



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

CARE-CORR

Client Correspondent Update (Action Code 431)

12/01

Last Name/

Client ID

Suffix

Local Case Number

First Name

Component

Middle Name

Primary Correspondent

Name _____

Relationship _____

Street _____

Telephone _____

City _____ State _____

Zip Code/Suffix _____

Secondary Correspondent

Name _____

Relationship _____

Street _____

Telephone _____

City _____ State _____

Zip Code/Suffix _____

Completed By: _____

Date: _____

Client Correspondent Update (CARE-CORR)

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.
<i>Primary Correspondent:</i>		
NAME	R	Name of the first person to contact on behalf of the person in case of an emergency. If RELATIONSHIP is entered, this field is required.
RELATIONSHIP	O/R	Relationship of the primary correspondent to the person. If the primary correspondent's NAME is entered, this field is required. Decode: Relationship
STREET	R	Primary correspondent's current street address.
TELEPHONE	O	Primary correspondent's area code and telephone number.
CITY	R	Primary correspondent's current city of residence.
STATE	R	Primary correspondent's current state of residence.
ZIP CODE/SUFFIX	R	Postal zip code and zip code suffix of the primary correspondent's current residence.
<i>Secondary Correspondent:</i>		
NAME	O	Name of the person to contact on behalf of the person in case of an emergency if the primary correspondent cannot be reached.
RELATIONSHIP	O	Relationship of the secondary correspondent to the person. Decode: Relationship
STREET	O	Secondary correspondent's current street address.
TELEPHONE	O	Secondary correspondent's area code and telephone number.
CITY	O	Secondary correspondent's current city of residence.
STATE	O	Secondary correspondent's current state of residence.
ZIP CODE/SUFFIX	O	Postal zip code and zip code suffix of the secondary correspondent's current residence.
COMPLETED BY	R	Signature of person completing form.
DATE	R	Date form is completed.