

MH Adult Community-Based Assignment (CARE-MHSERV1)

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.
SERVICE/PROGRAM TYPE	R	MH Service/Program Type code.
BEGIN DATE	R	Effective date of the assignment.
END DATE	O/R	End date of the assignment.
LOCATION CODE	O/R	Location code. Required if the service type is residential.
COMPLETED BY	R	Signature of person completing form.
DATE	R	Date form is completed.