CARE

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

CARE-CAM2	**Multiple Campus-Based Reassignments/Absences** (Action Code 315) Rev. 4/87

Action Add: ☐ Change: ☐ Delete: ☐

Component ☐☐☐

Assignment/Absence Code ☐☐☐

Assignment Effective Date ☐☐–☐☐–☐☐ MM DD YY

Assignment Effective Time ☐☐–☐☐–☐ HH MM A/P

Client ID	Local Case Number	Client Last Name/ First Name	Current Ward/Dorm	Destination Ward/Dorm
☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐☐☐	☐☐☐☐	☐☐☐☐
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Completed By: _____ Date: _____

Multiple Campus-Based Reassignments/Absences (CARE-CAM2)

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 in CARE.
ACTION DELETE	O/R	You must check this box if data is to be deleted from CARE.
COMPONENT	R	Component code.
ASSIGNMENT/ABSENCE CODE	R	Code for the type of reassignment or absence. **Decode: Assignment/Absence Code**
ASSIGNMENT EFFECTIVE DATE	R	Date assignment is effective. MMDDYY format.
ASSIGNMENT EFFECTIVE TIME	R	Time assignment is effective. HHMM A/P format.
CLIENT ID	O	Person's statewide identification number.
LOCAL CASE NUMBER	R	Person's local case number.
CLIENT LAST NAME	R	Person's last name.
CLIENT FIRST NAME	R	Person's first name.
CURRENT WARD/DORM	R	Person's current ward or dorm.
DESTINATION WARD/DORM	R	Ward or dorm to which person is reassigned.
COMPLETED BY	R	Signature of person completing form.
DATE	R	Date form is complete