GetCare Data Specifications for Health Promotion Updated July 2022				
Field	GetCare Description / Example			
Client ID	GetCare ID assigned by GetCare System			
Last Name	Smith			
First Name	Jonathan			
Middle Name	William			
Street Address	511 15th Avenue S			
City	Federal Way			
Zip Code	98104			
Date of birth	Example: 1/30/1938			
Race	*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	Ethnicity (Choose the corresponding ethnicity from list if			
	known)			
	Leave Blank			
	Hispanic or Latino			
	Not Hispanic or Latino			
Income	At or below 100% Federal Poverty Level			
	Declined to state income			
	Yes			
	No			
Live Alone	Household Composition (Lives Alone)			
ave mone	Declined to state			
	Lives Alone			
	Other			
	Institutionalized			
	With Domestic Partner			
	With Non-Relative(s)			
	With Other Relative(s)			
	With Parent(s)			
	With Spouse			
Gender	Sex/Gender			
	Unknown			
	Female			
	Male			
	Other			
	Declined to Disclose			
Limited English	English Fluency			
	Declined to state			
	Needs Translation			
	Fluent			
	Limited			
Disability Status	Disability Type			
	Declined to State			
	Physical Disability			
	No Disability			
	Intellectual/Developmental disability (ID/DD)			
	Mental illness			
	Traumatic brain injury			
	Dementia			
	Memory Loss			
	Memory Loss Other, specify			
Homeless	Memory Loss Other, specify Homeless?			
Homeless	Memory Loss Other, specify Homeless? Unknown			
Homeless	Memory Loss Other, specify Homeless? Unknown Yes			
	Memory Loss Other, specify Homeles? Unknown Yes No			
	Memory Loss Other, specify Homeless? Unknown Yes No Veteran			
	Memory Loss Other, specify Homeles? Unknown Yes No			
	Memory Loss Other, specify Homeles? Unknown Yes No Veteran Declined to State Veteran			
	Memory Loss Other, specify Homeless? Unknown Yes No Veteran Declined to State Veteran No			
	Memory Loss Other, specify Homeles? Unknown Yes No Veteran Declined to State Veteran			
	Memory Loss Other, specify Homeless? Unknown Yes No Veteran Declined to State Veteran No			
<i>V</i> eteran	Memory Loss Other, specify Homeless? Unknown Yes No Veteran Declined to State Veteran No Child			
<i>V</i> eteran	Memory Loss Other, specify Homeles? Unknown Yes No Veteran Declined to State Veteran No Child Spouse			
<i>V</i> eteran	Memory Loss Other, specify Homeles? Unknown Yes No Veteran Declined to State Veteran No Child Spouse Urban/Rural (Auto-populates based on Zip code) Rural			
<i>V</i> eteran	Memory Loss Other, specify Homeles? Unknown Yes No Veteran Declined to State Veteran No Child Spouse Urban/Rural (Auto-populates based on Zip code) Rural Urban			
Veteran Urban/Rural	Memory Loss Other, specify Homeless? Unknown Yes No Veteran Declined to State Veteran No Child Spouse Urban/Rural (Auto-populates based on Zip code) Rural Urban Declined to State			
Veteran Urban/Rural	Memory Loss Other, specify Homeles? Unknown Yes No Veteran Declined to State Veteran No Child Spouse Urban/Rural (Auto-populates based on Zip code) Rural Urban Declined to State Sexual Orientation			
Veteran Urban/Rural	Memory Loss Other, specify Homeles? Unknown Yes No Veteran Declined to State Veteran No Child Spouse Urban/Rural (Auto-populates based on Zip code) Rural Urban Declined to State Sexual Orientation Declined to State			
Veteran Urban/Rural	Memory Loss Other, specify Homeles? Unknown Yes No Veteran Declined to State Veteran No Child Spouse Urban/Rural (Auto-populates based on Zip code) Rural Urban Declined to State Sexual Orientation Declined to State			
Homeless Veteran Urban/Rural Sexual Orientation	Memory Loss Other, specify Homeless? Unknown Yes No Veteran Declined to State Veteran No Child Spouse Urban/Rural (Auto-populates based on Zip code) Rural Urban Declined to State Sexual Orientation Declined to State			
Veteran Urban/Rural	Memory Loss Other, specify Homeles? Unknown Yes No Veteran Declined to State Veteran No Child Spouse Urban/Rural (Auto-populates based on Zip code) Rural Urban Declined to State			
Veteran Urban/Rural	Memory Loss Other, specify Homeless? Unknown Yes No Veteran Declined to State Veteran No Child Spouse Urban/Rural (Auto-populates based on Zip code) Rural Urban Declined to State Sexual Orientation Declined to State			
Veteran Urban/Rural	Memory Loss Other, specify Homeles? Unknown Yes No Veteran Declined to State Veteran No Child Spouse Urban/Rural (Auto-populates based on Zip code) Rural Urban Declined to State Sexual Orientation Declined to State			

GetCare Service Enrollment and Unit Information for Health Promotion					
Scope of Work	Program (Funding)	Service Detail	Assessment Required	Definition	
Health Promotion & Disease Prevention	OAA TIIIB/OAA TIIID/SCSA/ARPA/LOC	Enhance Fitness - 1 Session	None	Enhance Fitness class	
Health Promotion & Disease Prevention	OAA TIIIB/OAA TIIID/SCSA/ARPA/LOC	Chronic Disease Self-Management - 1 Session	None	Chronic Disease Self-Management session	
Health Promotion & Disease Prevention	OAA TIIIB/OAA TIIID/SCSA/ARPA/LOC	CAPABLE RN - 1 Session	None	CAPABLE Registered Nurse (RN) Visit	
Health Promotion & Disease Prevention	OAA TIIIB/OAA TIIID/SCSA/ARPA/LOC	CAPABLE OT - 1 Session	None	CAPABLE Occupational Therapist (OT) Visit	