



**CONSUMER ADVISORY BOARD (CAB)
MEMBERSHIP APPLICATION**

Name (please print):		
Address:		
City:	State:	Zip Code:
Mobile Phone Number:	Alternate Phone Number:	
Email Address:		
Preferred Method of Contact:		
<input type="checkbox"/> Mobile Phone Number <input type="checkbox"/> Alternate Phone Number <input type="checkbox"/> Email Address <input type="checkbox"/> Other: _____		

Tempus Consumer Advisory Board (CAB) membership should represent a diverse group in Massachusetts, including geographic and demographic representation, to support the MassHealth PCA Program. To assist us in the selection, please complete the next section and check all that apply. Your assistance in providing this information is voluntary.

Role in the MassHealth PCA Program: <input type="checkbox"/> Consumer <input type="checkbox"/> Surrogate <input type="checkbox"/> PCA <input type="checkbox"/> Other: _____	County of Residence: _____ Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
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<p>Are you a family member of a person with a disability?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>If yes, what is your relationship?</p> <p><input type="checkbox"/> Parent</p> <p><input type="checkbox"/> Spouse/Partner</p> <p><input type="checkbox"/> Child</p> <p><input type="checkbox"/> Sibling</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Prefer not to answer</p>
<p>Race:</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Two or more races</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Prefer not to respond</p>	<p>Gender:</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Non-binary</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Prefer not to respond</p> <p>Age:</p> <p><input type="checkbox"/> 35 & Under</p> <p><input type="checkbox"/> 36 - 59</p> <p><input type="checkbox"/> 60 & Over</p> <p><input type="checkbox"/> Prefer not to respond</p>



1. What other organizations or groups are you an active or former member? Please list organization/group name, position, dates, and any other information that you want to tell us.
2. Please explain why you want to become a member of the Consumer Advisory Board and what you would want to accomplish:
3. What experience, perspectives or special skills would you bring to the Consumer Advisory Board?
4. If you are employed and/or belong to other groups or have a busy schedule, would you be able to make time commitments to attend all CAB meetings, including work group/sub-group meetings, and do some work needed between meetings throughout the course of your membership?

Yes No

5. The Consumer Advisory Board meetings may be held remotely, in-person at an accessible location, or a combination of both.

Would you be able to attend meetings: (check all that apply)

- Remotely, on a video conference call on your computer or smart phone
- In person, within 30 minutes' travel from your location
- In person, within 60 minutes' travel from your location
- In person, within 120 minutes' travel from your location

Please return this membership application form along with an optional letter of reference to:

Tempus Unlimited, Inc.
C/O Compliance Department
600 Technology Center Drive
Stoughton, MA. 02072
Phone: 1-877-479-7577
Email: CABMA@tempusunlimited.org

Deadline for submissions: Application must be post-marked by December 31, 2021. Nominees for membership are selected by the Tempus Unlimited, Inc. Compliance Department. There is a limit on the number of members so not all applications will be approved. You will be notified by January 15, 2021. First Meetings will be scheduled for February.