

ARIS Solutions

Financial & Payroll Services for the Nonprofit Sector

ARIS SOLUTIONS

PO BOX 4409

W.R.JCT., VT 05001

Phone 866.970.3301

Fax 802.295.9812

veteranpayroll@arissolutions.org**Enrollment Forms for:****PCA VD-HCBS Program Employees**

ALL FORMS MUST BE SIGNED/DATED AND RETURNED TO ARIS SOLUTIONS

- ☐ Employee Confirmation of Receipt
- ☐ HIPAA Employee Confidentiality Privacy Information Agreement
- ☐ Employee Hiring Notice
- ☐ Relationship Disclosure Form
- ☐ Authorization to Perform Background Check(s)
 - Department of Motor Vehicles
 - Adult & Child Abuse Registry
 - PA Criminal History Check
- ☐ Form I-9 Employment Eligibility Verification
- ☐ Federal Tax Withholding (Form W-4)
- ☐ Residency Certification Form (Form CLGS-32-6)
- ☐ Direct Deposit Authorization

If you have questions please contact *the Veterans Department at 866-970-3301*

Return Packet to:

ARIS SOLUTIONS- VETERAN DEPT.
PO BOX4409
72 SOUTH MAIN STREET, WRJ, VT 05001
Phone: 866.970.3301 (toll free)
Fax: 802.295.9812
Email: veteranpayroll@arissolutions.org



New Employee Information

Welcome to Veteran Directed Home and Community Based Services!

A participant and/or employer has selected you as a potential employee. As an employee you will provide home and community based personal care services to the participant and/or employer. The participant and/or employer will direct the work you do, including hiring, firing, scheduling, training, supervising and managing your employment.

ARIS Solutions (ARIS), will serve as the FMS Provider on behalf of the participant and/or employer.

Overview of Veteran Directed Home and Community Based Services

In this employment model, participants and/or employers select, hire, train, schedule, supervise and manage their own employees. The participant may elect to have a representative as their employer, this is a trusted friend or family member, who will help them manage their services. The employee is always an employee of either the participant or his/her representative employer.

ARIS is contracted to help with the administrative employer responsibilities.

ARIS Solutions(ARIS), is the FMS Provider.

ARIS assists the participant/employer by:

- Assisting with initial employer/employee paperwork
- Performing background checks on potential employees
- Receiving timesheets from the employer
- Paying only those hours that are authorized in the participant's budget
- Paying employees, including withholding taxes and processing any other deductions
- Issuing Forms W-2 at year-end

Getting Started

Before you can serve as an employee, you must be approved to provide services. To be approved, you must do the following:

- Correctly complete and return ALL of new employee application forms. See the Checklist on page one.
- Pass a criminal background check
- Be authorized to work in the United States
- Be issued a start date from ARIS, or the participant and/or employer.

You are an employee when ALL paperwork has been processed and you have been notified of a **start date**

Contact Information

You can remove this page from the packet and post it somewhere prominent so you always have the information you need to contact the resources you need.

ARIS Solutions-Veteran Program staff is available for support Monday through Friday from 8:00 am to 4:00pm (EST) and can be reached at **866.970.3301** (toll free) or Website www.arissolutions.org.

ARIS Solutions is not open on state or federal holidays.

Veteran Program Team

| Topic | Resource | Contact Info |
|--|---|--|
| Veteran Program Director | Theresa Danforth | theresad@arissolutions.org |
| Veteran Program Specialist *Employer questions/concerns | Emilie Donka | emilied@arissolutions.org |
| Veteran Program Payroll Specialist (s) | Megan Whiton Janet Allen Nina Newcity | meganw@arissolutions.org janeta@arissolutions.org ninan@arissolutions.org |



ARIS Solutions

Financial & Payroll Services for the Nonprofit Sector



ARIS Solutions

PROGRAM INTEGRITY and FRAUD PREVENTION

Maintaining and improving program integrity is one of the most important aspects of the Veteran Directed Program. Program integrity including fraud prevention is critical to sustaining this program model. Participants, authorized representatives, and providers are vital to preventing fraud and maintaining program integrity.

Fraud and abuse with funds from the Veteran's Administration can cost billions of dollars each year, diverting funds that could otherwise be used for additional services or to assist more people that need care. As a participant, authorized representative, care provider or recipient of funds, you must comply with all State and Federal laws and prevent misuse or fraud of any funds within this programs. Honesty and integrity are expected of all who participate in the Veteran Directed Program. (Please refer to the New "Employer/Participant" Handbook for more detail on fraud within the Veteran Directed Program)

Definition

Fraud is to intentionally misrepresent, cheat or deceive in order to benefit or gain something of value. Medicaid fraud is knowingly falsifying or misrepresenting the truth to obtain unauthorized benefits. Abuse includes any practice inconsistent with acceptable practices that will unnecessarily increase costs.

