



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

CARE-CM4	Case Management Units	(Action Code 660)	9/1/89
Component	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 300px; height: 20px;" type="text"/>		
Case Mgmt Unit	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 300px; height: 20px;" type="text"/>		
Telephone	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 50px; height: 20px;" type="text"/>		
Unit Manager	(Last, First, MI) <input style="width: 300px; height: 20px;" type="text"/>		
Predominant Caseload	<input type="checkbox"/> 1=MH Adult 3=MHMR Adult 5=MR Child <input type="checkbox"/> 2=MR Adult 4=MH Child 6=MHMR Child		
Action	Add <input type="checkbox"/>	Change <input type="checkbox"/>	Delete <input type="checkbox"/>
Open	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> MM DD YY	Close	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> MM DD YY
		Statu <input type="checkbox"/>	1=Open 2=Closed
Supervisor Code	Supervisor (Last, First, MI)	Telephone	
<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 300px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 50px; height: 20px;" type="text"/>	
<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 300px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 50px; height: 20px;" type="text"/>	
<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 300px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 50px; height: 20px;" type="text"/>	
<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 300px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 50px; height: 20px;" type="text"/>	
<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 300px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 50px; height: 20px;" type="text"/>	
<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 300px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 50px; height: 20px;" type="text"/>	
<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 300px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 50px; height: 20px;" type="text"/>	
<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 300px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 50px; height: 20px;" type="text"/>	
<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 300px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 50px; height: 20px;" type="text"/>	
Case Manager or Supervisor: _____ Date: _____			

Case Management Units (CARE-CM4)

Field Name	Type	Contents
COMPONENT CODE/ NAME	R	Component code/name of the component.
CASE MGMT UNIT CODE/ NAME	R	Four-digit Case Management Unit Code. Case Management Unit Name.
TELEPHONE NUMBER	O	If entered, must be 10 digits.
UNIT MANAGER NAME	O	Name of Unit Manager—Last, First, Middle Initial.
PREDOMINANT CASELOAD	R	Predominant caseload of unit. 1=MH Adult, 2=MR Adult, 3=MHMR Adult, 4=MH Child, 5=MR Child, 6=MHMR Child.
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.
OPEN DATE	R	Date the unit is opened. MMDDYY format.
CLOSE DATE	O/R	Date unit closes. MMDDYY format. Required when unit is closed. If a close date is entered, there can be no open case management assignments to this unit.
STATUS	R	Status of unit. 1=Open, 2=Closed.
SUPERVISOR CODE	R	One- to four-digit alphanumeric supervisor code.
SUPERVISOR NAME	O	Case Management Supervisor's name. Last, First, Middle Initial.
TELEPHONE	O	If entered, must be 10 digits.
CASE MANAGER/ SUPERVISOR	R	Signature of person completing form.
DATE	R	Date form is completed.