



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

CARE-OCC1

Open/Close Component

(Action Code 605)

Rev. 8/09

Action

Add:

Change:

Delete:

Component Code

Name _____

Short Name

Street _____

Zip Code -

City _____

STS Number

County

Phone -

(Area Code)

Open Date --
MM DD YYYY

Close Date --
MM DD YYYY

Contact Person: _____
(Exec. Dir./Superintendent)

Title: _____

MH Contact: _____

MR Contact: _____

MH Regional Council

MR Regional Council

Component Type

Completed By: _____

Date: _____

Open/Close Component (CARE-OCC1)

Field Name	Type	Contents
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.
COMPONENT CODE	R	Component code.
NAME	R	Name of component.
SHORT NAME	R	Up to 5 digits to record short name of component. Component Codes/LSAs
STREET	R	Street address of component.
CITY	R	City where component is located.
ZIP CODE	R	Up to 9 digits to record postal zip code and zip code suffix. The suffix (last 4 digits) is optional.
COUNTY	R	3-digit code for the county where the component is located. County Codes and Local Service Areas
PHONE	O	Area code and local telephone number of component.
STS NUMBER	O	STS telephone number of component.
OPEN DATE	R	Date component opened. MMDDYYYY format.
CLOSE DATE	O	Date component closed. MMDDYYYY format.
CONTACT PERSON	R	Name of person to contact with regards to component. Usually the Executive Director or Superintendent.
TITLE	R	Title of the person named as the contact.
MH CONTACT	O	Name of person in charge of MH services at component.
MR CONTACT	O	Name of person in charge of MR services at component.
MH REGIONAL COUNCIL	O	Three-digit component code of the MH regional council. Component Codes/LSAs
MR REGIONAL COUNCIL	O	Three-digit component code of the MR regional council. Component Codes/LSAs
COMPONENT TYPE	R	One-digit code for type of component. H=Hospital, S=State Supported Living Center, D=State Center, C=Community Center.
COMPLETED BY	R	Signature of person completing form.
DATE	R	Date form is completed.