CARE

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

| CARE-CFS | **Client & Family Support Program** | (Action Code 680) | 4/23/92 |

Component ☐☐☐   Name: _____

Action   Add: ☐   Change: ☐   Delete: ☐   Reopen: ☐

Location ☐☐☐☐   Name: _____

Address _____

City _____

Zip ☐☐☐☐☐—☐☐☐☐

County ☐☐☐

Phone (——) ——————

Contact _____

Open Date ☐☐—☐☐—☐☐
　　　　　　　MM　DD　YY

Close Date ☐☐—☐☐—☐☐
　　　　　　　MM　DD　YY

Completed By: _____   Date: _____

Client & Family Support Program (**CARE-CFS**)

Field Name	**Type**	**Contents**
COMPONENT	R	Component code.
NAME	R	Component name.
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.
ACTION REOPEN	O/R	You must check this box if the Client & Family Support program location record is to be reopened.
LOCATION	R	Code for location.
NAME	R	Location name.
ADDRESS	R	Street address of location.
CITY	R	Location city.
ZIP	R	Up to 9 digits to record postal zip code and zip code suffix. The suffix (last 4 digits) is optional.
COUNTY	R	Three-digit county code of the location.
PHONE	O	Telephone number of the location.
CONTACT	O	Name of contact person at the location.
OPEN DATE	R	Date the location opened. MMDDYY format.
CLOSE DATE	O	Date the location closed. MMDDYY format.
		Note: If a close date is entered, there can be no open assignments to this location.
COMPLETED BY	R	Signature of person completing form.
DATE	R	Date form is completed.