CARE

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

| CARE-CM2 | **Case Management Eligibility Status** | (Action Code 485) | Rev. 4/4/90 |

Last Name/ Suffix

Client ID

Local Case Number

First Name

Component Code

Middle Name

Action Add ☐ Change ☐ Delete ☐

Eligibility Status:

Date of Eligibility Status

MM DD YY

Eligibility Status Outcome ☐
1-Eligible
2-Eligible, But Could Not Be Located
3-Eligible, But Refused Case Management
4-Eligibility Denied

Case Manager or Supervisor: _____ Date: _____

Case Management Eligibility Status (CARE-CM2)

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.

Eligibility Status:

Field Name	Type	Contents
DATE OF ELIGIBILITY STATUS	R	Date eligibility is determined. MMDDYY format.
ELIGIBILITY STATUS OUTCOME	R	Eligibility status. 1=Eligible, 2=Eligible, But Could Not Be Located, 3=Eligible, But Refused Services, 4=Eligibility Denied.
CASE MANAGER/ SUPERVISOR	R	Signature of person completing form.
DATE	R	Date form is completed.