ADS / GetCare Data Cross-Walk Specifications for Transportation
Updated April 2023

Field	Data Type, Codes	A	D	GetCare Description / Example
Client ID	text – 15	Unique identification number assigned by		GetCare ID assigned by GetCare System
Last Name	text - 20	Smith		Smith
First Name	text - 15	Jonathan		Jonathan
Middle Name	text - 15	William		William
Street Address	text - 255	511 15th Avenue S		511 15th Avenue S
City	text - 35	Federal Way		Federal Way
Zip Code	text - 5 characters	98104		98104
Date of birth	Date –	Example: 1/30/1938		Example: 1/30/1938
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		Declined to Disclose
	f	Female		Female
	m	Male		Male
	o	Other (e.g. transgender)		Other
Limited English	**Text**	**Does the client have limited proficiency in English?**		**English Fluency**
	u	Unknown		Declined to state
	y	Yes		Needs Translation
	n	No		Fluent
				Limited
Disability Status	**Text**	**Does the client have a disability?**		**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 temporary shelter?**		**Homeless?**
	u	Unknown		Unknown
	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
	n	No		Child
	n	No		Spouse
Urban/Rural	**Text**	**Urban/Rural**		**Urban/Rural (Auto-populates based on Zip code)**
				Rural
				Urban
				Declined to state
Sexual Orientation	**Integer**	**What is the sexual orientation of the**		**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 Previous Way of Recording Service			GetCare Service Recording effective 10/1/2021			
ADS Service Type	**Code**	**Unit Type**	**Definition**	**GetCare Scope of Work**	**GetCare Program (Funding)**	**GetCare Service Detail**	**Assessment Required**
Food access transportation (van)	t3	Integer (Number of units [one-way trips] received by client during the monthly reporting period)	Food access - one way trip. t3, t4 and t6 collapse into one trip type. No longer differentiate between volunteer or staff providing the trip. No longer differentiate between taxi-rideshare/van/private vehicle	Transportation	OAA TIIIB/ARPA/SCSA/LOC	1 One-Way Trip-Food Access	None
Food access transportation (volunteer driver/private vehicle)	t4	Integer (Number of units [one-way trips] received by client during the monthly reporting period)	Food access - one way trip. t3, t4 and t6 collapse into one trip type. No longer differentiate between volunteer or staff providing the trip. No longer differentiate between taxi-rideshare/van/private vehicle	Transportation	OAA TIIIB/ARPA/SCSA/LOC	1 One-Way Trip-Food Access	None
Food access transportation (transit subsidy)	t5	Integer (Number of units [one-way trips] received by client during the monthly reporting period)	Bus tickets	Transportation	OAA TIIIB/ARPA/SCSA/LOC	1 One-Way Trip-Transit Subsidy	None
Food access transportation (taxi/rideshare)	t6	Integer (Number of units [one-way trips] received by client during the monthly reporting period)	Food access - one way trip. t3, t4 and t6 collapse into one trip type. No longer differentiate between volunteer or staff providing the trip. No longer differentiate between taxi-rideshare/van/private vehicle	Transportation	OAA TIIIB/ARPA/SCSA/LOC	1 One-Way Trip-Food Access	None
Health services transportation (van)	t7	Integer (Number of units [one-way trips] received by client during the monthly reporting period)	Health services - one way trip. t7, t8, t10 collapse into one trip type. No longer differentiate between volunteer or staff providing the trip. No longer differentiate between taxi-rideshare/van/private vehicle.	Transportation	OAA TIIIB/ARPA/SCSA/LOC	1 One-Way Trip-Health Services	None
Health services transportation (volunteer driver/private vehicle)	t8	Integer (Number of units [one-way trips] received by client during the monthly reporting period)	Health services - one way trip. t7, t8, t10 collapse into one trip type. No longer differentiate between volunteer or staff providing the trip. No longer differentiate between taxi-rideshare/van/private vehicle.	Transportation	OAA TIIIB/ARPA/SCSA/LOC	1 One-Way Trip-Health Services	None
Health services transportation (transit subsidy)	t9	Integer (Number of units [one-way trips] received by client during the monthly reporting period)	Bus tickets	Transportation	OAA TIIIB/ARPA/SCSA/LOC	1 One-Way Trip-Transit Subsidy	None
Health services transportation (taxi/rideshare)	t10	Integer (Number of units [one-way trips] received by client during the monthly reporting period)	Health services - one way trip. t7, t8, t10 collapse into one trip type. No longer differentiate between volunteer or staff providing the trip. No longer differentiate between taxi-rideshare/van/private vehicle.	Transportation	OAA TIIIB/ARPA/SCSA/LOC	1 One-Way Trip-Health Services	None
~~CV 19 Response food delivery transportation~~	~~t11~~	~~Integer (Number of units [one-way trips] received by client during the monthly reporting period)~~	~~Covid trip~~	~~Transportation~~	~~Covid 19 Response~~	~~1 One-Way Trip~~	~~None~~
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	