

# Veteran's Independence Program Non-Payroll Reimbursement Request



Check Payable to: \_\_\_\_\_

Address: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Social Security #: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Did the participant have a hospital or nursing home stay during any of these dates? Yes  No   
 If YES, please indicate the dates the participant was admitted to and discharged from the Hospital. \_\_\_\_\_

Date	Indicate if Service, Goods or Cash ( <i>please attach receipts, invoices, order forms</i> )	Cash ✓ if yes	Amount to be Paid

\_\_\_ Check here if these purchases are to be paid from planned savings.  
 \_\_\_ Check here if these purchases are to be paid from rainy day savings. Rainy Day expenditures not included in the budget must be approved by Care Advisor.  
 \_\_\_\_\_ Care Advisor Signature

In the event that the total expenses exceed my approved allocation or savings, I understand that ARIS Solutions will not make full payment on my request.

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Employer Name: \_\_\_\_\_

Payment requests must be submitted every two weeks according to the pay schedule. Payment requests received more than two months after the service was provided or purchase was made cannot be paid.

Send to: ARIS Solutions  
 P.O. Box 4409  
 White River Junction, Vermont 05001      **QUESTIONS? CALL 1-877-867-1918**