



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

CARE-ADDR

Client Address Update (Action Code 430)

Rev. 10/1/97

Last Name/

Client ID

Suffix

Component

First Name

Local Case Number

Middle Name

Client's Current Address

Street Address _____

City _____

State _____

Zip Code/Suffix _____

Address Date
MM DD YY

CP Funding Source _____

Type of Placement _____

Completed By: _____ Date: _____

Client Address Update (CARE-ADDR)

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.
COMPONENT	R	Component code.
LOCAL CASE NUMBER	R	Person's local case number.
STREET ADDRESS	O	Person's current street address.
CITY	R	Person's current city of residence.
STATE	R	Person's current state of residence.
ZIP CODE/SUFFIX	O	Postal zip code and zip code suffix of person's current residence.
ADDRESS DATE	R	Effective date of the person's current address.
CP FUNDING SOURCE	O/R	Two-character code for the funding source used in the transition of consumers to the community. Required for MR community placements. Decode: CP Funding Source
TYPE OF PLACEMENT	O/R	Two-digit code for the type of placement in community. Required for MR community placements. Decode: Type of Placement
COMPLETED BY	R	Signature of person completing form.
DATE	R	Date form is completed.