Examples of Fraud and Abuse Include

- Submitting timesheets for services not actually provided
- Approving/authorizing hours that employees didn't actually work
- Recording more time or stating different times than you actually work
- Changing hours on a timesheet after it has been approved
- Not providing the services the participant needs
- Falsifying a worker's compensation claim
- Falsifying or misrepresentation on applications or documentation
- Billing for services while in the hospital or other care facility
- Submitting twice for the same service
- Requiring an employee to "share" their paycheck with the employer

Results

Fraud is a felony conviction that can lead to substantial penalties, including imprisonment up to ten years, or a fine of up to \$1,000 or an amount equal to twice the amount of assistance or benefits wrongfully obtained, or both. If convicted of fraud you may be excluded for a minimum of five years from any employment with a program or facility that receives Medicaid funding.

REPORTING

If you suspect or know of fraud or abuse occurring, it is your duty and responsibility to report this immediately to the Association of Area Agency and the Veteran's Administration. Or call ARIS Solutions at 802.280.1911 and the proper people will be contacted.

ARIS Solutions



PROGRAM BACKGROUND CHECK EXCLUSIONS

Funds administered by the Veteran Directed Home and Community Based Services Program may not be used to employ, place or contract with a person who has:

- *A substantiated record of abuse, neglect, or exploitation of a child or a vulnerable adult;*
- *Been excluded from participation in Medicaid or Medicare services programs, or facilities by the Federal Department of Health and Human Services' Office of the Inspector General; and/or,*
- *A criminal conviction for an offense involving bodily injury, abuse of a vulnerable person, a felony drug offense, or a property/money crime involving violation of a position of trust, including, but not limited to:*
 - *Aggravated assault*
 - *Aggravated stalking*
 - *Aggravated sexual assault*
 - *Assault and robbery*
 - *Manslaughter*
 - *Assault upon law enforcement*
 - *Cruelty to children*
 - *Arson*
 - *Extortion*
 - *Abuse, neglect, or exploitation of a vulnerable adult or child*
 - *Cruelty to animals*
 - *Hate motivated crime*
 - *Kidnapping*
 - *Lewd and lascivious conduct*
 - *Simple assault*
 - *Sexual assault*
 - *Murder*
 - *Domestic assault*
 - *Stalking*
 - *Embezzlement*
 - *Recklessly endangering another person while driving*

**ARIS****Solutions****Employee Confirmation of Receipt**

I, _____, have read the "Program Integrity and Fraud Prevention" and "Background check exclusions" documents provided by ARIS Solutions.

I understand and accept my role as an employee in the Veteran Directed Program employment model.

I understand I am responsible for completing required employment paperwork, passing a background check, and submitting my timesheets to my employer, as well as, maintaining program integrity by preventing and reporting fraud.

I understand and acknowledge that as a FMS Provider, ARIS Solutions, **is not** my employer.

Signed,

Signature

Date

HIPAA EMPLOYEE CONFIDENTIALITY PRIVACY INFORMATION AND AGREEMENT

SUMMARY OF HIPAA PRIVACY RULES FOR EMPLOYEES

The Department of Health and Human Services has adopted privacy regulations under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). These "Privacy Rules" require most doctors, hospitals and health insurers ("Covered Entities") to develop procedures to limit the use and disclosure of patients' protected health information ("PHI") as well as notify patients of their rights with respect to such information.

In order to comply with the Privacy Rules, each Covered Entity must develop and implement its own privacy policy and procedures for the protection of PHI by April 14, 2003. However, in many ways, these policies will simply reflect the "best practices" for patient privacy and confidentiality with which all health care workers should already be familiar.

Privacy of Patient Information

Although temporary personnel are likely to encounter some variations among privacy policies at different Covered Entities, all the policies should permit them (with a few exceptions) to:

- Disclose PHI to the patient himself (or to a child's parent or guardian).
- PHI may also be disclosed to a person involved in the patient's care, such as an elderly patient's adult child or friend who is acting as interpreter, as long as the patient doesn't object.
- There are few exceptions, such as psychotherapy notes in some states.
- Disclose PHI in accordance with a written patient authorization.
- Use or disclose PHI for purposes of treatment, payment or health care operations.
- Treatment purposes: **There are no restrictions on disclosures of PHI for purposes of treating a patient.** Medical staff may freely discuss a patient's treatment among themselves.
- Other Purposes: However, disclosures of PHI for purposes of obtaining payment or for administering health care operations should be limited to the "minimum necessary" to accomplish the purpose. For example, although a hospital's billing office may inform a collection agency that "Patient X owes \$Y to Doctor Z", it may not disclose the nature of treatment Patient X received.
- Disclose "general directory information" about the patient.
 - A hospital may provide general information about a patient's status (excluding specific medical information) to telephone callers.
- Disclose PHI as required by law, or regarding potential victims of abuse, neglect or domestic violence, or to avoid a serious threat to health or safety.
 - For example, a hospital may respond to a police inquiry by disclosing that is treated a patient for a gunshot wound, and a doctor or nurse may report an abused child to the proper authorities.

