



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

CARE-MRDISCH	MR Discharge from State Supported Living Center	(Action Code 311)	08/09
<hr/>			
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"/>	Placement School	<input type="text"/>
Middle Name	<input type="text"/>		
<hr/>			
Action	Add <input type="checkbox"/>	Change <input type="checkbox"/>	Delete <input type="checkbox"/>
<hr/>			
Discharge State Supported Liv. Ctr. <input type="text"/>			
Discharge Date <input type="text"/> - <input type="text"/> - <input type="text"/>			
MM DD YY			
<hr/>			
Completed By: _____		Date: _____	

MR Discharge from State Supported Living Center (CARE-MRDISCH)

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.
PLACEMENT SCHOOL	R	Component code of the state school placing person on CP status.
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.
DISCHARGE SCHOOL	R	Component code of the state school discharging the person.
DISCHARGE DATE	R	Date of the person's discharge.
COMPLETED BY	R	Signature of person completing form.
DATE	R	Date form is completed.