,470	9,200	11,660	13,960	16,260	18,560	20,860	22,380	23,680	24,980	26,230
\$450,000 and over	3,140	6,840	9,770	12,430	14,930	17,430	19,930	22,430	24,150	25,650	27,150	28,600

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			
<input type="checkbox"/> Single	<input type="checkbox"/> Married/Civil Union Filing Jointly	<input type="checkbox"/> Married/Civil Union Filing Separately	<input type="checkbox"/> 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 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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	Other Last Names Used (if any)	
Address (Street Number and Name)	Apt. Number	City or Town		State
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's E-mail Address		Employee's Telephone Number
	□□□□ - □□ - □□□□			

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i> <i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i> 1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	QR Code - Section 1 Do Not Write In This Space

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

Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator	Today's Date (mm/dd/yyyy)
Last Name (Family Name)	First Name (Given Name)
Address (Street Number and Name)	City or Town
	State
	ZIP Code

STOP *Employer Completes Next Page* STOP



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
-------------------------------------	-------------------------	-------------------------	------	--------------------------------

List A
OR
List B
AND
List C
Identity and Employment Authorization
Identity
Employment Authorization

Document Title	Document Title	Document Title
Issuing Authority	Issuing Authority	Issuing Authority
Document Number	Document Number	Document Number
Expiration Date (if any) (mm/dd/yyyy)	Expiration Date (if any) (mm/dd/yyyy)	Expiration Date (if any) (mm/dd/yyyy)
Document Title	<div style="border: 1px solid black; padding: 5px;"> Additional Information </div>	
Issuing Authority		
Document Number		
Expiration Date (if any) (mm/dd/yyyy)		
Document Title		
Issuing Authority	<div style="border: 1px solid black; padding: 5px;"> QR Code - Sections 2 & 3 Do Not Write In This Space </div>	
Document Number		
Expiration Date (if any) (mm/dd/yyyy)		
Document Title		
Issuing Authority		
Document Number		
Expiration Date (if any) (mm/dd/yyyy)		

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative		
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name		
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status 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. 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 	OR	<ol style="list-style-type: none"> 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, gender, height, eye color, and address 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, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">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 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 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. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



Agency of Human Services

Adult Protective Services, 103 S. Main Street, Ladd Hall, Waterbury, VT 05671-2306
AND
Child Abuse Registry Unit, 103 S. Main Street, Waterbury, VT 05671-2401

FORM C

CONSENT FOR RELEASE OF REGISTRY INFORMATION

This form is for use with the ON-LINE registry checking system ONLY

This consent form must be filled out completely and signed by the current employee, prospective employee, contractor or volunteer and kept on file at the requesting organization. The Agency of Human Services reserves the right to audit these consent forms at any time.

Current or Prospective Employee, Contractor, or Volunteer Information

Full Name: _____ Gender: Male Female
LAST FIRST Middle Initial

Address: _____

Last four digits of social security number: XXX-XX-_____

Phone number: _____ Birth Date: _____ Place of Birth: _____
City, State, Country

Other **FIRST** names I have used, if any (i.e. Nicknames, Aliases): _____
(Type or Print)

Other **LAST** names I have used, if any (i.e. Maiden Names, Aliases): _____
(Type or Print)

I hereby authorize release of any information of reports of abuse, neglect or exploitation substantiated against me and contained in the **Vermont Adult Abuse Registry** and/or the **Vermont Child Protection Registry** to:

ARIS Solutions
 (Print Organization Name)

 (Prospective) Staff, Contractor, or Volunteer Signature Date



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

Consent for Release of Information: Request for Vermont Criminal Record Check

Remember: You must use your full legal name

1. Employee: Last First Middle

2. Maiden or Alias Name(s):

3. Social Security Number: / /

4. Place of Birth: City or Town State

5. Date of Birth: Month Day Year

6. Telephone Number:

RELEASE

I, hereby acknowledge and agree to a check of any criminal convictions which may be maintained by the Vermont Criminal Information Center. I understand that the results of that check will be made available to ARIS Solutions for use in reviewing my suitability as an employee to consumers. The results of this check will also be provided to the employer listed on my Employee Hiring Notice to make determination about employment and may be provide to State of Vermont/Agency of Human Services personnel. I further understand that I have the right to appeal the results of the criminal record check to the Vermont Criminal Information Center, Department of Public Safety, 103 South Main Street, Waterbury, VT, 05671.