If you are asked to make any disclosures which violate these guidelines, or which do not seem to you like professional "best practices", you should contact ARIS Solutions/VDHCBS Program.

(However, you should be aware that reasonably unavoidable disclosures which are "incidental" to permitted uses of PHI do not violate the Privacy Rules. For example, a hospital does not violate the Privacy Rules if a visitor improperly removes a covered or inward-facing patient chart from its holder and reads it, and a pharmacist may discreetly discuss a prescription with a customer at the pharmacy counter, even though other customers might overhear).

Assigned Employee Confidentiality and Privacy Agreement

Date: _____

As a condition of my assignment by **ARIS Solutions/ VDHCB Program** with any **Veteran/Client**, I hereby acknowledge and agree as follows:

I will not use, disclose, or in any way reveal or disseminate to unauthorized parties any information I gain through contact with materials or documents that are made available through my assignment with the **Veteran/Client** or that I learn about during such assignment.

I will not disclose or in any way reveal or disseminate any information pertaining to the **Veteran/Client** or its operating methods and procedures that comes to my attention as a result of this assignment.

Under no circumstances shall I remove copies or documents from the premises of the **Veteran/Client**.

I have read the attached "Summary of HIPAA Privacy Rules" and understand it. During my assignment with AN EMPLOYER, I will abide by the principles described in this attached summary as well as any privacy policy provided to me by the **Veteran/Client**. In particular, I will not use, disclose or in any way reveal or disseminate any protected health information that I learn in connection with any assignment, except in accordance with such principles and privacy policy.

I understand that I shall be responsible for any direct or consequential damages resulting from any violation of this Agreement. This obligation of this Agreement shall remain in effect even after my employment by the **Veteran/Client** has ended.

Assigned Employee

Printed Name

Signature & Date:

X

Witness

Printed Name

Signature & Date:

X

**ARIS Solutions**



ARIS Solutions

Employee Hiring Notice

Employee Information

Legal Name

First

Middle

Last

Maiden/other

Address _____

Street

Apt

City

State

ZIP

Phone Number (____) _____ Alt. Number (____) _____

Employee Social Security Number _____

Date of Birth _____

Email Address _____

Foreign exchange student: yes no

Are you under 18 and enrolled in school: yes no

PLEASE NOTIFY ARIS SOLUTIONS IN WRITING OF ANY ADDRESS CHANGES

Veteran/Employer Name:

Approved Rate of Pay:

Employee Signature _____ Date _____

*****PLEASE NOTIFY ARIS SOLUTIONS IN WRITING IMMEDIATELY IF AN EMPLOYEE HAS A CHANGE IN ADDRESS OR A NAME CHANGE. NAME CHANGES MUST BE ACCOMPANIED BY A COPY OF A SOCIAL SECURITY CARD, DRIVERS LICENSE, MARRIAGE OR DIVORCE CERTIFICATIONS OR COURT DOCUMENTS DOCUMENTING THE NEW NAME.*****



Relationship Disclosure Form

Employee Name

Employer Name

Are you related to the employer?

_____ **Yes** _____ **No** (if no- you can skip to sign and date)

If yes how are you related to the employer? **Please check only one-** for example if the employer is your grandmother, you are the grandchild)... check grandchild

| | |
|--|--|
| <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child (Date of Birth): <input type="checkbox"/> Domestic Partner | <input type="checkbox"/> Grandparent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> Other: |
|--|--|

Exempt- Due to your relationship with the employer and current legislation, you are exempt from payroll taxes for Social Security and Medicare (FICA), and Unemployment insurance (FUTA and SUTA) which means you are not earning Social Security work credits and you will not receive unemployment benefits if your employment is terminated. (for more info please see IRS Publication 15- Family Employees at www.irs.gov)

SUTA exempt- Due to your relationship with the employer and current legislation, you are exempt from unemployment insurance payroll taxes (SUTA). If your employment is terminated, you will not receive unemployment benefits.

