



## CONSUMER ADVISORY BOARD (CAB) MEMBERSHIP APPLICATION

<b>Name (please print):</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Mobile Phone Number:</b>	<b>Alternate Phone Number:</b>	
<b>Email Address:</b>		
<b>Preferred Method of Contact:</b>		
<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.

<b>Role in the MassHealth PCA Program:</b>
<input type="checkbox"/> Consumer <input type="checkbox"/> Surrogate <input type="checkbox"/> PCA <input type="checkbox"/> Other: _____
<b>Are you a family member of a person with a disability?</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, what is your relationship (optional): _____

<b>Race (optional):</b>	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	
	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Two or more races
	<input type="checkbox"/> Prefer Not to Say	<input type="checkbox"/> Other _____		

<b>Gender:</b> (Optional)	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Non-binary	<b>Age: (Optional)</b>	<input type="checkbox"/> 35 & Under	<input type="checkbox"/> 36 – 59
	<input type="checkbox"/> Other	<input type="checkbox"/> Prefer Not to Respond			<input type="checkbox"/> 60 & Over	<input type="checkbox"/> Prefer not to respond

