CARE

Client Assignment and Registration System

| CARE-ILS | **Interest List - Services** (Action Code W21) | Rev. 8/09 |

Last Name/ [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] CARE ID [ ][ ][ ][ ][ ][ ][ ][ ][ ]

Suffix [ ][ ][ ]

First Name [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] Local Case Number [ ][ ][ ][ ][ ][ ][ ][ ][ ]

Middle Name [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] Client MHMR [ ][ ] Component [ ][ ][ ]

Action   Add: ☐   Change: ☐   Transfer: ☐

TxHmL Status ☐ (1=Enrolled, 2=Declined, 3=Discharged, 4=Enrollment Denied)

Required Reporting for MR

Current Living Arrangement (mark one)
Home (with parents/relatives)	1
Foster Home	2
Own Home (not with parents)	3
Group Home/Facility in Community	4
State Supported Living Center	5
Other (Specify) _____	6

Service Type	Date Begin MM DD YY	Status Date MM DD YY	Status	Interest County
[ ][ ][ ][ ]	[ ][ ]-[ ][ ]-[ ][ ]	[ ][ ]-[ ][ ]-[ ][ ]	[ ]	[ ][ ][ ]
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Status
1=Interested (Located and Verified)
2=Pending (In Process of Enrollment)
3=Enrolled (Currently have Open Service Assignment)
4=Denied
5=Withdrawn (Consumer Initiated)
6=Cannot Contact (can't locate, not responsive, uncooperative)
7=Removed
8=Declined HCS
9=Transferred from This Authority to Another

If living at home (#1 marked above) with parents/relatives:
Age of main caregiver _____
Do you think a move out of the home will be required within one year?
Yes	1
No	2

When does the person want the service(s)?
Immediately	1
Within a year	2
Within two years	3
More than two years	4
Services no longer needed	5

Phone Number   Area Code [ ][ ][ ]   Phone [ ][ ][ ][ ][ ][ ][ ]

Annual Contact Date   MM DD YY   [ ][ ]-[ ][ ]-[ ][ ]

Annual contact declined? ☐ (Y=Yes, N=No)
(Only for under 22 in NF or ICFMR)

Preferred HCS Living:
  Foster Companion Care ☐ (Y=Yes, N=No)
  HCS Group Home (SL or RSS) ☐ (Y=Yes, N=No)

Contact Info & Comments: _____

_____

_____

Completed By: _____   Date: _____

Interest List - Services (CARE-ILS)

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 MHMR	D	Indicates if the person is to receive mental health (MH) or mental retardation (MR) services.
CARE 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 TRANSFER	O/R	You must check this box if the person is to be transferred to a different authority.
TXHML STATUS	O/R	One-digit code to indicate the person's TxHmL (Texas Home Living) status. If person is offered TxHmL waiver services and declines, **2** must be entered.
SERVICE TYPE	R	Code for the type of service the person is interested in receiving .
DATE BEGIN	R	Date the person was placed on the interest list to receive the specified service. MMDDYY format.
STATUS DATE	O/R	Date the person's status is effective.
STATUS	O/R	One-digit code to indicate the person's interest list status.
INTEREST COUNTY	R	Three-digit code to indicate the county in which the LAR resides or, if there is not an LAR, where the intended service recipient resides.
PHONE NUMBER	O/R	The area code and telephone number of the residence of the intended service recipient.
ANNUAL CONTACT DATE	R	Date of required annual contact. Indicates the last date that *all* services (i.e., HCS, GR services including IHFS) in the interest list record were reviewed with the primary correspondent.
REQUIRED REPORTING FOR MR	R	Indicate the current living arrangement, the age of the main caregiver and whether a move out of the home will be required within one year if living at home with parents/relatives, and when the person wants the service(s).

PREFERRED HCS LIVING
  FOSTER COMPANION CARE
  HCS GROUP HOME (SL OR RSS)
	O/R	If HCS is included in the Service Type column, the Preferred HCS Living questions must be answered, each with either **Y** (Yes) or **N** (No).

ANNUAL CONTACT DECLINED? (ONLY FOR UNDER 22 IN NF OR ICFMR)	O/R	*(Applies only to individuals under age 22 living in NF or ICFMR.)* **Y** (Yes) or **N** (No) to indicate the annual contact preference of the LAR for clients under the age of 22 or the service recipient between 18-21 without an LAR.
CONTACT INFO & COMMENTS	O	Current contact information to reach the primary correspondent as well as clarifying comments and/or notes.
COMPLETED BY	R	Signature of person completing form.
DATE	R	Date form is completed.