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
Residential Facility ID ***Required for existing facilities.** Leave blank for new facilities - ID will be assigned by AskTED once form is submitted.	
Residential Facility Name Enter the full name of the residential facility. Example: Bluebonnet Residential Treatment Center	
Facility Status Select an option: Active = Open, operating Inactive = Closed, not operating	Active Inactive
Status Date Enter the effective date for the status Date format: MM/DD/YYYY	
Secure Facility 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 **yes** if facility meets definition of "secure" facility, or **no** if it does not meet the definition.	Yes No
Regional Education Service Center Enter the service center number where the residential facility falls within the geographic boundaries. Example: ESC Region 10	ESC Region
Facility Contact's First Name	
Facility Contact's Last Name	
Facility Contact's Phone Number Format: (555) 555-5555	
Facility Contact's Phone Extension	ext.

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

_____   _____
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.