

# 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"/>	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 Type <input type="checkbox"/> Home <input type="checkbox"/> Mailing <input type="checkbox"/> Home and Mailing are the same	
Address <input style="width: 98%;" type="text"/>	
City <input style="width: 95%;" 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"/>
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"/>	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: \_\_\_\_\_

## 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 (Indicate Home or Mailing)
  - 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**