CARE

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

CARE-RAJ1	**RAJ Ward Information** (Action Code 650)	Rev. 4/87

Action   Add: ☐   Change: ☐   Delete: ☐

Component ☐☐☐

Ward Code	RAJ Begin Date MM DD YY	RAJ End Date MM DD YY	RAJ Baseline (Y/N)
☐☐☐☐	☐☐-☐☐-☐☐	☐☐-☐☐-☐☐	☐
☐☐☐☐	☐☐-☐☐-☐☐	☐☐-☐☐-☐☐	☐
☐☐☐☐	☐☐-☐☐-☐☐	☐☐-☐☐-☐☐	☐
☐☐☐☐	☐☐-☐☐-☐☐	☐☐-☐☐-☐☐	☐
☐☐☐☐	☐☐-☐☐-☐☐	☐☐-☐☐-☐☐	☐
☐☐☐☐	☐☐-☐☐-☐☐	☐☐-☐☐-☐☐	☐
☐☐☐☐	☐☐-☐☐-☐☐	☐☐-☐☐-☐☐	☐
☐☐☐☐	☐☐-☐☐-☐☐	☐☐-☐☐-☐☐	☐
☐☐☐☐	☐☐-☐☐-☐☐	☐☐-☐☐-☐☐	☐
☐☐☐☐	☐☐-☐☐-☐☐	☐☐-☐☐-☐☐	☐
☐☐☐☐	☐☐-☐☐-☐☐	☐☐-☐☐-☐☐	☐
☐☐☐☐	☐☐-☐☐-☐☐	☐☐-☐☐-☐☐	☐
☐☐☐☐	☐☐-☐☐-☐☐	☐☐-☐☐-☐☐	☐
☐☐☐☐	☐☐-☐☐-☐☐	☐☐-☐☐-☐☐	☐

Completed By: _____   Date: _____

RAJ Ward Information (CARE-RAJ1)

Field Name	Type	Contents
ACTION ADD	O	You must check this box if data is to be added to CARE.
ACTION CHANGE	O	You must check this box if data is a change to data already in CARE.
ACTION DELETE	O	You must check this box if data is to be deleted from CARE.
COMPONENT	R	Component code.
WARD CODE	R	Ward code.
RAJ BEGIN DATE	R	Date the ward became part of RAJ. MMDDYY format. Must be later than open date of ward.
RAJ END DATE	O	Date the ward ceased being part of RAJ. MMDDYY format. Must be same as or later than begin date.
RAJ BASELINE	R	**Y** (Yes) or **N** (No) to indicate if data is in RAJ baseline.
COMPLETED BY	R	Signature of person completing form.
DATE	R	Date form is completed.