| Field | GetCare Description/Example |
|---|--|
| Client ID Last Name | GetCare ID assigned by GetCare System Smith |
| First Name Middle Name | Jonathan William |
| Street Address City | 511 15th Avenue S Federal Way |
| Zip Code Date of birth | 98104 Example: 1/30/1928 |
| Race | Example: 1/30/1928 Race (Check all that apply) Unknown |
| | American Indian/Alaska Native Asian |
| | Black/African American Latinx/Latino/Hispanic |
| | Native Hawaiian/Other Pacific Islander |
| | White Declined to State Ethnicity (Choose the corresponding ethnicity from list if |
| Ethnicity | known) |
| | Leave Blank Hispanic Or Latino Not Hispanic or Latino |
| Income | At or below 100% Federal Poverty Level |
| | Declined to state income Yes |
| Live Alone Gender | No Household Composition (Lives Alone) |
| | Declined to state Lives Alone |
| | Other Institutionalized |
| | With Domestic Partner With Non-Relative(s) |
| | With Other Relative(s) With Parent(s) |
| | With Soouse Sex/Gender |
| | Unknown Female |
| | Male |
| Clarked Foodle | Other Declined to Disclose |
| Limited English | English Fluency Declined to state |
| | Needs Translation Fluent |
| Disability Status | Limited Disability Type |
| | Declined to state Physical Disability |
| | No Disability Intellectual/Developmental disability (ID/DD) |
| | Mental illness Traumatic brain injury |
| | Dementia |
| | Memory Loss Other, specify |
| Homeless | Homeless? Unknown |
| | Yes No |
| Veteran | Veteran Declined to state |
| | Veteran No |
| | Child Spouse |
| Nutritional Risk | At High Nutritional Risk |
| | Declined to State Yes |
| Urban/Rural | No Urban/Rural (Auto-populates based on Zip code) |
| | Rural Urban |
| Sexual Orientation | Sexual Orientation |
| | Declined to state Bisexual |
| | Lesbian/Gav Heterosexual |
| | |
| | Lesbian/Gay |
| ADLs Eating | Lesbian/Gay Questioning Activities of Daily Living (ADL) |
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| GetCare Service Enrollment and Unit Information for Adult Day Health Updated April 2023 | | | | | |
| Scope of Work | Program (Funding) | Service Detail | Assessment Required | Definition | |
| Adult Day Health | OAA TIIIB/ARPA/SCSA/LOC | 1 Hour | | Change to recording in hours instead of days effective 10/1/2021. One Discretionary Adult Day Health Day = 4 Hours. | |
| Service Month | Date - mm/dd/vvvv | Use first day of month for reporting period, e.g., 1/1/2023 | | | |