



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

CARE - LEG REP Action Code: 085 **OBRA Legal Representative Entry** 10/15/93

Last Name/

OBRA ID

Suffix

CARE ID

First Name

Local Case Number

Middle Name

Component

Action

Add:

Change:

Delete:

Legal Representative

Name _____ Phone _____

C/O _____

Street _____

City _____ State _____ Zip _____

Legal Representative Type

01=Court Appointed Guardian

02=Parent of Minor Child

03=Court Appointed Conservator

04= Other

Completed By: _____

Date: _____

OBRA Legal Representative Entry (CARE-LEG REP)

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.
OBRA ID	R	Person's OBRA identification number.
CARE 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.
ACTION DELETE	O/R	You must check this box if data is to be deleted from CARE.

Legal Representative

NAME	R	Legal representative's name.
PHONE	R/O	Legal representative's telephone number.
C/O	R	Additional address line, if necessary.
STREET	R	Street address of the legal representative.
CITY	R	City associated with the street address.
STATE	R	State associated with the legal representative's address.
ZIP	R	Zip and zip suffix associated with the legal representative's address.
LEGAL REPRESENTATIVE TYPE	R	Two-digit code that describes the legal relationship between the nursing facility resident and the legal representative entered.
COMPLETED BY	R	Signature of person completing form.
DATE	R	Date form is completed.