The following relationships are exempt from: **Social Security, Medicare, and FUTA.**

SPOUSE, PARENT, CHILD under 21

The following relationship is exempt from: **FUTA**

GRANDCHILD under 21

The following relationships are exempt from: **SUTA**

SPOUSE, PARENT, CHILD (under 18)

Note: It is the employee's responsibility to notify ARIS Solutions if this relationship or living arrangement should change.

I acknowledge and understand the tax implications of my relationship with my employer.

Signature of Employee

Date



ARIS Solutions

Employee Authorization to Perform Background Check(s)

I, _____, have reviewed the list of excluded convictions, substantiations, and findings. I understand that ARIS Solutions will conduct background checks for me on behalf of my employer. I further understand that should any excluding conviction, substantiation or finding be identified as a result of these background checks that ARIS Solutions will be unable to process any payment for me.

I authorize ARIS Solutions to perform the following background check(s) on behalf of my potential or current Employer.

- Criminal History Check
 - *If you have resided in Pennsylvania for less than 5 years OR are not a resident of Pennsylvania please list address history for past 5 years (below)*

Signed,

Signature of Employee

Date

Name of Employer:

Record Check Request Form

Please enter as much information as possible for the individual you would like to perform a background check on. First and middle names may **NOT** contain numbers, hyphens, apostrophes, dashes, or any other non-alphabetic characters. Last names may contain dashes. Fields marked with an * are required. To submit multiple requests, click the "Add Request" button. When finished entering requests, click the "Finished" button.

First Name: *

Middle Name:

Last Name: *

Suffix:

Identity Theft #:

Social Security #: (xxxxxxxx) (Highly recommended)

Date of Birth: / / (mm/dd/yyyy) *

Sex:

Race:

Aliases and/or Maiden Name

| | First | Middle | Last/Maiden |
|---------|----------------------|----------------------|----------------------|
| Alias 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Alias 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Alias 3 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Alias 4 | <input type="text"/> | <input type="text"/> | <input type="text"/> |



ARIS SOLUTIONS

Financial & Payroll Services for the Nonprofit Sector

Form I-9 Instructions

Employee Steps:

- 1.) Complete Section 1
 - a. Name (Last, First, Middle Initial, and Other Name(s), if applicable)
 - b. Address (Street – no PO Boxes, City, State, and Zip Code)
 - c. Date of Birth
 - d. Social Security Card
 - e. E-mail Address
 - f. Telephone Number
- 2.) Answer citizen status question by checking the box that applies to you, the employee.
- 3.) Sign and date.

Employer Steps:

****The below steps must be completed by the employer or a representative of the employer. They cannot be completed by the employee****

- 1.) Complete Section 2
 - a. Enter the employee's name under the Section 2 heading.
 - b. Examine employee documents. The employer must physically examine:
 - i. one document from List A OR
 - ii. one document from both List B and List C.
 - c. Record the document details under the appropriate list within Section 2.

****The below are examples and should only be used as a guide. As the employer you cannot specify which documents your employee must present****

 - i. **Example A:** The employee provides a passport. Record in List A:
 1. Document title: 'Passport'
 2. Issuing authority: 'USA'
 3. Document #: 'xxxxxx'
 4. Expiration Date: 'xx/xx/xxxx'
 - ii. **Example B:** The employee provides a driver's license and social security card. Record in:

List B

 1. Document title: 'Drivers License'
 2. Issuing authority: State of issuance 'WI'
 3. Document #: 'Xxxx-xxxx-xxxx-xx'
 4. Expiration Date: 'xx/xx/xxxx'

List C

 5. Document title: 'Social Security Card'
 6. Document #: Social Security Number 'xxx-xx-xxxx'
- d. Sign your name, date, enter your title (Employer), and print your name and address.



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

USCIS
Form I-9

OMB No. 1615-0047
 Expires 08/31/2019

► **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 ZIP Code |
| Date of Birth (mm/dd/yyyy) | U.S. Social Security Number | | Employee's E-mail Address | | Employee's Telephone Number |
| | <div style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; text-align: center;"> <div style="display: flex; justify-content: space-between;"> □ □ □ □ - □ □ - □ □ □ □ </div> </div> | | | | |

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> | |
| 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. | |
| 1. Alien Registration Number/USCIS Number: _____ <p align="center">OR</p> 2. Form I-94 Admission Number: _____ <p align="center">OR</p> 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 |



Employer Completes Next Page





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

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

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 Identity and Employment Authorization | OR | List B Identity | AND | List C 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>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div> | | |
| Issuing Authority | | | | |
| Document Number | | | | |
| Expiration Date (if any)(mm/dd/yyyy) | | | | |
| Document Title | | | | |
| Issuing Authority | | | | |
| Document Number | | | | |
| Expiration Date (if any)(mm/dd/yyyy) | | | | |
| Document Title | | | | |
| Issuing Authority | | | | |

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 HHCSR | | |
| 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 |
|---|----------------------------------|--|

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 | | <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 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 | <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 Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security |

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Form W-4 (2018)

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

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2018 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note:

Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

Line F. Credit for other dependents.

