



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

CARE-IE	Independent Employment	(Action Code 469)	4/1/96
Last Name/ Suffix	<input type="text"/>	Client ID	<input type="text"/>
First Name	<input type="text"/>	Local Case Number	<input type="text"/>
Middle Name	<input type="text"/>	Component	<input type="text"/>
Action	Add: <input type="checkbox"/>	Change: <input type="checkbox"/>	Delete: <input type="checkbox"/>
Begin Date	<input type="text"/> - <input type="text"/> - <input type="text"/>	MM	DD YY
End Date	<input type="text"/> - <input type="text"/> - <input type="text"/>	MM	DD YY
Completed By: _____		Date: _____	

Independent Employment (CARE-IE)

Field Name	Type	Contents
LAST NAME	R	Person's last name.
SUFFIX	O	Person's last name suffix. (e.g., Jr, Sr, II)
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	Component 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.
BEGIN DATE	R	Date the person began participation in the Independent Employment program. MM-DD-YY format.
END DATE	O/R	Date the person stopped participation in the Independent Employment program. MM-DD-YY format.
COMPLETED BY	R	Signature of person completing form.
DATE	R	Date form is completed.