

## Residential Facility Tracker (RFT) Identification Form

*Request for new Residential Facility ID and updates to existing Residential Facilities*

Residential facility identification data are entered into AskTED by the TEA Special Education (SPED) Division. Complete this electronic, or printable, form for new residential facilities or to update existing residential facility information. For new facilities, all data must be filled out below. For updates to existing facilities, the residential facility ID must be entered in addition to any applicable field where a change has occurred.

When complete, sign and date the RFT form. Create a TSDS Incident Management System (TIMS) ticket and attach the RFT form to the TIMS ticket. The TIMS ticket will be escalated to the special education contact person at your Regional Education Service Center to be reviewed before sending to the TEA SPED Division.

### RESIDENTIAL FACILITY DATA

Data Elements	Enter Your Data
<u>Residential Facility ID</u> <b>*Required for existing facilities.</b> Leave blank for new facilities - ID will be assigned by AskTED once form is submitted.	
<u>Residential Facility Name</u> Enter the full name of the residential facility. Example: Bluebonnet Residential Treatment Center	
<u>Facility Status</u> Select an option: Active = Open, operating Inactive = Closed, not operating	Active  Inactive
<u>Status Date</u> Enter the effective date for the status Date format: MM/DD/YYYY	
<u>Secure Facility</u> A "secure" residential facility restricts the movement of children living in the facility due to adjudication or for health reasons such as psychiatric care, substance abuse, or treatment regimen that does not allow the student to leave the facility to receive educational services.  Select <b>yes</b> if facility meets definition of "secure" facility, or <b>no</b> if it does not meet the definition.	Yes  No
<u>Regional Education Service Center</u> Enter the service center number where the residential facility falls within the geographic boundaries. Example: ESC Region 10	ESC Region
<u>Facility Contact's First Name</u>	
<u>Facility Contact's Last Name</u>	
<u>Facility Contact's Phone Number</u> Format: (555) 555-5555	
<u>Facility Contact's Phone Extension</u>	ext.

<u>Facility Contact's Email Address</u>	
<u>Facility Phone Number</u> Format: (555) 555-5555	
<u>Facility Phone Extension</u>	ext.
<u>Facility Street Address</u>	
<u>Facility City</u>	
<u>Facility State</u>	
<u>Facility Zip Code</u> For 9-digit zip code format: 99999-9999	
<u>Facility Mailing Address same as Physical Address</u> Select an option: (If yes, no mailing information needs to be completed)	Yes No
<u>Facility Mailing Street or P O Box</u>	
<u>Facility Mailing City</u>	
<u>Facility Mailing State</u>	
<u>Facility Mailing Zip Code</u> For 9-digit zip code format: 99999-9999	

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Name of LEA Representative (Print)

\_\_\_\_\_  
Title of LEA Representative

\_\_\_\_\_  
LEA Name

\_\_\_\_\_  
LEA County District Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For any questions, please contact [SPED@tea.texas.gov](mailto:SPED@tea.texas.gov).