

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

CARE - DEM1 Action Code: 415 OBRA Client Update Rev. 6/6/9)1
Last Name/ Client ID Suffix	
First Name Local Case Number	
Middle Name	
Action Add: Change:	
OBRA ID:	
Completed By: Date:	_

OBRA Client Update (CARE-DEM1)

Field Name	Туре	Contents
LAST NAME	R	Person's last name.
SUFFIX	0	Person's last name suffix. (e.g., Jr, Sr)
FIRST NAME	R	Person's first name.
MIDDLE NAME	0	Person's middle name.
CLIENT ID	0	Person's statewide identification number.
LOCAL CASE NUMBER	R	Person's local case number.
Component	R	Three-digit code of the component to which the person is assigned.
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 to be changed in CARE.
OBRA ID	R	Person's OBRA identification number.
OBRA START DATE	R	Date of the letter notifying the authority that the person needs specialized services and is eligible to receive OBRA services. MM-DD-YYYY format.
COMPLETED BY	R	Signature of person completing form.
DATE	R	Date form is completed.