CARE

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

| CARE-CM5 | **Case Management Positions** | (Action Code 670) | 9/1/89 |

Component Code/Name

Case Mgmt Unit Code/Name

(Last, First, MI)
Case Mgmt Supvr Code/Name

Action　　　Add ☐　　　　Change ☐　　　　Delete ☐

Position Number	Type S/C	%	Begin Date MM DD YY	End Date MM DD YY	Case Manager/Supervisor Name (Last, First, MI)

Case Manager or Supervisor: _____　Date: _____

Case Management Positions (CARE-CM5)

Field Name	Type	Contents
COMPONENT CODE/ NAME	R	Component code. The name of the component.
CASE MGMT UNIT CODE/ NAME	R	Four-digit Case Management Unit Code/Case Management Unit Name.
CASE MGMT SUPVR CODE/ NAME	R	One- to four-digit alphanumeric 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.
POSITION NUMBER	R	One- to four-digit alphanumeric position code.
TYPE (S/C)	R	Type of position. S=Supervisor, C=Case Manager.
%	R	Numeric percentage (1-100) for the position.
BEGIN DATE	R	Beginning date of the position. MMDDYY format.
END DATE	O/R	Date the position closed. MMDDYY format. Required if position closes. There can be no open case management assignments for that position.
CASE MANAGER NAME	O	Name of case manager.
CASE MANAGER/ SUPERVISOR	R	Signature of person completing form.
DATE	R	Date form is completed.