



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

CARE-COM1

Client Assignment: Community-Based

(Action Code 320)

Rev. 5/19/93

Last Name/
Suffix

Client ID

First Name

Local Case Number

Middle Name

Component

Action

Add:

Change:

Delete:

Activity Assignments

Community-Based Residential

Location Code (Residential Programs)

Assignment Effective Date

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MM DD YY

Assignment End Date

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MM DD YY

Client/Family Support

Location Code (Optional)

Assignment Effective Date

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MM DD YY

Assignment End Date

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MM DD YY

Completed By: _____

Date: _____

Client Assignment: Community-Based (CARE-COM1)

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.
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.

ACTIVITY ASSIGNMENTS

Community-Based Residential 1

LOCATION CODE (RESIDENTIAL PROGRAMS)	R	Person's residential location.
ASSIGNMENT EFFECTIVE DATE	R	Date assignment is effective. MMDDYY format.
ASSIGNMENT END DATE	O/R	Date assignment ends. MMDDYY format. Required when closing an assignment.

Client/Family Support 2

LOCATION CODE (OPTIONAL)	O	Person's non-residential location.
ASSIGNMENT EFFECTIVE DATE	R	Date assignment is effective. MMDDYY format.
ASSIGNMENT END DATE	O/R	Date assignment ends. MMDDYY format. Required when closing an assignment.
COMPLETED BY	R	Signature of person completing form.
DATE	R	Date form is completed.