



ARIS Solutions
Department of Disabilities, Aging and Independent Living
Adult Services Division Services
COVID Employer Enrollment Packet

Included in this packet are the forms that you must fill out to in order to be paid for work provided during the COVID emergency. Payment for services is allowable only during the COVID emergency **when other workers are not available**. This exception is only available to the employer of record who manages services on behalf of someone who is authorized to receive services through:

- Choices for Care Home Based Services
- Flexible Choices
- Moderate Needs Group
- Personal Services
- Traumatic Brain Injury Services

To be eligible, you (the employer) must:

- Live in the same residence as the participant (individual authorized services)
- Not be the participant
- Not receive payment for providing care through a shared living provider (SLP) stipend

This packet is not be completed by prospective employees who are not the employer. Employees enrolling to work for you, providing care to an individual receiving support from one of the programs listed above, need to complete a New Hiring Packet.

Also included in this packet is a COVID employer specific payroll form and payment schedule. **You must use the COVID forms to submit for these payments.** We are not able to process requests submitted using other forms or methods. For tax purposes, you will receive a Form 1099 to report income on your taxes, if applicable.

Forms will be available on our website while these payments are allowable or additional blank copies can be sent to you upon request.

You must fill out all the sections of enrollment paperwork so we can run the necessary background checks and enter you into our system for payment. The required fields are highlighted in **yellow**. If you provided care prior to submitting this payroll packet, once all paperwork has been correctly completed, you may be eligible for payment for services rendered during the COVID emergency.



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

We must have original signatures; you **cannot** fax or email these forms to us. Enclosed is an envelope to use to send the form back. We will not be able to process your paperwork until we receive this form with original signatures.

You will need to return to us, completed, the:

☐ **Employer-Participant Relationship Form**

☐ **Agency of Human Services Adult Protection Service and Child Abuse Unit 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

☐ **Direct Deposit Authorization Form** (*optional*)

If you have any questions, please do not hesitate to contact us. We can be reached by calling (800) 798-1658 or by emailing financial@arissolutions.org. Our Customer Services team is available Monday through Friday from 8:00 a.m. to 4:00 p.m.



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Department of Disabilities, Aging and Independent Living
Adult Services Division
Surrogate-Managed Programs

Employer-Participant Relationship Form

This form provides some basic information to link you to the individual that you are managing services for. All fields must be completed. If you do not have an email address, please write "n/a". Please use blue or black ink and write clearly.

Employer's Name: _____

Mailing Address: _____

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

Phone Number: _____

☐ cell ☐ home

Employer's Email Address: _____

Employer's Social Security Number: _____

Participant's Name: _____

Participant's Date of Birth: _____

Last 4 Digits of Participant's Social Security Number: _____



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 record of 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. 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. This form may be photocopied for your convenience. The form must be completed in ink. Please print all information, except signatures, which must be written.

*** ALL APPLICABLE SECTIONS OF THIS FORM (FRONT AND BACK) MUST BE COMPLETED TO OBTAIN THE REQUESTED INFORMATION. ***

Signature Required on Back of Form	
Requester Name:	DBA/Company:
ARIS Solutions	
Mailing Address:	Street/Box Number: P. O. Box 4409
	City, State, Zip: White River Jct., VT 05001
Mail to (If different than above address):	
Same as above	
Telephone Number:	
(800) 798-1658	
<input type="checkbox"/> Listings of 1 through 4 current or expired registrations – \$8.00	<input type="checkbox"/> Certified copy of suspension notice – \$8.00
<input type="checkbox"/> Listing of 1 through 4 current or expired operator's license – \$8.00	<input type="checkbox"/> Certified copy of reinstatement notice – \$8.00
<input type="checkbox"/> Certified copy of current or original registration application – \$8.00	<input type="checkbox"/> Certified copy of title – \$6.00
<input type="checkbox"/> Certified copy of expired operator's license application – \$8.00	<input type="checkbox"/> Certified copy of vehicle title search, title info, lien info. – \$22.00
<input type="checkbox"/> Certified copy individual accident report – \$12.00	<input type="checkbox"/> Certified copy of vessel, snowmobile or ATV title search – \$13.00
<input type="checkbox"/> Certified copy police accident report – \$18.00	<input checked="" type="checkbox"/> Certified copy of 3 year operating record (Vermont only) – \$14.00
<input type="checkbox"/> Insurance information of accident – \$8.00	<input type="checkbox"/> Certified copy of complete operating record (Vermont only) – \$20.00
<input type="checkbox"/> Statistics and research – \$42.00 per hour	<input type="checkbox"/> Certified copy of proof of mailing – \$8.00
<input type="checkbox"/> Periodic inspection sticker record – \$8.00	<input type="checkbox"/> Certified copy of mail receipt – \$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.	

• **DO NOT MAIL CASH!** • **Make check or money order payable (in U.S. funds only) to: VT DEPARTMENT OF MOTOR VEHICLES.**

Rater #	FOR DEPARTMENT USE ONLY
	Audit Line: →

I am requesting information concerning:

VIN Number	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):

ARIS Solutions

- ☒ 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

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 signed letter from the bank that includes your account information.

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 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.

Name: _____

Telephone Number: _____

Bank Name: _____

Account Type (choose one): ☐ Checking ☐ Savings

Signature: _____ **Date:** _____

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



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(800) 798-1658



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Department of Disabilities, Aging and Independent Living
Adult Services Division
COVID Payment Request

Date:			
Check Payable to:			
Mailing Address:			
Participant's Name:			
Relationship to Participant:			
Pay Period:			
Hours of Personal Care Requested:		Rate:	
Hours of Companionship/Respite Requested:		Rate:	

By signing this form, I attest that I am the employer of services for this participant and currently reside in the same home as the participant.

Signature:

Date:

Phone Number:

ARIS Solutions will provide a Form 1099 related to Adult Service Division COVID Payments to report this income on individual 2020 income taxes if applicable.