

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

CARE-UA MH Adult Uniform Ass	essment	(Action Code 333) Rev. 11/00			
Last Name/ Suffix First Name Middle Name		Client ID \square e Number \square omponent \square ment Date \square MM DD $YYYYTime \squareHH$ MM A/P			
Action Add: Cha	nge:	Delete:			
Brief Psychiatric Rating Scale (BPRS) Date: MM DD Scores: MM DD 1. Somatic Concern 13. Self-neglect 2. Anxiety 14. Disorientation 3. Depression 15. Conceptual Disorganizatio 4. Suicidality 16. Blunted Affect 5. Guilt 17. Emotional Withdrawal 6. Hostility 18. Motor Retardation 7. Elevated Mood 19. Tension 8. Grandiosity 20. Uncooperativeness	n Total:	Multnomah Community Ability (CA) Scale Functioning Adjustment to Living Social Competence Community/Compliance Total Sum of Multnomah Scores Date: MM DD YYYY			
9. Suspiciousness 21. Excitement 10. Hallucinations 22. Distractibility 11. Unusual Thought Content 23. Motor Hyperactivity 12. Bizarre Behavior 24. Mannerisms and Posturing	Reason:	Level of Need: Date:			
Community Assessment					
Residential 7 = Dependent in Family Home 6 = Independent 5 = Supported Housing 4 = Assisted Living/Personal Care Home 3 = Treatment/Training Institution 2 = Homeless 1 = Correctional Facility Paid Employment A 5 = Independent Competitive 4 = Supported Employment 3 = Transitional Employment 2 = Sheltered Employment 1 = No Employment of Any Kind Paid Employment B 5 = 61-90 days 4 = 31-60 days 2 = 1-15 days 1 = 0 days	Primary Fin 4 = Wage 3 = Socia 2 = Fami 1 = Indig Legal A) Total B) Prison C) Prison D) Has I Ove Victimizatie A = Non B = One C = Two D = Three	ancial Supportes I Security or Other Public Benefits ly ent/No Financial Support Arrests in Last 3 Months n/Jail Nights in Last 3 Months n/Jail Episodes in Last 3 Months ndividual Been on Parole/Probation er Last 3 Months? (Yes/No) on e Time			
Completed By:		Date:			

MH Adult Uniform Assessment (CARE-UA)

Field Name	Туре	Contents		
LAST NAME	R	Person's last name.		
Suffix	0	Person's last name suffix. (e.g., Jr, Sr, II)		
FIRST NAME	R	Person's first name.		
MIDDLE NAME	0	Person's middle name.		
CLIENT ID	0	Person's statewide identification number.		
LOCAL CASE NUMBER	R	Person's local case number.		
COMPONENT	R	Component code.		
ASSESSMENT DATE	R	Date of the person's assessment. MMDDYYYY format.		
Тіме	O/R	Time of the person's assessment. HHMMA/P format.		
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.		
Brief Psychiatric Rating Scale (BPRS)				
BPRS DATE	R	Date of the Brief Psychiatric Rating Scale (BPRS).		
SCORES	O/R	Scores for the 24 BPRS items as 1 through 7 or N (Not Applicable). Required for state hospitals.		
Total	O/R	BPRS total score.		
REASON	O/R	1 = Initial, 2 = Interim, 3 = Discharge. Required for detail reporting.		
Multnomah Community Ability (CA) Scale				
FUNCTIONING	R	Person's score on the Functioning element of the Multnomah CA Scale.		
Adjustment To Living	R	Person's score on the Adjustment to Living element of the Multnomah CA Scale.		
SOCIAL COMPETENCE	R	Person's score on the Social Competence element of the Multnomah CA Scale.		
COMMUNITY/COMPLIANCE	R	Person's score on the Community/Compliance element of the Multnomah CA Scale.		
TOTAL SUM OF MULTNOMAH SCORES	R	Total sum of all elements of the Multnomah Community Ability scores.		
DATE (MMDDYYYY format)	R	Date of the Multnomah Community Ability Scale total scores.		
Level OF NEED	O/R	Level of need determined for the person. Required for community-based assessments.		
DATE (MMDDYYYY format)	O/R	Date of the Level of Need determination. Required for community-based assessments.		
Community Assessment				
RESIDENTIAL	R	Person's score on the Residential element of the Community Assessment.		
PAID EMPLOYMENT A	R	Person's score on the Paid Employment A element of the Community Assessment.		
PAID EMPLOYMENT B	R	Person's score on the Paid Employment B element of the Community Assessment.		
PRIMARY FINANCIAL SUPPORT	R	Person's score on the Primary Financial Support element of the Community Assessment.		
LEGAL TOTAL ARRESTS IN LAST 3 MONTHS PRISON/JAIL NIGHTS IN LAST 3 MONTHS PRISON/JAIL EPISODES IN LAST 3 MONTHS HAS INDIVIDUAL BEEN ON PAROLE/PROBATI		Total number of arrests the person has had in the last 3 months. Number of prison/jail nights the person has had in the last 3 months. Number of prison/jail episodes the person has had in the last 3 months.		
OVER LAST 3 MONTHS? (Yes/No)	R	Y (Yes) of N (No) to indicate if the person has been on parole/probation over the last 3 months.		
	0	Indicates none <i>or</i> the number of times the person has been victimized.		
DATE (MMDDYYYY format)	R	Date of the Community Assessment.		
COMPLETED BY DATE	R R	Signature of person completing form. Date form is completed.		