CARE

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

CARE-CM3 **Case Management/Service Coordination Assignment** (Action Code 490) Rev. 2/03

Last Name/ Suffix

First Name

Middle Name

Client ID

Local Case Number

Component Code

Action Add ☐ Change ☐ Delete ☐

Assignment Begin Date:
MM DD YY

Assignment End Date:
MM DD YY

Case Manager Position:

Case Management Unit:

Service Type:
R011 = MR Case
H011 = Adult MH Case

Case Manager or Supervisor:_____ Date: _____

Case Management/Service Coordination Assignment (CARE-CM3)

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 CODE	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 BEGIN DATE	R	Date assignment begins. MMDDYY format.
ASSIGNMENT END DATE	O/R	Date assignment ends. MMDDYY format. Required when closing an assignment.
CASE MANAGER POSITION	O/R	One- to four-digit alphanumeric position code.
CASE MANAGEMENT UNIT	O/R	Four-digit Case Management unit code.
SERVICE TYPE	O/R	Case Management service type. (R011=MR Case Management, H011=Adult MH Case Management)
CASE MANAGER/ SUPERVISOR	R	Signature of person completing form.
DATE	R	Date form is completed.