GetCare Data Specifications for Transportation
Updated April 2023

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)**
	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
	Other, specify
Homeless	**Homeless?**
	Unknown
	Yes
	No
Veteran	**Veteran**
	Declined to state
	Veteran
	No
	Child
	Spouse
Urban/Rural	**Urban/Rural (Auto-populates based on Zip code)**
	Rural
	Urban
	Declined to state
Sexual Orientation	**Sexual Orientation**
	Declined to state
	Bisexual
	Lesbian/Gay
	Heterosexual
	Questioning
	Leave Blank

GetCare Service Enrollment and Unit Information for Transportation

Scope of Work	Program (Funding)	Service Detail	Assessment Required	Data recording required
Transportation	OAA TIIIB/ARPA/SCSA/LOC	1 One-Way Trip-Food Access	None	Client Level
Transportation	OAA TIIIB/ARPA/SCSA/LOC	1 One-Way Trip-Transit Subsidy	None	Non-registered (Aggregate)
Transportation	OAA TIIIB/ARPA/SCSA/LOC	1 One-Way Trip-Health Services	None	Client Level
Service Month	Date – mm/dd/yyyy	Use first day of month for reporting period, e.g., 1/1/2023		