CARE

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

CARE-ACC1	**Accounting Code**	(Action Code 640)	Rev. 4/87

Action Add: ☐ Change: ☐ Delete: ☐

Component Code ☐☐☐

Assign Accounting Code:

Ward/Dorm/ Resid. Prog.	Accounting Code	Active Date	Inactive Date
☐☐☐☐	☐☐☐☐☐☐	☐☐–☐☐–☐☐	☐☐–☐☐–☐☐
☐☐☐☐	☐☐☐☐☐☐	☐☐–☐☐–☐☐	☐☐–☐☐–☐☐
☐☐☐☐	☐☐☐☐☐☐	☐☐–☐☐–☐☐	☐☐–☐☐–☐☐
☐☐☐☐	☐☐☐☐☐☐	☐☐–☐☐–☐☐	☐☐–☐☐–☐☐
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☐☐☐☐	☐☐☐☐☐☐	☐☐–☐☐–☐☐	☐☐–☐☐–☐☐

Name Accounting Code:

Accounting Code	Accounting Code Name
☐☐☐☐☐☐	_____
☐☐☐☐☐☐	_____
☐☐☐☐☐☐	_____
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☐☐☐☐☐☐	_____

Completed By: _____ Date: _____

Accounting Code (CARE-ACC1)

Field Name	Type	Contents
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.
COMPONENT CODE	R	Component code.

Assign Accounting Code:

Field Name	Type	Contents
WARD/DORM/RESID PROG	R	Three-digit code of ward, dorm or residential program.
ACCOUNTING CODE	R	Accounting code.
ACTIVE DATE	R	Date the accounting code becomes active. MMDDYY format.
INACTIVE DATE	O/R	Date the accounting code becomes inactive. MMDDYY format.

Name Accounting Code:

Field Name	Type	Contents
ACCOUNTING CODE	R	Accounting code.
ACCOUNTING CODE NAME	R	Accounting code name.
COMPLETED BY	R	Signature of person completing form.
DATE	R	Date form is completed.