

**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.