



Client Assignment and Registration System
Texas Department of Mental Health and Mental Retardation

CARE-ADM1	Voluntary Admission/Involuntary Commitment (Action Code 332)	Rev. 8/09
Last Name/ Suffix	<input style="width: 100%;" type="text"/>	Client ID <input style="width: 100%;" type="text"/>
First Name	<input style="width: 100%;" type="text"/>	Local Case Number <input style="width: 100%;" type="text"/>
Middle Name	<input style="width: 100%;" type="text"/>	Component <input style="width: 100%;" type="text"/>
Action	Add: <input type="checkbox"/>	Change: <input type="checkbox"/> Delete: <input type="checkbox"/>
If Voluntary, Complete the Following:		
Type <input style="width: 50px;" type="text"/>	Expiration Date <input style="width: 50px;" type="text"/> - <input style="width: 50px;" type="text"/> - <input style="width: 50px;" type="text"/>	(1=Voluntary, 2=Respite, 32=MR Emergency) (N=N/A) MM DD YYYY
Effective Date <input style="width: 50px;" type="text"/> - <input style="width: 50px;" type="text"/> - <input style="width: 50px;" type="text"/>	Length (Days) <input style="width: 50px;" type="text"/>	OR
MM DD YYYY		
If Involuntary, Complete the Following:		
Commitment Type <input style="width: 50px;" type="text"/>	District Court # <input style="width: 50px;" type="text"/>	Commitment Date <input style="width: 50px;" type="text"/> - <input style="width: 50px;" type="text"/> - <input style="width: 50px;" type="text"/>
Commitment County <input style="width: 50px;" type="text"/>	Cause Number <input style="width: 100%;" type="text"/>	MM DD YYYY
Commitment Expiration Date <input style="width: 50px;" type="text"/> - <input style="width: 50px;" type="text"/> - <input style="width: 50px;" type="text"/>	Offense Type (4601/02/03) <input type="checkbox"/>	OR
Length of Commitment (Days) <input style="width: 50px;" type="text"/>	(M=Misdemeanor, F=Felony)	
Offense Codes <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/>		
<input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/>		
Is the client legally adjudicated incompetent? (Y/N) <input type="checkbox"/>		
Completed By: _____ Date: _____		

Voluntary Admission/Involuntary Commitment (CARE-ADM1)

Field Name	Type	Contents
LAST NAME	R	Person's last name.
SUFFIX	O	Person's last name suffix. (e.g., Jr, Sr, II)
FIRST NAME	R	Person's first name.
MIDDLE NAME	O	Person's middle name.
CLIENT ID	O	Person's statewide identification number.
LOCAL CASE NUMBER	R	Person's local case number.
COMPONENT	R	Component code.
ACTION ADD	O/R	You must check this box if data is to be added to CARE.
ACTION CHANGE	O/R	You must check this box if data is a change to data already in CARE.
ACTION DELETE	O/R	You must check this box if data is to be deleted from CARE.
<u>If Voluntary, Complete the Following:</u>		
TYPE	R	Code to indicate the type of admission. 1=Voluntary, 2=Respite, 32=MR Emergency.
EFFECTIVE DATE	O/R	Effective date of the admission. MMDDYYYY format. Required if the type of admission is 1 (Voluntary) or 2 (Respite).
EXPIRATION DATE	O/R	Date the episode expires. Enter a date in MM-DD-YYYY format <i>or</i> enter N (not available).
LENGTH (DAYS)	O/R	Number of days the episode is to last. Required if a date is not entered in EXPIRATION DATE.
<u>If Involuntary, Complete the Following:</u>		
DISTRICT COURT #	O/R	District Court number. Required for state supported living centers and state centers for Commitment Types 9, 11, 13, or 19 only.
COMMITMENT TYPE	O/R	Two-digit code for the type of commitment or court order. Decode: Commitment Type
COMMITMENT DATE	O/R	Date of the commitment. MM-DD-YY format.
COMMITMENT COUNTY	O/R	Three-digit code for the commitment county. County Codes and Local Service Areas
CAUSE NUMBER	R	Cause number from commitment papers. Alpha or numeric field.
COMMITMENT EXPIRATION DATE	O/R	Expiration date of the commitment. Enter a date in MM-DD-YYYY format <i>OR</i> enter N (not available).
LENGTH OF COMMITMENT (DAYS)	O/R	Length of commitment in days. Required if a date is not entered in COMMITMENT EXPIRATION DATE.
OFFENSE TYPE (4601/02/03)	O/R	M to indicate misdemeanor or F to indicate felony. Required by state hospitals if using 46.01, 46.02 and 46.03 commitment codes (Type=14-17, 19-23, 33, 42-44).
OFFENSE CODES	O/R	Four-digit offense codes. Required by state hospitals if using 46.02 and 46.03 commitment codes (Type=14-17, 19-23, 33). Type 12, 13, and 40 can have offense codes.
IS THE CLIENT LEGALLY ADJUDICATED INCOMPETENT?	R	Y (yes) or N (no) to indicate if the person is currently legally adjudicated incompetent.
COMPLETED BY	R	Signature of person completing form.
DATE	R	Date form is completed.