

CARE-MRSERV1	MR Community-Base	ed Assignment (Actio	n Code 321) Rev. 9/05	
Last Name/ Suffix		Client ID		
First Name Middle Name		Local Case Number Component		
Action	Add: Ch	ange: Delet	e: 🗌	
Service Type	Begin Date	End Date	Location Code	
	MM DD YY	MM DD YY		
Service Type Codes				
Category: Assessment/Coordination R005 Eligibility Determination R014 Service Coordination R017 Service Authorization/Monitoring R019 Continuity of Services Category: Residential Services R031 Family Living R032 Residential Living R033 Contracted Specialized Residences		Category: Support Services R021 Community Support R029 Respite Services R041 Employment Assistance R042 Individualized Competitive Employment R043 Training R053 Day Habilitation R054 Specialized Therapies		
Completed by: Date:			te:	

MR Community-Based Assignment (CARE-MRSERV1)

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.	
SERVICE TYPE	R	MR service type code.	
BEGIN DATE	R	Effective date of the assignment.	
END DATE	O/R	End date of the assignment.	
LOCATION CODE	O/R	Location code. Required if the service type is residential.	
COMPLETED BY	R	Signature of person completing form.	
DATE	R	Date form is completed.	