

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

| CARE - DEM1 | Action Code: 415 OBRA Client Update | Rev. 6/6/91 |
|----------------------|--|-------------|
| Last Name/ Suffix | Client ID | |
| First Name | Local Case Number | |
| Middle Name | Component Component | |
| Action | Add: Change: C | |
| | OBRA ID: OBRA Start Date: MM DD YYYY | |
| Completed | By: Date: | |

OBRA Client Update (CARE-DEM1)

| Field Name | Type | Contents |
|-------------------|------|--|
| 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. |