Signature of Employee: Date



Vermont DMV Record Request

DEPARTMENT OF MOTOR VEHICLES
Agency of Transportation
dmv.vermont.gov

120 State Street
Montpelier, Vermont 05603-0001
802.828.2000

Requests for Vermont Department of Motor Vehicles records must be submitted on this form. The form must be completed in ink.

All applicable sections of this form (front and back) must be completed to obtain the requested information. Do not mail cash! Make check or money order payable (in U.S. funds only) to:
Vermont Department of Motor Vehicles.

Signature Required on Back of Form

Requester Name: ARIS Solutions		DBA/Company:	
Mailing Address:	Street/Box Number:	PO Box 4409	
	City, State, Zip:	White River Jct., VT 05001	
Mail to (if different than above address):			Telephone Number: 800-798-1658
<input type="checkbox"/> Listings of 1 through 4 current or expired registrations – \$8.00 <input type="checkbox"/> Listing of 1 through 4 current or expired operator's license – \$8.00 <input type="checkbox"/> Certified copy of current or original registration application – \$8.00 <input type="checkbox"/> Certified copy of expired operator's license application – \$8.00 <input type="checkbox"/> Certified copy individual accident report – \$12.00 <input type="checkbox"/> Certified copy police accident report – \$18.00 <input type="checkbox"/> Insurance information of accident – \$8.00 <input type="checkbox"/> Statistics and research – \$42.00 per hour <input type="checkbox"/> Periodic inspection sticker record – \$8.00 <input type="checkbox"/> Lists of registered dealers, transporters, periodic inspection stations, rental vehicle companies, fuel dealers and distributors (including gallons sold or delivered) – \$8.00 per page <input type="checkbox"/> Other – Write explanation on reverse side of this form. All other items of information requested will be furnished at a minimum charge of \$8.00.			
<input type="checkbox"/> Certified copy of suspension notice – \$8.00 <input type="checkbox"/> Certified copy of reinstatement notice – \$8.00 <input type="checkbox"/> Certified copy of title – \$6.00 <input type="checkbox"/> Certified copy of vehicle title search, title info, lien info. – \$22.00 <input type="checkbox"/> Certified copy of vessel, snowmobile or ATV title search – \$13.00 <input type="checkbox"/> Certified copy of 3 year operating record (Vermont only) – \$14.00 <input type="checkbox"/> Certified copy of complete operating record (Vermont only) – \$20.00 <input type="checkbox"/> Certified copy of proof of mailing – \$8.00 <input type="checkbox"/> Certified copy of mail receipt – \$8.00			

I am requesting information concerning:

VIN		Vehicle Make	Vehicle Year	VT License Plate #	Expiration Date	
Name			VT Driver License Number	Date of Birth		
Street/Box Number				Social Security Number		
City			State	Zip Code		
Date(s) you want covered, if applicable (does not apply to driving records)						
Month	Day	Year	Through	Month	Day	Year

AUTHORIZATION OF RELEASE OF INFORMATION

I hereby, with my signature, authorize (print name of person or business you are authorizing):

To perform a one-time search of the VT Department of Motor Vehicles files (pertaining to me) and any resulting reports.
 To perform a one-time authorization to transact business (pertaining to me) with the VT Department of Motor Vehicles.

Signature of individual authorizing release:	Date authorization given:
---	----------------------------------

Information requested (be specific, if necessary use separate sheet of paper):

The information requested may be disclosed if its use is authorized under the Driver Privacy Protection Act. The information being requested is:

