



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

CARE-CAM4

Campus-Based Residential Ward/Dorm (Action Code 615)

Rev. 1/16/98

Action

Add:

Change:

Delete:

Component

Ward/Dorm Name: _____

Unit Type

- ADP = Adult Psychiatric
- BIC = Bicultural
- CAU = Child/Adolescent
- DDY = Drug Dependent Youth
- DEF = Deaf Unit
- GER = Geriatric
- MAX = Maximum Security
- MDU = Multiple Disabilities Unit
- MSU = Medical Surgical Unit
- RES = Research Unit
- TRN = Transitional

Open Date --
MM DD YYYY

Close Date --
MM DD YYYY

Status (1=Open, 2=Closed)

Age Range to

Sex M = Male
F = Female
C = Coed

Total Number of Funded Beds

Number of ICF-MR Beds

Number of Medicare Beds

Number of IMD Beds

Square Footage

Completed By: _____ Date: _____

Campus-Based Residential Ward/Dorm (CARE-CAM4)

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	R	Component code.
WARD/DORM	R	Ward or dorm code.
NAME	R	Name of the ward or dorm.
UNIT TYPE	O/R	Unit type of the ward or dorm. Required for state hospitals.
OPEN DATE	R	Date the ward or dorm opened. MMDDYYYY format.
CLOSE DATE	O	Date the ward or dorm closed. MMDDYYYY format.
STATUS	O	Status of the ward or dorm. 1=Open, 2=Closed.
AGE RANGE	O/R	Range of ages of the persons housed in the ward or dorm. Required for state hospitals.
SEX	O/R	Sex of the persons housed in the ward or dorm. Required for state hospitals.
TOTAL NUMBER OF FUNDED BEDS	R	Total number of funded beds on the ward or dorm.
NUMBER OF ICF-MR BEDS	O	Number of ICF-MR beds on the ward or dorm. Enter zero if none.
NUMBER OF MEDICARE BEDS	O	Number of Medicare beds on the ward or dorm. Enter zero if none.
NUMBER OF IMD BEDS	O	Number of IMD beds on the ward or dorm. Enter zero if none.
SQUARE FOOTAGE	O/R	Total square footage of living space for persons at the ward or dorm. Required for all current on-campus locations for state schools and for state center mental retardation units.
COMPLETED BY	R	Signature of person completing form.
DATE	R	Date form is completed.