



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

CARE-MRCOM		<b>MR Community-Based Residential Program</b>		(Action Code 623) 8/6/93			
Component	<input style="width: 50px; height: 20px;" type="text"/>	Name: _____					
<b>Action</b>	Add: <input type="checkbox"/>	Change: <input type="checkbox"/>	Delete: <input type="checkbox"/>	Reopen: <input type="checkbox"/>			
Residential Location	<input style="width: 50px; height: 20px;" type="text"/>	Name: _____					
Address	_____						
City	_____						
Zip Code	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	County	<input style="width: 50px; height: 20px;" type="text"/>			
Open Date	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	Close Date	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>
	MM	DD	YY		MM	DD	YY
Vendor No.	<input style="width: 100px; height: 20px;" type="text"/>						
<b>If Change:</b>							
Reason for modification of the following item(s): <input type="checkbox"/> 1 = Error							
2 = Change of Description							
If 2 (Change of Description) is entered,							
you must enter the effective date of change: <input style="width: 30px; height: 20px;" type="text"/>							
MM DD YY							
Relationship to Component	<input type="checkbox"/>	Type of Residential Service <input style="width: 50px; height: 20px;" type="text"/>					
C = Contracted By		R031 = Family Living					
O = Operated By		R032 = Residential Living					
P = Other		R033 = Contracted Specialized Residences					
		D030 = Other					
Type of Placement	<input style="width: 30px; height: 20px;" type="text"/>	Total Number of Beds <input style="width: 50px; height: 20px;" type="text"/>					
Square Feet	<input style="width: 100px; height: 20px;" type="text"/>						
If ICF-MR, Number of ICF-MR Beds	<input style="width: 50px; height: 20px;" type="text"/>						
Completed By: _____ Date: _____							

## MR Community-Based Residential Program (CARE-MRCOM)

Field Name	Type	Contents
COMPONENT	R	Component code of the component responsible for the residential program.
NAME	R	Name of the component.
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.
ACTION REOPEN	O/R	You must check this box if the MR Community-based Residential Program record is to be reopened.
RESIDENTIAL LOCATION	R	Code for the residential location.
NAME	R	Name of the residential program.
ADDRESS	R	Street address of the residential program.
CITY	R	City where the residential program is located.
ZIP CODE	R	Up to 9 digits to record the postal zip code and zip code suffix. The suffix (last 4 digits) is optional.
COUNTY	R	Three-digit code for the county where the residential program is located. <b>County Codes and Local Service Areas</b>
OPEN DATE	R	Date the residential program opened. MMDDYY format.
CLOSE DATE	O	Date the residential program closed. MMDDYY format.
VENDOR NO.	O	Four-digit vendor number assigned by TDHS.
<b><u>If Change:</u></b>		
REASON FOR MODIFICATION OF THE FOLLOWING ITEM(S)	O/R	<b><i>For changes only.</i></b> One-digit code to indicate the reason for modification. 1=Error Correction, 2=Change of Description
IF 2 (CHANGE OF DESCRIPTION) IS ENTERED, YOU MUST ENTER THE EFFECTIVE DATE OF CHANGE	O/R	Effective date of change. MMDDYY format. Required if <b>2</b> is entered for reason for modification.
RELATIONSHIP TO COMPONENT	R	C=Contracted By, O=Operated By, P=Other.
TYPE OF RESIDENTIAL SERVICE	R	Four-digit code for the type of residential service. R031=Family Living, R032=Residential Living, R033=Contracted Specialized Services, D030=Other
TYPE OF PLACEMENT	R	Type of community placement. <b>Decode: Type of Placement</b>
TOTAL NUMBER OF BEDS	R	Total number of beds in the residential program.
SQUARE FEET	O/R	Total square footage of living space for persons at the residential location. Required for all current MR community-based residential locations contracted or operated by TXMHMR components.
IF ICF-MR, NUMBER OF ICF-MR BEDS	O/R	Number of ICF-MR beds.
COMPLETED BY	R	Signature of person completing form.
DATE	R	Date form is completed.