

Change Form and Supply Request

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This Change Form is submitted to change information for **(check one)**: Consumer/Participant PCA/Worker Surrogate

Consumer/Participant # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Consumer/Participant Name <input style="width: 95%;" type="text"/>	Type of Change (Required) <input type="checkbox"/> Consumer/Participant Address <input type="checkbox"/> PCA/Worker Address <input type="checkbox"/> Surrogate Address	Change Requested By (Required) <input type="checkbox"/> Consumer/Participant <input type="checkbox"/> Surrogate <input type="checkbox"/> PCA/Worker <input type="checkbox"/> PCM/CM
Last 4 Digits of SSN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	PCA/Worker Name <input style="width: 95%;" type="text"/>		

If you have terminated a PCA/Worker, you must complete a PCA/Worker Employment Termination Form. You can obtain this form from our website <https://tempusunlimited.org/> or by contacting us @ 1-877-479-7577. A Consumer Relations Specialist will be happy to assist.

First Name <input style="width: 98%;" type="text"/>	Initial <input style="width: 20px; height: 20px;" type="text"/>
Last Name <input style="width: 98%;" type="text"/>	
Address <input style="width: 98%;" type="text"/>	
City <input style="width: 90%;" type="text"/>	State <input style="width: 20px; height: 20px;" type="text"/>
ZIP Code <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
Phone Number <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Cell Phone Number <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Email Address <input style="width: 98%;" type="text"/>	

Name (Print) _____
Signature (only the signature of the requestor is required) _____
Date

Supply Request:

- Timesheets
 FI Paid Time Off Timesheets
 Payment Schedule
 New Hire Paperwork (NHP)
 Form W4
 E-Timesheet Application
 Direct Deposit Application
 Debit Card Application
 Change Forms
 Other: _____



Draft

Change Form and Supply Request Instructions

Change Form

- Check who the change form is being submitted for (Consumer/Participant, PCA/Worker or Surrogate)

This Change Form is submitted to change information for **(check one)**: Consumer/Participant PCA/Worker Surrogate

- Enter Consumer/Participant # and Participant/ Consumer Name
- Enter Last 4 of SSN and PCA/Worker Name (if applicable)
- Check Type of Change and Change Requested By

Type of Change (Required)	Change Requested By (Required)
<input type="checkbox"/> Consumer/Participant Address	<input type="checkbox"/> Consumer/Participant
<input type="checkbox"/> PCA/Worker Address	<input type="checkbox"/> Surrogate
<input type="checkbox"/> Surrogate Address	<input type="checkbox"/> PCA/Worker
	<input type="checkbox"/> PCM/CM

- Enter information to be updated
 - First Name
 - Middle Initial (if applicable)
 - Last Name
 - Address
 - City, State and Zip Code
 - Phone Number
 - Cell Number
 - Email Address
 - Appropriate Individual should Print Name, Sign and Date the form

Signatures

- Only the signature of the requestor is required
- Only the Consumer/Participant/Surrogate or PCM Staff can update Consumer Information
- Only the Surrogate can update Surrogate Information
- Only the PCA/Worker can update PCA Information

Supply Request

- Check the forms you would like to be mailed to you (you can check more than one box).

Completed forms can be sent via Mail, Fax or Email (see top of page one). All requests will be processed in the order they are received