When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

| | | | | | |
|--|--|---|--|---|--|
| Form W-4 Department of the Treasury Internal Revenue Service | | Employee's Withholding Allowance Certificate ▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS. | | OMB No. 1545-0074 2018 | |
| 1 Your first name and middle initial | | Last name | | 2 Your social security number | |
| Home address (number and street or rural route) | | 3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate." | | | |
| City or town, state, and ZIP code | | 4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. ▶ <input type="checkbox"/> | | | |
| 5 Total number of allowances you're claiming (from the applicable worksheet on the following pages) | | 5 | | | |
| 6 Additional amount, if any, you want withheld from each paycheck | | 6 | | \$ | |
| 7 I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption. | | | | | |
| • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. | | | | | |
| If you meet both conditions, write "Exempt" here | | ▶ | | 7 | |
| Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete. | | | | | |
| Employee's signature (This form is not valid unless you sign it.) ▶ | | | | | |
| 8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.) | | 9 First date of employment | | 10 Employer identification number (EIN) | |



RESIDENCY CERTIFICATION FORM

Local Earned Income Tax Withholding

TO EMPLOYERS/TAXPAYERS:

This form is to be used by employers and/or taxpayers to report essential information for the collection and distribution of Local Earned Income Taxes to the local EIT collector. This form must be utilized by employers when a new employee is hired or when a current employee notifies employer of a name and/or address change. Use the Address Search Application at www.newPA.com/Act32 to determine PSD codes, EIT rates and tax collector contact information.

EMPLOYEE INFORMATION – RESIDENCE LOCATION

| | | | | | |
|--|--|----------|---|--|--|
| NAME (Last Name, First Name, Middle Initial) | | | SOCIAL SECURITY NUMBER <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0;"></div> | | |
| STREET ADDRESS (No PO Box, RD or RR) | | | | | |
| ADDRESS LINE 2 | | | | | |
| CITY | STATE | ZIP CODE | DAYTIME PHONE NUMBER | | |
| MUNICIPALITY (City, Borough or Township) | | | | | |
| COUNTY | RESIDENT PSD CODE <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0;"></div> | | TOTAL RESIDENT EIT RATE | | |

EMPLOYER INFORMATION – EMPLOYMENT LOCATION

| | | | | | |
|---|---|----------|--|--|--|
| EMPLOYER BUSINESS NAME (Use Federal ID Name) | | | EMPLOYER FEIN <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0;"></div> | | |
| STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR) | | | | | |
| ADDRESS LINE 2 | | | | | |
| CITY | STATE | ZIP CODE | PHONE NUMBER | | |
| MUNICIPALITY (City, Borough or Township) | | | | | |
| COUNTY | WORK LOCATION PSD CODE <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0;"></div> | | WORK LOCATION NON-RESIDENT EIT RATE | | |

CERTIFICATION

| | |
|---|-------------------|
| Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct and complete. | |
| SIGNATURE OF EMPLOYEE | DATE (MM/DD/YYYY) |
| PHONE NUMBER | EMAIL ADDRESS |

For information on obtaining the appropriate MUNICIPALITY (City, Borough, Township), PSD CODES and EIT (Earned Income Tax) RATES, please refer to the Pennsylvania Department of Community & Economic Development website:

www.newPA.com/Act32



ARIS Solutions- Veteran Program

Direct Deposit Agreement Form

☐ Enrollment in Direct Deposit

☐ Change in Direct Deposit

☐ Enroll in SOLE PAYCARD

Please sign and return next page

Employee Name: _____

Employer Name: _____

Authorization Agreement

I hereby authorize ARIS Solutions- Veteran Program to initiate automatic deposits to my account at the financial institution named below. I also authorize ARIS Solutions- Veteran Program to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold ARIS Solutions- Veteran Program responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until ARIS Solutions- Veteran Program receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Veteran Department.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ ☐ Checking | ☐ Savings

