CARE

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

CARE-COM4	**Destination Assignments** (Action Code 323)	Rev. 5/18/94

Last Name/
Suffix

Client ID

Local Case Number

First Name

Component

Middle Name

Action   Add: ☐   Change: ☐   Delete: ☐

Assignment to Another Component

Destination Component Code

Destination Program

Assignment Effective Date

MM   DD   YY

Completed By:_____   Date:_____

Destination Assignments
(CARE-COM4)

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.

Assignment to Another Component:

Field Name	Type	Contents
DESTINATION COMPONENT CODE	R	Three digit code for component to which person is reassigned.
DESTINATION PROGRAM	R	Type of program to which person is reassigned. 1=Campus-based, 2=Community-based. If designated as program 2, no assignment is allowed to state hospitals or state schools, or to components 659 and 661.
ASSIGNMENT EFFECTIVE DATE	R	Effective date of the assignment. MMDDYY format.
COMPLETED BY	R	Signature of person completing form.
DATE	R	Date form is completed.