



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

CARE-SERV1

CARE Service Form

(Action Code 495)

Rev. 9/1/03

Last Name

Client ID

Suffix

First Name

Local Case Number

Middle Name

Component

Action

Add:

Change:

Delete:

Date of Service --
MM DD YY

Type of Service

Service Type Codes

- F001 = Face-to-face contact with discharged individual within 7 days
- F002 = Face-to-face contact with discharged individual within 7 days
- F005 = Unable to locate individual within 7 days
- FR01 = Face-to-face contact with discharged individual within 7 days;
individual refuses enrollment
- FR03 = Individual refuses community services via contact with
individual, family member, legal guardian, or other collateral

All service type codes can be used for discharges from state mental health facilities or closure of community assignment types H035, H036, or H037.

Completed By: _____

Date: _____

Service Form (CARE-SERV1)

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.
DATE OF SERVICE	R	Date of the service provided.
TYPE OF SERVICE	R	Code for the type of service provided.
COMPLETED BY	R	Signature of person completing form.
DATE	R	Date form is completed.