Signature

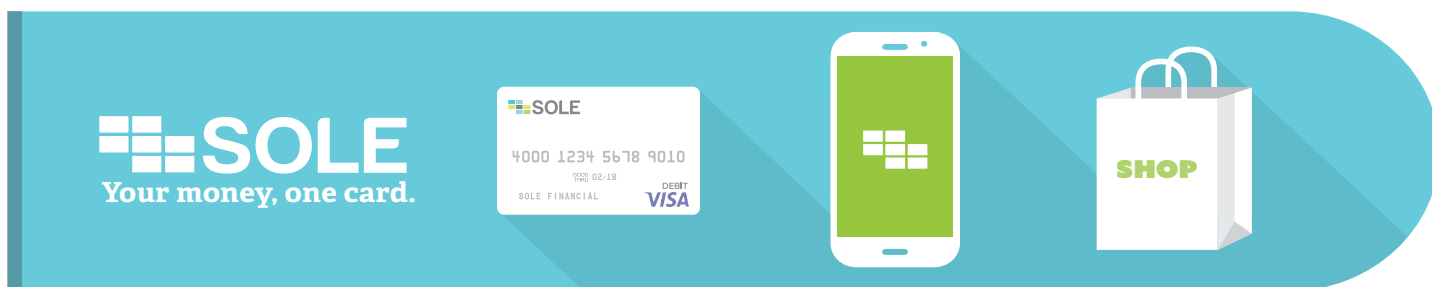
Authorized Signature (Employee): _____ Date: _____



ARIS Solutions- Veteran Program

SOLE® Visa® Payroll Card

- ☐ We've partnered with SOLE to eliminate paper checks and provide our employees with a more secure and reliable form of payment. With the payroll card, your money is available instantly on payday without having to pay excessive check cashing fees.



****IMPORTANT****

The paycard **belongs to you, not your employer**. It has its own routing and account number, just like a bank account. You can use it for any direct deposit, including: **your second job, next job, and any government benefits** (tax return, social security, etc.).

Features:

- **Mobile App**
 - Check your balance, view transaction history, and find your routing and account information, all with the SOLE Paycard mobile app for Apple and Android.
- **Cash Back**
 - When you swipe your card at the grocery store, select “debit” and follow the instructions for cash back. This feature is available at merchants like Walmart, 7 Eleven, and more!
- **Bill Pay**
 - Instead of using a money order or paying in cash, you can pay your bills with SOLE Bill Pay. You can use Bill Pay for one time payments or set up automatic recurring bills like rent.
- **Personalized Card and ePix Options***
 - You can call and upgrade to a personalized card with your name on it or use our ePix card designer to customize your card with your very own picture. The first one is on us!
- **Everyday Purchases and Online Shopping**
 - Your card can be used anywhere Visa is accepted, even online. All debit and credit transactions are always offered at no-cost.

*Fees may apply, see cardholder agreement for details

Name (Please Print): _____ Date: _____

Signature: _____ Date: _____

The SOLE Visa Payroll Card is issued by The Bancorp Bank and Axiom Bank; Members FDIC pursuant to a license from Visa U.S.A. Inc. and may be used everywhere Visa debit cards are accepted. Visa All Rights Reserved. Please see back of card for issuing bank.

VDHCBS- Pennsylvania Time Sheet and Reimbursement Schedule 2018

| Pay Period | Pay Period Start Date | Pay Period End Date | Timesheet Check Request & Reimbursement Date | Direct Deposit Date |
|------------|-----------------------|---------------------|--|---------------------|
| 1 | 12/17/2017 | 12/30/2017 | 1/6/2018 | 1/12/2018 |
| 2 | 12/31/2017 | 1/13/2018 | 1/20/2018 | 1/26/2018 |
| 3 | 1/14/2018 | 1/27/2018 | 2/3/2018 | 2/9/2018 |
| 4 | 1/28/2018 | 2/10/2018 | 2/17/2018 | 2/23/2018 |
| 5 | 2/11/2018 | 2/24/2018 | 3/3/2018 | 3/9/2018 |
| 6 | 2/25/2018 | 3/10/2018 | 3/17/2018 | 3/23/2018 |
| 7 | 3/11/2018 | 3/24/2018 | 3/31/2018 | 4/6/2018 |
| 8 | 3/25/2018 | 4/7/2018 | 4/14/2018 | 4/20/2018 |
| 9 | 4/8/2018 | 4/21/2018 | 4/28/2018 | 5/4/2018 |
| 10 | 4/22/2018 | 5/5/2018 | 5/12/2018 | 5/18/2018 |
| 11 | 5/6/2018 | 5/19/2018 | 5/26/2018 | 6/1/2018 |
| 12 | 5/20/2018 | 6/2/2018 | 6/9/2018 | 6/15/2018 |
| 13 | 6/3/2018 | 6/16/2018 | 6/23/2018 | 6/29/2018 |
| 14 | 6/17/2018 | 6/30/2018 | 7/7/2018 | 7/13/2018 |
| 15 | 7/1/2018 | 7/14/2018 | 7/21/2018 | 7/27/2018 |
| 16 | 7/15/2018 | 7/28/2018 | 8/4/2018 | 8/10/2018 |
| 17 | 7/29/2018 | 8/11/2018 | 8/18/2018 | 8/24/2018 |
| 18 | 8/12/2018 | 8/25/2018 | 9/1/2018 | 9/7/2018 |
| 19 | 8/26/2018 | 9/8/2018 | 9/15/2018 | 9/21/2018 |
| 20 | 9/9/2018 | 9/22/2018 | 9/29/2018 | 10/5/2018 |
| 21 | 9/23/2018 | 10/6/2018 | 10/13/2018 | 10/19/2018 |
| 22 | 10/7/2018 | 10/20/2018 | 10/27/2018 | 11/2/2018 |
| 23 | 10/21/2018 | 11/3/2018 | 11/10/2018 | 11/16/2018 |
| 24 | 11/4/2018 | 11/17/2018 | 11/24/2018 | 11/30/2018 |
| 25 | 11/18/2018 | 12/1/2018 | 12/8/2018 | 12/14/2018 |
| 26 | 12/2/2018 | 12/15/2018 | 12/22/2018 | 12/28/2018 |

