

Pennsylvania Veteran Directed Care 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

