



PENNSYLVANIA FMS PARTICIPANT ADVISORY GROUP MEMBERSHIP APPLICATION

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

Tempus FMS Participant Advisory Group (PAG) membership should represent a diverse group in Pennsylvania, including geographic and demographic representation, to support the Community HealthChoices (CHC) Participant-Directed Services Program. PAG members must be currently enrolled in the CHC Program and using Participant-Directed Services.

Role in the Pennsylvania FMS Program	
<input type="checkbox"/> Participant	<input type="checkbox"/> Direct Care Worker
<input type="checkbox"/> Common Law Employer	<input type="checkbox"/> Service Coordinator
<input type="checkbox"/> Designated Representative	<input type="checkbox"/> Other: _____

To become a member fill out/request/send a membership application via:

Mail: Tempus Unlimited
c/o FI Business Relationship Coordinator
600 Technology Center Drive
Stoughton, MA 02072
Fax: (833) 583-6787
Email: pagpa@tempusunlimited.org

Membership selection: Applications for PAG membership are reviewed by Tempus Unlimited, Inc. There is a limited number of spots so not all applications will be approved. You will be notified of your membership status within one to two weeks of receiving your application.