



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

CARE-REG2

Client Name Update

(Action Code 420)

Rev. 4/87

Action

Add:

Change:

Delete:

Client Registered As:

Last Name/

Client ID

Suffix

First Name

Local Case Number

Middle Name

Component

To Add or Change Client's Name, Complete the Following:

Last Name/

Suffix

First Name

Middle Name

Completed By: _____

Date: _____

Client Name Update (CARE-REG2)

Field Name	Type	Contents
ACTION ADD	O/R	You must check this box if name is to be added to CARE.
ACTION CHANGE	O/R	You must check this box if name is a change to a name already in CARE.
ACTION DELETE	O/R	You must check this box if name is to be deleted from CARE.
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.

To Add or Change Client's Name, Complete the Following:

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.
COMPLETED BY	O	Signature of person completing form.
DATE	O	Date form is completed.