

ARIS Solutions Fiscal Agent
ENROLLMENT OR CHANGE OF INFORMATION

Moderate Needs Flexible Funds Self-Hire (Home Care)

ENROLLMENT _____ REVISION _____ TERMINATION _____
 EFFECTIVE DATE OF CHANGE OR ENROLLMENT _____

Participant Information

* Participant Name _____ *Social Security # _____
 * Address _____ *Telephone # _____

Moderate Needs Flexible Funds (Home Care)

*Employer Name (if different from the Participant): _____
 *Address _____ *Telephone # _____

 *Start Date: _____ End Date _____
 *Total Funds Allotted For the Above Period: _____

Agency Information

* Agency Name _____ Telephone # _____
 *Contact Person _____ Telephone # _____

The undersigned does hereby authorize ARIS Solutions to pay any and all invoices submitted up to the amount specified above and agrees that within five business days of receipt of invoice, payment will be made to ARIS Solutions by direct deposit. The undersigned also agrees to pay ARIS Solutions a monthly administrative fee of \$35.00 per active participant per month by direct deposit.

* _____
 Agency Authorized Signature

 Date

* _____
 Employer Signature

 Date

All sections with * must be completed.

Complete all pertinent sections of this form and mail or fax to:

ARIS Solutions Telephone: 1-802-295-1658
 PO Box 4409 Fax #: 1-802-295-0663
 White River Jct., Vt. 05001

Agency Notes:

Note: Termination of consumer and or employer from the association of an agency is a critical event that needs immediate notification to ARIS Solutions. Until notification of either of the above, payment will continue to be made.