Please assure that time sheets and other payment requests are submitted in a timely manner. Timesheets and invoices may be sent in as soon as the service has been provided. It is not necessary to wait until the due date.

Time sheets, reimbursements, employee paperwork and check requests received by the ARIS Solutions office after the due dates posted above will be processed with the next pay period.

Send to:
ARIS Solutions
PO Box 4409
White River Junction, VT 05001

Questions?
Veterans Department
1-877-867-1918 Ext. 346 or 348
veteranpayroll@arissolutions.org

Veteran Directed-Home and Community Based Services Program Timesheet

EMPLOYEE NAME:_____ **LAST FOUR DIGITS OF SS #**_____

Veteran Name: _____ **Veteran Phone #** _____

Was the Veteran admitted to a hospital or nursing home during any of these dates? Yes _____ No _____

If **YES**, indicate the dates the Veteran was **admitted to and discharged from** the hospital or nursing home _____

NO SERVICES CAN BE PAID WHILE PARTICIPANT IS ADMITTED TO A HOSPITAL/NURSING HOME

[illegible]

We (below) certify that the information provided on this form is true, accurate and complete.

Employee Signature _____

Date _____

Veteran/Employer Signature _____

Date _____

Timesheets received by ARIS Solutions after the due dates on the Payroll Schedule will be processed for the next scheduled pay date.

Mail timesheets to: ARIS Solutions- Veteran Dept. PO Box 4409 White River Jct., VT 05001

Secure Fax: 1-802-295-9812 **Secure Email:** veteranpayroll@arissolutions.org



Electronic Timesheets Agreement

I. About The Electronic Timesheets Module

- a. The Electronic Timesheets Module is a web-based interface through which Consumers, Employers, Employees, and Fiscal Intermediary staff can respectively view relevant timesheet information.
- b. Consumers, Employers and Employees will be able to use the system to both submit and approve timesheets electronically for payment by the Fiscal Intermediary.
- c. A Consumer is not required to have an Employer in order to use the system. But in cases where a Consumer does have an Employer and the Consumer approves the Employer to have access to the Electronic Timesheets Submission Interface, both the Consumer and his/her Employer will have identical abilities to enter and approve timesheets for payment. If the Consumer does not feel comfortable with the electronic interface, the Employer has the ability to handle all of the Consumer's timesheet submission and approval responsibilities.

II. Terms and Conditions

By signing below, you are agreeing to the following Terms and Conditions:

- a. The Consumer and/or his/her Employer and the Employee must have valid e-mail addresses that they access frequently.
- b. The Consumer, his/her Employer (if applicable) and the Employee agree to use the Electronic Timesheets Submission Interface as a method of submitting timesheets.
 - i. Signing this Agreement does not require you to only use the Electronic Timesheets Submission Interface. Other methods of submitting time, such as faxing or mailing, are still acceptable.
- c. A timesheet may not be submitted electronically if the Consumer and the Employee have not both signed and agreed to use the Electronic Timesheets Submission Interface via this Agreement.
 - i. If the Consumer approves their Employer to use the system, then the Employer must also sign this Agreement.
- d. An individual Electronic Timesheets Agreement is required for each Consumer/Employee relationship that chooses to use the Electronic Timesheets Submission Interface.
 - i. This is true even if the Consumer or Employee is already using the Electronic Timesheets Submission Interface in another Consumer/Employee relationship.

