CARE

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

CARE-REG3	**Change Client County of Residence**	(Action Code 440)	Rev. 3/26/92

Client Registered As:

Last Name/ [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]   Client ID [ ][ ][ ][ ][ ][ ][ ][ ][ ]

Suffix [ ][ ][ ]

First Name [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]   Local Case Number [ ][ ][ ][ ][ ][ ][ ][ ]

Middle Name [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]   Component [ ][ ][ ]

To Change Client's County of Residence, Complete the Following:

Former County of Residence   [ ][ ][ ]

New County of Residence   [ ][ ][ ]

Effective Date   [ ][ ]-[ ][ ]-[ ][ ]
                         MM   DD   YY

                                                                    Yes   No

Has county change been coordinated with the receiving authority?   [ ]   [ ]

Completed By: _____   Date: _____

Change Client County of Residence (CARE-REG3)

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.

To Change Client's County of Residence, Complete the Following:

Field Name	Type	Contents
FORMER COUNTY OF RESIDENCE	R	Three-digit code for person's former county of residence. **County Codes and Local Service Areas**
NEW COUNTY OF RESIDENCE	R	Three-digit code for person's new county of residence. **County Codes and Local Service Areas**
EFFECTIVE DATE	R	Date the person's county of residence change is effective. MMDDYY format.
HAS COUNTY CHANGE BEEN COORDINATED WITH THE RECEIVING AUTHORITY?	R	Yes or no to indicate whether the county of residence change has been coordinated with the receiving authority.
COMPLETED BY	R	Signature of person completing form.
DATE	R	Date form is completed.