



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

CARE-CM1	<b>Case Management Screening Status</b>	(Action Code 480)	9/1/89
Last Name/	<input type="text"/>	Client ID	<input type="text"/>
Suffix	<input type="text"/>	Local Case Number	<input type="text"/>
First Name	<input type="text"/>	Component Code	<input type="text"/>
Middle Name	<input type="text"/>		
<b>Action</b>	Add <input type="checkbox"/>	Change <input type="checkbox"/>	Delete <input type="checkbox"/>
<b>Screening:</b>			
Screening Date	<input type="text"/> - <input type="text"/> - <input type="text"/>		
	MM DD YY		
Screening Outcome	<input type="checkbox"/>	1-Eligible	
		2-Eligible, But Refused Case Management	
		3-Eligibility Denied	
Screeener: _____		Date: _____	

## Case Management Screening Status (CARE-CM1)

<b>Field Name</b>	<b>Type</b>	<b>Contents</b>
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.
 <b><u>Screening:</u></b>		
SCREENING DATE	R	Date of screening. MMDDYY format.
SCREENING OUTCOME	R	Type of screening outcome. 1=Eligible, 2=Eligible, But Refused Case Management, 3=Eligibility Denied.
SCREENER	R	Signature of the person doing the screening.
DATE	R	Date the screener signs the form.