



Client Assignment and Registration System

CARE-CAMI	Client Assignment: Campus-Based (Action Code 305)	Rev. 2/13																								
Last Name/	<input style="width: 100%;" type="text"/>	Client ID <input style="width: 100%;" type="text"/>																								
Suffix	<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"/>																								
Assignment Effective Date	<input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/> MM DD YY	Assignment Effective Time <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/> HH MM A/P																								
Assignment:		<u>Assignment/Absence Codes</u>																								
Location Code (Ward/Dorm)	<input style="width: 100%;" type="text"/>	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">ADM Admission</td> <td style="width: 33%;">ATT Absent-Temp. Trnsfr. To Another Comp.</td> </tr> <tr> <td>AEV Extended Therapeutic</td> <td>AUD Absent-Unauthorized Departure</td> </tr> <tr> <td>AHI Absent-Comm. Hosp. w/Priv. Ins.</td> <td>ATP Absent-Trial Placement</td> </tr> <tr> <td>AHN Absent-Comm. Hosp. w/o Priv. Ins.</td> <td>AX Absent-Other</td> </tr> <tr> <td>AHV Absent-Home Visit</td> <td>RET Return from Absence</td> </tr> <tr> <td>ATV Absent-Home Visit: Therapeutic</td> <td>RR Residential Reassignment</td> </tr> <tr> <td>ANS Absent-Special Activity</td> <td></td> </tr> </table>	ADM Admission	ATT Absent-Temp. Trnsfr. To Another Comp.	AEV Extended Therapeutic	AUD Absent-Unauthorized Departure	AHI Absent-Comm. Hosp. w/Priv. Ins.	ATP Absent-Trial Placement	AHN Absent-Comm. Hosp. w/o Priv. Ins.	AX Absent-Other	AHV Absent-Home Visit	RET Return from Absence	ATV Absent-Home Visit: Therapeutic	RR Residential Reassignment	ANS Absent-Special Activity											
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Assignment/Absence Code	<input style="width: 100%;" type="text"/>																									
County of Admission <i>(For MH components using ADM)</i>	<input style="width: 100%;" type="text"/>																									
If Absence for Trial Placement (ATP):		<i>(Enter via Action Code 312)</i>																								
Destination Component Code	<input style="width: 100%;" type="text"/>	Date of Joint Community Support Plan <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/> MM DD YY																								
Is this person going to a nursing home? <i>(State Hospitals only)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Participating Component <input style="width: 100%;" type="text"/>																								
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Completed By: _____	Date: _____																									

Client Assignment: Campus-Based (CARE-CAM1)

Field Name	Type	Contents
LAST NAME	R	Person's last name.
SUFFIX	O	Person's last name suffix. (e.g., Jr, Sr)
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 in CARE.
ACTION DELETE	O/R	You must check this box if data is to be deleted from CARE.
ASSIGNMENT EFFECTIVE DATE	R	Date assignment is effective. MMDDYY format.
ASSIGNMENT EFFECTIVE TIME	R	Time assignment is effective. HHMM A/P format.
<u>Assignment:</u>		
LOCATION CODE (WARD/DORM)	R	Ward or dorm to which person is admitted or in which person is currently residing.
ASSIGNMENT/ABSENCE CODE	R	Two or three-digit code describing person's assignment. Decode: Assignment/Absence Code
COUNTY OF ADMISSION	O/R	Code for county of admission. Required if Assignment Code is ADM <i>and</i> the admission is to a state hospital or MH unit at a state center.
<u>If Absence for Trial Placement (ATP):</u>		
DESTINATION COMPONENT CODE	O	Three-digit code for component to which person is reassigned during his absence. Component Codes/LSAs
IS THIS PERSON GOING TO A NURSING HOME?	O/R	<i>For state hospital use only.</i> Indicates whether a person is being placed on ATP from a state hospital to a nursing home.
DATE OF JOINT COMMUNITY SUPPORT PLAN	O/R	Date the Joint Community Support Plan was made. MM-DD-YY format. (Use Action Code 312 to enter this date.)
PARTICIPATING COMPONENT	O/R	Three-digit code for component that is participating in the Joint Community Support Plan.
<u>If Residential Reassignment (RR):</u>		
DESTINATION WARD/DORM	O/R	Ward or dorm to which client is reassigned. Required for residential reassignments only.
<u>For All Admissions:</u>		
CURRENT RESIDENCE CODE	R	Code to indicate where the person was living before admission. Decode: Current Residence Code
COMPLETED BY	R	Signature of person completing form.
DATE	R	Date form is completed.