



## OBRA Client Update (CARE-DEM1)

<b>Field Name</b>	<b>Type</b>	<b>Contents</b>
LAST NAME	R	Person's last name.
SUFFIX	O	Person's last name suffix. (e.g., Jr, Sr)
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	Three-digit code of the component to which the person is assigned.
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 to be changed in CARE.
OBRA ID	R	Person's OBRA identification number.
OBRA START DATE	R	Date of the letter notifying the authority that the person needs specialized services and is eligible to receive OBRA services. MM-DD-YYYY format.
COMPLETED BY	R	Signature of person completing form.
DATE	R	Date form is completed.