↓	You must initial inside the appropriate box(es)/category(ies) below:
1.	For use by any government agency, including any court or law enforcement agency, in carrying out its functions, or any private person acting on behalf of a government agency in carrying out its functions. Appropriate documents identifying requester are required* .
2.	For use in connection with matters of motor vehicles or driver safety and theft; motor vehicle emissions; motor vehicle product alterations, recalls, or advisories; performance monitoring of motor vehicles, motor vehicle parts, and dealers; motor vehicle market research activities, including survey research; and removal of non-owner records from the original owner records of motor vehicle manufacturers. <i>An explanation that details the reason(s) why you feel you qualify under this category must be attached to this document.</i>
3.	For use in the formal course of business by a legitimate business or its agents, employees, or contractors: a. To verify the accuracy of personal information submitted by the individual to the business or its agents, employees, or contractors; and b. If the information as so submitted is not correct or is no longer correct, to obtain the correct information, but only for the purposes of preventing fraud by, pursuing legal remedies against, or recovering on a debt or security interest against, the individual. Appropriate documents identifying requester are required* .
4.	For use in connection with any proceeding in any court or government agency or before any self-regulatory body, including the service of process, investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, or pursuant to an order of any court. <i>An explanation that details the reason(s) why you feel you qualify under this category must be attached to this document.</i>
5.	For use in research activities, and for use in producing statistical reports, so long as the personal information is not published, re-disclosed, or used to contact individuals. <i>An explanation that details the reason(s) why you feel you qualify under this category must be attached to this document.</i>
6.	For use by any insurer or insurance support organization, or by a self-insured entity, or its agents, employees, or contractors, in connection with claims investigation activities, antifraud activities, rating, or underwriting. Appropriate documents identifying requester are required* .
7.	For use in providing notice to the owner or lien-holder of a towed or impounded vehicle.
8.	For use by any licensed private investigative agency or licensed security service for any purpose permitted under this section. Appropriate documents identifying requester are required* .
9.	For use by an employer, of its agent or insurer, to obtain or verify information relating to a holder of a commercial driver's license which is required under the Commercial Motor Vehicle Safety Act of 1996 [Title XII of Public Law 99-570].
10.	For use in connection with the operation of private toll transportation facilities.
11.	For any use specifically authorized by law that is related to the operation of a motor vehicle or public safety. <i>An explanation that details the reason(s) why you feel you qualify under this category must be attached to this document.</i>
12.	Unrestricted or specified use with written consent of the person who is the subject of the information. This includes information regarding oneself. ("Release portion" on other side of this form must be completed in full.)

In requesting and using this information I acknowledge that this disclosure and any re-disclosure is subject to the Driver Privacy Protection Act (18 USC §2723). This is signed and the request made subject to the penalties of 18 USC §2723 and 23 VSA §202.

Signature of Requester:		Date:	
Driver License/Corporate Number of Requester:			

Upon receipt of this request by the Vermont Department of Motor Vehicles, it will be reviewed by the appropriate department personnel to determine whether this request conforms to (DPPA) protocol and requirements. Failure to meet these qualifications will result in a denial of your request.

* **Appropriate documents identifying requester are required. You must include copies of your identification and documents verifying you are authorized to obtain this information. Failure to meet these qualifications will result in a denial of your request. If you are unsure what documents are required, call 802.828.2000**

FOR DEPARTMENT USE ONLY – DO NOT WRITE ANYTHING BEYOND THIS POINT

This request is hereby denied as the record(s) is/are exempt from inspection and copying for the following reason:

- They are records which, by law, are designated confidential or by a similar term.
- They are records which, by law, may only be disclosed to specifically designated persons.

You have the right to appeal this denial to the Commissioner of Motor Vehicles (appeals must be submitted in writing).

Vermont Department of Motor Vehicles: _____



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

Employee Confirmation Form

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

Employee Mailing Address: _____

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

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,
- 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:** _____



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

**Employee Electronic Visit
Verification Notification Form**

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

Employee Mailing Address: _____

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

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 the following programs:
 - Attendant Services- General Funds (ASP)
 - Attendant Services- PDAC
 - Brain Injury Program (BIP)
 - Children’s Personal Care Services (CPCS)
 - Choices for Care (CFC)
 - Flexible Choices (Flex)
 - Moderate Needs (MNG)
- 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

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 anything that is not a bank or credit union**
- 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.

Employee Name: _____

Employer Name: _____

Telephone Number: _____

Bank Name: _____

Account Type (choose one): Checking Savings

Non-Payroll 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.



ARIS Solutions
P.O. Box 4409
White River Jct., VT 05001
(800) 798-1658



ARIS Solutions
P.O. Box 4409
White River Jct., VT 05001

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

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

Dedicated to your Peace of Mind
 Tel. 802-295-1658 ~ Fax: 1-802-295-0663
 PO Box 4409 ~ White River Jct., VT 05001
www.arissolutions.org