iLIFE
Choice. With Confidence.

IRIS Program
EVV Corrections Form

Scan here to submit this form online.

Instructions:
1. The participant-hired worker completes all information and signs the bottom of the form.
2. The participant-hired worker submits this form using the QR code located above* by the timesheet due date.
   **Please note: If you are not able to submit the form online, you may mail or fax it in to iLIFE using the information at the bottom of this page.*

Please note the following: This form only needs to be completed if you need to make corrections to the EVV record, and is only required for the service codes listed below. Workers using Fixed Visit Verification (FVV) should complete this form to submit EVV when awaiting the arrival of the FVV device or if it is out of order.

BASIC INFORMATION

Participant Name:
Participant-hired Worker Name:
PHW#:
Pay Period Begins (MM/DD/YYY):
Pay Period Ends (MM/DD/YYYY):

VISIT INFORMATION *Additional space available on back*

Date	Start Time (with AM/PM)	End Time (with AM/PM)	Service Code	Reason Code

REASON CODES

Reason	Code
Caregiver Error *Participant-hired worker entered the wrong client or service*	CE
Mobile Device Issue *Mobile device is not working correctly, loses signal, etc.*	MDI
Telephonic Issue *TVV is not recognizing visit, not allowing a check in or out, etc.*	TI
Service Outside the Home *Service performed away from the address on file*	SOH
Missing in System *A check in or out was not recorded and is missing from the system*	MS
Other *Use this code for any exception related to the FVV device*	O

SERVICE CODES

Service Code	Description
T1019	PC/15 mins
S5125	SHC/15 mins
S5126	SHC/Day
COMBO	PC & SHC

Worker Signature: _____ **Date Signed:**

P.O. Box 91760
Milwaukee, WI 53209

Phone: 888-800-5599
Fax: 414-937-2034

Email: IRIS.EVV@iLIFE.org
Website: www.iLIFE.org

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If submitting both sides of this form, please fill out all fields in the Basic Information and signature sections below.

BASIC INFORMATION

Participant Name:	
Participant-hired Worker Name:	PHW#:
Pay Period Begins (MM/DD/YYY):	Pay Period Ends (MM/DD/YYYY):

VISIT INFORMATION

Date	Start Time (with AM/PM)	End Time (with AM/PM)	Service Code	Reason Code

Worker Signature: _____ **Date Signed:**

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