



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

CARE-MHCOM **MH Community-Based Residential Program** (Action Code 620) Rev. 9/1/99

Component Name: _____

Action Add: Change: Delete: Reopen:

Residential Location Name: _____

Address _____

City _____

Zip Code -

County

Open Date --
MM DD YY

Close Date --
MM DD YY

Vendor No.

If Change:

Reason for modification of the following item(s): 1 = Error Correction
2 = Change of Description

If 2 (Change of Description) is entered,
you must enter the effective date of change: --
MM DD YY

Relationship to Component

C = Contracted By
O = Operated By
P = Other

Type of Placement

Total Number of Beds

Type of Living Situation

For Child/Adolescent
07 = Hospital Services/
Crisis Stab. Units
09 = Therap. Foster Care
17 = Other Residential

For Adult
19 = Treatment/Training
20 = Assisted Living
22 = Hospital Services
23 = Crisis Stabilization Units
24 = Crisis Residential/
In-Home Services
25 = Forensic Trans. Program
26 = Adult Foster Care
27 = Licensed Personal Care Home

Completed By: _____ Date: _____

MH Community-Based Residential Program (CARE-MHCOM)

Field Name	Type	Contents
COMPONENT	R	Component code of the component responsible for the residential program.
NAME	R	Name of the component.
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.
ACTION REOPEN	O/R	You must check this box if the MH Community-based Residential Program record is to be reopened.
RESIDENTIAL LOCATION	R	Code for the residential location.
NAME	R	Name of the residential program.
ADDRESS	R	Street address of the residential program.
CITY	R	City where the residential program is located.
ZIP CODE	R	Up to 9 digits to record the postal zip code and zip code suffix. The suffix (last 4 digits) is optional.
COUNTY	R	Three-digit code for the county where the residential program is located. County Codes and Local Service Areas
OPEN DATE	R	Date the residential program opened. MMDDYY format.
CLOSE DATE	O	Date the residential program closed. MMDDYY format.
VENDOR NO.	O	Four-digit vendor number assigned by TDHS.
<u>If Change:</u>		
REASON FOR MODIFICATION OF THE FOLLOWING ITEM(S)	O/R	<i>For changes only.</i> One-digit code to indicate the reason for modification. 1=Error Correction, 2=Change of Description
IF 2 (CHANGE OF DESCRIPTION) IS ENTERED, YOU MUST ENTER THE EFFECTIVE DATE OF CHANGE	O/R	Effective date of change. MMDDYY format. Required if 2 is entered for reason for modification.
RELATIONSHIP TO COMPONENT	R	C=Contracted By, O=Operated By, P=Other.
TYPE OF PLACEMENT	R	Type of community placement. Decode: Type of Placement
TOTAL NUMBER OF BEDS	R	Total number of beds in the residential program.
TYPE OF LIVING SITUATION	O/R	Two-digit code for the type of living situation (for Child/Adolescent <i>or</i> Adult). Required if RELATIONSHIP TO COMPONENT is C or O . Decode: Type of Living Situation (MH)
COMPLETED BY	R	Signature of person completing form.
DATE	R	Date form is completed.