CARE

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

| CARE-CM6 | **Case Management Positions Reassignments** | (Action Code 675) | 10/6/89 |

Component Code/Name ☐☐☐ ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Case Mgmt Unit Code/Name ☐☐☐☐ ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

(Last, First, MI)

Case Mgmt Supvr Code/Name ☐☐☐☐ ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

New Supvr Code	Position Number	Type S/C	%	Case Manager/Supervisor Name (Last, First, MI)
☐☐☐☐	☐☐☐☐	☐	☐☐☐	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
☐☐☐☐	☐☐☐☐	☐	☐☐☐	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
☐☐☐☐	☐☐☐☐	☐	☐☐☐	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
☐☐☐☐	☐☐☐☐	☐	☐☐☐	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
☐☐☐☐	☐☐☐☐	☐	☐☐☐	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
☐☐☐☐	☐☐☐☐	☐	☐☐☐	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
☐☐☐☐	☐☐☐☐	☐	☐☐☐	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
☐☐☐☐	☐☐☐☐	☐	☐☐☐	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
☐☐☐☐	☐☐☐☐	☐	☐☐☐	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
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Case Manager or Supervisor: _____ Date:_____

Case Management Positions Reassignments (CARE-CM6)

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.
CASE MGMT SUPVR CODE/ NAME	R	One- to four-digit alphanumeric code/ Supervisor's name (last, first, middle initial).
NEW SUPERVISOR CODE	R	One- to four-digit alphanumeric code.
POSITION NUMBER	R	One- to four-digit alphanumeric position code.
TYPE (S/C)	R	Type of position. S=Supervisor, C=Case Manager.
CASE MANAGER/ SUPERVISOR NAME	R	Name of case manager/supervisor.
CASE MANAGER/ SUPERVISOR	R	Signature of person completing form.
DATE	R	Date form is completed.