ADS / GetCare Data Cross-Walk Specifications for Nutrition - Congregate
Updated October 2021

Field	Data Type, Codes and Maximum Length	Description/Example	GetCare Description/Example
Client ID	text – 15 characters	Unique identification number assigned by agency.	GetCare ID assigned by GetCare System
Last Name	text - 20 characters	Smith	Smith
First Name	text - 15 characters	Jonathan	Jonathan
Middle Name	text - 15 characters	William	William
Street Address	text - 255 characters	511 15th Avenue S	511 15th Avenue S
City	text - 35 characters	Federal Way	Federal Way
Zip Code	text – 5 characters	98104	98104
Date of birth	Date – mm/dd/yyyy	Example: 1/30/1928 – use 4 digit years.	Example: 1/30/1928
Race	**Integer**	**What is the client's race?**	***Race (Check all that apply)**
	0	Unknown	Unknown
	1	American Indian or Alaska Native	American Indian/Alaska Native
	2	Asian, Asian American	Asian
	3	Black, African, African-American	Black/African American
	4	Hawaiian Native or Pacific Islander	Native Hawaiian/Other Pacific Islander
	6	White	White
	7	Other	If have Other identified check Ethnicity, if not Leave Blank
	8	Multi-Racial	Check all that apply
			Latinx/Latino/Hispanic
			Declined to State
Ethnicity	**Text**	**What is the client's ethnicity?**	***Ethnicity (Choose the corresponding ethnicity from list if known)**
	u	Unknown	Leave Blank
	y	Hispanic or Latino	Hispanic or Latino
	n	Not Hispanic or Latino	Not Hispanic or Latino
Income	**Integer**	**Refer to Income Guidelines for $ amounts for the categories listed below.**	**At or below 100% Federal Poverty Level**
	0	Unknown	Declined to state income
	1	Very Low (< 30% Median)	Yes
	2	Low (< 50% Median)	No
	3	Moderate (< 80% Median)	No
	4	Above Moderate (> 80% Median)	No
Live Alone	**Text**	**Does the client live alone?**	**Household Composition (Lives Alone)**
	u	Unknown	Declined to State
	y	Yes	Lives Alone
	n	No	Other
	n	No	Institutionalized
	n	No	With Domestic Partner
	n	No	With Non-Relative(s)
	n	No	With Other Relative(s)
	n	No	With Parent(s)
	n	No	With Spouse
Gender	**Text**	**What is the client's gender?**	**Sex/Gender**
	u	Unknown	Unknown
	f	Female	Female
	m	Male	Male
	o	Other (e.g. transgender)	Other
			Declined to Disclose
Limited English	**Text**	**Does the client have limited English proficiency?**	**English Fluency**
	u	Unknown	Declined to State
	y	Yes	Needs Translation
	n	No	Fluent
			Limited
Disability Status	**Text**	**Description:**	**Disability Type**
	u	Unknown	Declined to State
	y	Yes	Physical Disability
	n	No	No Disability
	y	Yes	Intellectual/Developmental disability (ID/DD)
	y	Yes	Mental illness
	y	Yes	Traumatic brain injury
	y	Yes	Dementia
	y	Yes	Memory Loss
	y	Yes	Other, specify
Homeless	**Text**	**Is the client homeless or living in a temporary shelter?**	**Homeless?**
	u	Unknown	Unknown
	y	Yes	Yes
	n	No	No
Nutritional Risk	**Text**	**Client has received a score of 6 or greater on Nutritional Risk Screening tool.**	**At High Nutritional Risk (Enter in GetCare Nutritional Risk Assessment)**
	u	Unknown	Declined to State
	y	Yes	Yes
	n	No	No
Veteran	**Text**	**Is the client a veteran?**	**Veteran**
	u	Unknown	Declined to State
	y	Yes	Veteran
	n	No	No
Urban/Rural	**Text**	**Urban/Rural**	**Urban/Rural**
			Rural
			Urban
			Declined to state
Sexual Orientation	**Integer**	**What is the sexual orientation of the client?**	**Sexual Orientation**
	0	Unknown	Declined to State
	1	Bisexual	Bisexual
	2	Gay	Lesbian/Gay
	3	Heterosexual	Heterosexual
	4	Lesbian	Lesbian/Gay
	5	Questioning	Questioning
	6	Other	Leave Blank

ADS / GetCare Service Enrollment and Unit Information for Nutrition - Congregate							
Updated October 2021							
ADS Previous Way of Recording Service				**GetCare Service Recording effective 10/1/2021**			
ADS Service Type **What type of meal service did the client receive?**	**Code**	**Unit Type**	**Definition**	**GetCare Scope of Work**	**GetCare Program (Funding)**	**GetCare Service Detail**	**Assessment Required**
Congregate Dining	n2	Integer (Total # of meals provided to this client during service month)	Regular congregate meal, 1 meal = 1 unit	Congregate Meals	OAA TIIIC/SCSA/LOC	1 NSIP Meal	Nutrition risk (**Score Only or At High Nutritional Risk** located in Nutritional Risk Self Screening Section of Nutritional Assessment)
Emergency Meals	n3	Integer (Total # of meals provided to this client during service month)	Retired (No longer in Use)				
CV-19 Response Congregate Meals (Virtual/In-Person)	n9	Integer (Total # of meals provided to this client during service month)	To-go meal or meal delivery, 1 meal = 1 unit	Emergency Meal	Covid-19 Response	1 Meal HDM or 1 Meal Pick-up/Take Out	Nutrition risk (Score Only or At High Nutritional Risk located in Nutritional Risk Self Screening Section of Nutritional Assessment). Select Service Detail that best matches program model.
CV-19 Response Groceries	n10	Integer (Total # of meals provided to this client during service month)	Emergency response funds grocery bags, 1 bag = 1 unit	Consumable Supply	Covid-19 Response	1 Delivery	None
CV-19 Response Home Delivered Meals (Pick-up and Home Delivered)	n11	Integer (Total # of meals provided to this client during service month)	To-go meal or meal delivery, 1 meal = 1 unit. Note: Awaiting further clarification from ALTSA on Service Detail.	Emergency Meal	Covid-19 Response	1 Meal HDM	Nutrition risk (**Score Only or At High Nutritional Risk** located in Nutritional Risk Self Screening Section of Nutritional Assessment)
Previously recorded in monthly report only, not in data file.			Nutrition Education session	Nutrition Education	OAA TIIIB/OAA TIIIC/OAA TIIID/SC	1 Session	None
Site		Site name *This field only applies to programs with multiple sites. Do not include this field if your program has only one site.		Site name *This field only applies to programs with multiple sites. Do not include this field if your program has only one site.			
Service Month	Date – mm/dd/yyyy	Use first day of month for reporting period, e.g., 1/1/2023		Service Month	Date – mm/dd/yyyy	Use first day of month for reporting period, e.g., 1/1/2023	