



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

CARE-SEP1	Client Separation	(Action Code 360)	Rev. 4/87
Last Name/	<input type="text"/>	Client ID	<input type="text"/>
Suffix	<input type="text"/>	Local Case Number	<input type="text"/>
First Name	<input type="text"/>	Component	<input type="text"/>
Middle Name	<input type="text"/>		
Action	Add: <input type="checkbox"/>	Change: <input type="checkbox"/>	Delete: <input type="checkbox"/>
Reason for Separation	<input type="checkbox"/>	1 = Moved out of State 2 = Deceased	
Date of Separation	<input type="text"/> - <input type="text"/> - <input type="text"/> MM DD YY		
Time of Separation	<input type="text"/> - <input type="text"/> - <input type="text"/> HH MM A/P		
Completed By: _____ Date: _____			

Client Separation (CARE-SEP1)

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.
REASON FOR SEPARATION	R	Reason person is being separated from CARE. 1=Moved out of state, 2=Deceased.
DATE OF SEPARATION	R	Date of separation. MMDDYY format.
TIME OF SEPARATION	R	Time of separation. HHMM A/P format.
COMPLETED BY	R	Signature of person completing form.
DATE	R	Date form is completed.