

Client Assignment and Registration System

CARE-MRSERV1	MR Community-Bas	sed Assignment (Action	Code 321) Rev. 9/05	
Last Name/		Client ID Local Case Number Component		
Action	Add: C	hange: Delete:		
Service Type	Begin Date $MM$ $DD$ $YY$ $HM$	End Date MM $DD$ $YYH$ $H$ $H$ $H$ $H$ $H$ $H$ $H$ $H$ $H$		
Service Type Codes				
Category: Assessment/CoordinationR005Eligibility DeterminationR014Service CoordinationR017Service Authorization/MonitoringR019Continuity of ServicesCategory: Residential ServicesR031Family LivingR032Residential LivingR033Contracted Specialized Residences		Category: Support Services         R021       Community Support         R029       Respite Services         R041       Employment Assistance         R042       Individualized Competitive Employment         R043       Training         R053       Day Habilitation         R054       Specialized Therapies		
Completed by:		Date	:	

## MR Community-Based Assignment (CARE-MRSERV1)

Field Name	Туре	Contents	
LAST NAME	R	Person's last name.	
Suffix	0	Person's last name suffix. (e.g., Jr, Sr, II)	
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	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 Type	R	MR service 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.	