



ARIS Solutions
P.O. Box 4409
White River Jct., VT 05001

Department of Disabilities, Aging and Independent Living
Developmental Disabilities Services
COVID Payment Authorization

Date:		Social Security Number of Family Caregiver to Receive Payment			
Check Payable to:					
Mailing Address:					
Name of Individual Receiving Services:					
Services Categories and Associated Dollar Amounts to Convert for Authorized Payment (within remaining balance)	Respite	Community	Employment	Home Supports	Transportation
Total Amount Authorized: (not to exceed remaining balance or \$5,000 whichever is less)					

Signature:	Agency		
Printed Name:			
Date:		Phone Number:	