Program (Circle one): PCA BSST

Consumer Name: _____ Consumer E-mail: _____

Employer Name: _____ Employer E-mail: _____

Employee Name: _____ Employee E-mail: _____

Consumer Signature: _____ Date: _____

Employer Signature: _____ Date: _____

Employee Signature: _____ Date: _____

**** Note all fields in RED are required. Forms not completed in full will be returned.**

Please print very clearly and legibly, or processing could be delayed.

About the Electronic Timesheets Module

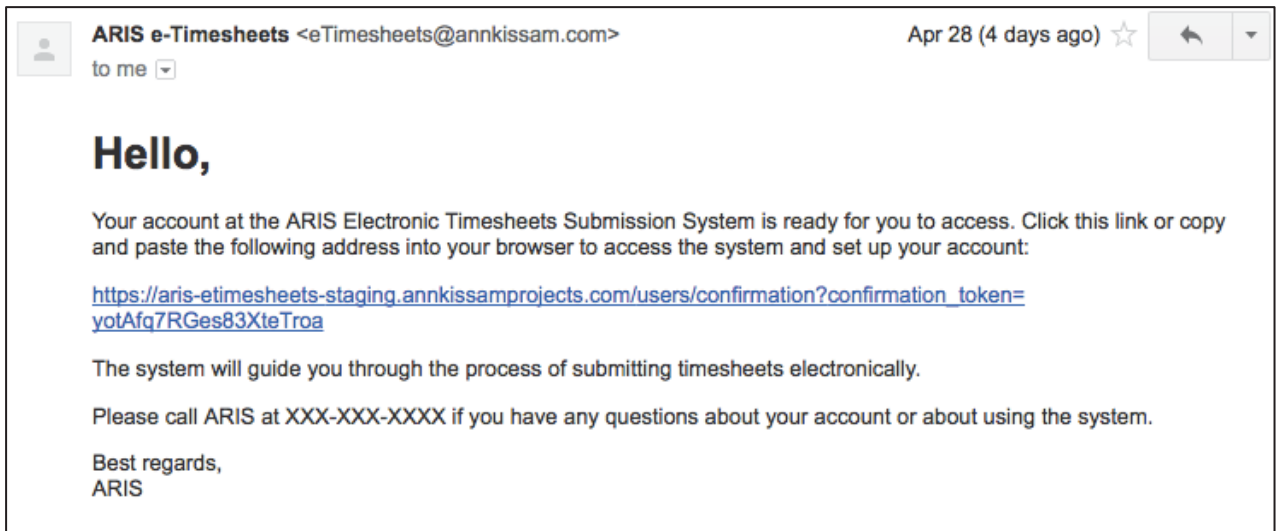
The Electronic Timesheets Module is a web-based interface through which Consumers, Employers, Representatives and Employees can respectively enter and view relevant timesheet information.

Electronic Timesheets Agreement

In order to use the Electronic Timesheets Submission interface, a Consumer, their Representative or Employer (if applicable) and their Employee must sign an Electronic Timesheets Agreement which states that they both have valid e-mail addresses, and agree to use the electronic timesheets submission interface as a method of submitting time.

Getting Started

1. An admin will create a user for the Consumer, Employer, Employee and Representative (if applicable).
2. The Consumer, Employer, Employee and Representative (if applicable) will each receive an e-mail alerting them that their account has been set up, and instructions for activating this account. Each user will click a one-time login link that expires after access to set up a password.



- Each user will be prompted to accept the Terms of Service, and set up a password for their account.

Electronic timesheets user

Terms of Service

USE OF USER ID AND PASSWORD:

1. If you register and/or set up an account on the Electronic Timesheets System Interface, you will be solely responsible for maintaining the confidentiality of your Registration Information. You may not authorize others to use your Registration Information. You may not sub-license, transfer, sell or assign your Registration Information and/or this Agreement to any third party. Any attempt to do so will be null and void and shall be considered a material breach of this Agreement.

2. You are solely responsible for all usage or activity on your account including, but not limited to, use of the account by any person who uses your Registration Information, with or without authorization, or who has access to any computer on which your account resides or is accessible.

3. If you have reason to believe that your account is no longer secure (for example, in the event of a loss, theft or unauthorized disclosure or use of your Personal Identifiable Information stored on the Electronic Timesheets System Interface), you must promptly change the affected Registration Information by using the appropriate update mechanism on the Electronic Timesheets System Interface, if available, or notify ARIS.

Please set your password for your account here.

New Password

Confirm Password

☐ I have read and accept the above terms of service.

Submit

- Once each user accepts the Terms of Service and creates a password, he or she may start using the system.

Entering a Timesheet

This is the process to use if you are entering a new timesheet. See below for how to add a new timesheet as a Consumer, an Employer, an Employee or a Representative. For information on how to