

### GetCare Data Specifications for Home Delivered

Updated May 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: 1/30/1928
<b>Race</b>	<b>*Race (Check all that apply)</b>
	Unknown
	American Indian/Alaska Native
	Asian
	Black/African American
	Native Hawaiian/Other Pacific Islander
	White
	Declined to State
<b>Ethnicity</b>	<b>*Ethnicity (Choose the corresponding ethnicity from list if known)</b>
	Leave Blank
	Hispanic or Latino (Is required if known and is the only way to capture in GetCare)
	Not Hispanic or Latino
<p><b>*Note: Race and Ethnicity categories are being updated in GetCare to improve recording options for Latino/Hispanic identity. The above represents current options and will be updated as options change.</b></p>	
<b>Income</b>	<b>At or below 100% Federal Poverty Level</b>
	Declined to state income
	Yes
	No
	No
	No
<b>Live Alone</b>	<b>Household Composition (Lives Alone)</b>
	Declined to state
	Lives Alone
	Other
	Institutionalized
	With Domestic Partner
	With Non-Relative(s)
	With Other Relative(s)
	With Parent(s)
	With Spouse
<b>Gender</b>	<b>Sex/Gender</b>
	Unknown
	Female
	Male
	Other
	Declined to Disclose
<b>Limited English</b>	<b>English Fluency</b>
	Declined to state
	Needs Translation
	Fluent
	Limited
<b>Disability Status</b>	<b>Disability Type</b>
	Declined to state
	Physical Disability
	No Disability
	Intellectual/Developmental disability (ID/DD)
	Mental illness
	Traumatic brain injury
	Dementia
	Memory Loss
	Other, specify
<b>Homeless</b>	<b>Homeless?</b>
	Unknown
	Yes
	No
<b>Veteran</b>	<b>Veteran</b>
	Declined to state
	Veteran
	No
	Child
	Spouse

<b>Nutritional Risk</b>	<b>At High Nutritional Risk/ Score of 6 or higher on Nutrition Risk Assessment</b> <b>(Enter in GetCare Nutritional Risk Assessment)</b>
	Declined to State
	Yes
	No
<b>Urban/Rural</b>	<b>Urban/Rural (Auto-populates based on Zip code)</b>
	Rural
	Urban
	Declined to state
<b>Sexual Orientation</b>	<b>Sexual Orientation</b>
	Declined to state
	Bisexual
	Lesbian/Gay
	Heterosexual
	Lesbian/Gay
	Questioning
<b>ADLs</b>	<b>Activities of Daily Living (ADL)</b>
<b>Eating</b>	1. Independent
	2. Minimum Assistance
	3. Moderate Assistance
	4. Maximum Assistance
	5. Declined to State
<b>Toileting</b>	1. Independent
	2. Minimum Assistance
	3. Moderate Assistance
	4. Maximum Assistance
	5. Declined to State
<b>Walking</b>	1. Independent
	2. Minimum Assistance
	3. Moderate Assistance
	4. Maximum Assistance
	5. Declined to State
<b>Transferring</b>	1. Independent
	2. Minimum Assistance
	3. Moderate Assistance
	4. Maximum Assistance
	5. Declined to State
<b>Dressing</b>	1. Independent
	2. Minimum Assistance
	3. Moderate Assistance
	4. Maximum Assistance
	5. Declined to State
<b>Bathing</b>	1. Independent
	2. Minimum Assistance
	3. Moderate Assistance
	4. Maximum Assistance
	5. Declined to State
<b>Med Mgmt</b>	1. Independent
	2. Minimum Assistance
	3. Moderate Assistance
	4. Maximum Assistance
	5. Declined to State
<b>IADLs</b>	<b>Instrumental Activities of Daily Living (IADL)</b>
<b>Cooking</b>	1. Independent
	2. Minimum Assistance
	3. Moderate Assistance
	4. Maximum Assistance
	5. Declined to State
<b>Shopping</b>	1. Independent
	2. Minimum Assistance
	3. Moderate Assistance
	4. Maximum Assistance
	5. Declined to State
<b>Chores</b>	1. Independent
	2. Minimum Assistance
	3. Moderate Assistance
	4. Maximum Assistance
	5. Declined to State
<b>Driving</b>	1. Independent
	2. Minimum Assistance
	3. Moderate Assistance
	4. Maximum Assistance
	5. Declined to State
<b>Heavy Housework</b>	1. Independent
	2. Minimum Assistance
	3. Moderate Assistance
	4. Maximum Assistance
	5. Declined to State
<b>Phoning</b>	1. Independent
	2. Minimum Assistance
	3. Moderate Assistance
	4. Maximum Assistance
	5. Declined to State
<b>Money Mgmt</b>	1. Independent
	2. Minimum Assistance
	3. Moderate Assistance
	4. Maximum Assistance
	5. Declined to State

**GetCare Service Enrollment and Unit Information for Home Delivered**

Updated May 2023

Scope of Work	Program (Funding)	Service Detail	Assessment Required in GetCare	Definition
Home Delivered Meals	OAA THHC/SCSA/LOC	1 NSIP Meal	Nutrition Assessment (Nutrition risk score only), Functional Assessment (ADLs/IADLs)	Regular home delivered meal
Home Delivered Meals	SBT/LOC	1 Meal HDM-under 60	None	Home delivered meal for clients under age 60
Produce Bag / Market Basket	SBT/LOC	1 unit	None	Supplemental produce bags
Home Delivered Meals	SBT/VSHSL/LOC	1 Short-term/transitional meal	None	Hospital to home meals
Consumable Supply	Covid-19 Response	1 Delivery	None	Retired (No longer in use effective 05/01/2023)
Emergency Meal	Covid-19 Response	1 Meal HDM	None	Retired (No longer in use effective 05/01/2023)
Grocery Bag	SBT/VSHSL/LOC	1 unit	None	Ethnic grocery bags using SBT/VSHSL or other local funds
Service Month	Date – mm/dd/yyyy			Use first day of month for reporting period, e.g., 1/1/2023