

Consumer Referral (Completed by Agency)

Tempus Unlimited Fiscal Intermediary

Please complete with the Consumer, including all required information. Missing fields may cause a delay in processing.

Referral Date*	Tempus Consumer No

Consumer Information

Consumer First Name*	Consumer Middle Name	Consumer Last Name*	Gender*	Date of Birth*	SSN*

Consumer Email Address*	
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Consumer Home Address* (P.O. Box is not acceptable)

Street Address*					
Bldg/Unit/Apt					
City*		State*		Zip Code*	
Is the Consumer's mailing address the same as Consumer's home address?*				<input type="checkbox"/> Yes	<input type="checkbox"/> No

Consumer Mailing Address (P.O. Box is acceptable)

Street Address*					
Bldg/Unit/Apt					
City*		State*		Zip Code*	

Consumer Primary Phone Type*	Cell Phone	Home Phone	Primary Language*
<input type="checkbox"/> Cell Phone	<input type="checkbox"/> Home Phone		

Has the Consumer previously received PCA services, or owned a business?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, EIN: _____
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Is the Consumer a Minor?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Parent(s) of Minor Child (if applicable)

Name:		Relationship:	
Name:		Relationship:	

Does the Consumer have a Surrogate or Administrative Proxy (AP)?*	<input type="checkbox"/> Surrogate	<input type="checkbox"/> AP	<input type="checkbox"/> N/A
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Tempus FI should mail the Consumer Welcome Package to:*	<input type="checkbox"/> Consumer	<input type="checkbox"/> Surrogate/AP
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Surrogate/Administrative Proxy (AP) Information (if applicable)

First Name	Last Name	Date of Birth	Relationship to Consumer	Phone Number	Phone Type
Surrogate/AP Email*					

Surrogate or Administrative Proxy's Address

Street Address*					
Bldg/Unit/Apt					
City*		State*		Zip Code*	

Program/Payor Information

Program*	MassHealth ID	SCO/One Care/ PACE Plan	SCO/One Care/ PACE ID	SIMS ID (CDC)	Veterans ID (VDC)

Agency Information

Agency* <i>PCM/ASAP/MassAbility/DDS</i>	Skills Trainer/Case Manager's Name*	Skills Trainer/Case Manager's Email*
Phone Number*	Extension	Fax