

GPS DATA FIELDS

	Field Name	Required / Optional	Description	Accepted Response
1	Facility Number OR Resource ID	Required	Facility Number (HHS Public Provider Portal Operation Number) or IMPACT Resource ID.	Operation Number or Resource ID
2	Number of Non-DFPS Children Placed	Required	The number of non-DFPS children currently in the placement. (i.e. Placement for private pay, juvenile, and dependent children under 18)	Number
3	Number of Vacancies	Required	The number of current vacancies in the placement as of today.	Number
4	Number of Anticipated Vacancies	Required	The number of anticipated future vacancies.	Number
5	Anticipated Vacancy Date	Conditionally required, if number of anticipated vacancies > 0	The date of the next anticipated future vacancy within 60 days.	Date
6	Accept LGBTQIA	Required	Do you accept LGBTQIA children/youth?	Yes or No
7	Gender	Required	The birth gender the placement prefers to accept?	<ul style="list-style-type: none"> • Both • Female • Male
8	Gender Identity Indicator	Required	Does the placement accept children with a gender identity that differs from their gender assigned at birth?	Yes or No
9	Religions	Required	The children/youth's religion the placement prefers to accept.	<ul style="list-style-type: none"> • Catholic • Protestant • Jewish • Eastern Religion • None • No Preference

	Field Name	Required / Optional	Description	Accepted Response
				<ul style="list-style-type: none"> Other
10	Specialized Services	Required	The Specialized Services the placement provides for children/youth.	<ul style="list-style-type: none"> Emergency Care Services Emotional Disorder Human Trafficking Physically Challenged Adult Care Treatment Foster Care Autism/PDD/Asperger's Disorder IDD PMN Medically Fragile Hearing/Visually Impaired Pervasive Developmental Disorder Transitional Living Program Transitional Living Services Drug Treatment/Substance Abuse Gender Identity Fire Starter Sex Offender Sexual Behavior Problems Sexual Aggression Probation/Parole/TYC/JPC None
11	Child Sexual Aggression	Required	Does the placement accept children/youth that have a history of child sexual aggression (CSA)?	Yes or No
12	Languages	Required	The supported languages of the placement.	<ul style="list-style-type: none"> Arabic Cambodian Chinese English Ethiopian Farsi Filipino French German Hausa Igbo

	Field Name	Required / Optional	Description	Accepted Response
				<ul style="list-style-type: none"> • Japanese • Kirundi • Korean • Nigerian • Polish • Portuguese • Russian • Sign – American • Sign – Spanish • Sign - Other • Somali • Spanish • Swahili • Thai • Urdu • Vietnamese • Other • Yoruba
13	Other Language	Conditionally Required	If the languages field contains the value “Other” or “Sign-Other”, then provide the other languages accepted.	Text
14	Legal Risk	Optional	Does the placement accept children/youth with parental legal rights not terminated? (legal risk)	Yes or No
15	Minimum Age	Required	The minimum preferred age accepted by the placement.	0-22
16	Maximum Age	Required	The maximum preferred age accepted by the placement.	0-22
17	Elementary School Name	Required	The name of the elementary school that children in the placement will attend.	Text
18	Elementary Charter School	Optional	Is the elementary school a charter school?	Yes or No
19	Middle School Name	Required	The name of the middle school that children in the placement will attend.	Text

	Field Name	Required / Optional	Description	Accepted Response
20	Middle Charter School	Optional	Is the middle school a charter school?	Yes or No
21	High School Name	Required	The name of the high school that children in the placement will attend.	Text
22	High Charter School	Optional	Is the high school a charter school?	Yes or No
23	Emergency Placement	Optional	Are emergency placements accepted?	Yes or No
24	Pregnant Parent Program	Required	Does the placement accept pregnant youth with or without their children?	Yes or No
25	Primary Medical Needs	Required	Does the placement accept children/youth with primary medical needs?	Yes or No
26	Alternate Contact Name	Optional	The name of the intake contacts for the placement. <i>Agency level contact information</i>	Text
27	Alternate Contact Phone	Optional	The intake phone number for the placement. <i>Agency level contact information</i>	10-digit Phone Number (cannot start with 0 or 1)
28	Additional Placement Information	Optional	Additional placement Information the provider would like the CPS placement team to know about. (ie animals in the home, take sibling groups etc.)	Text
29	School District Code	Required	The TEA school district code for the school district children/youth in the placement will attend June 1-May 31 of the current year. A list of TEA School District Codes can be found on the	School District code from TEA.

	Field Name	Required / Optional	Description	Accepted Response
			TEA website, a link is provided in Appendix C.	
30	IQ Level	Required	The IQ level the placement prefers to accept.	<ul style="list-style-type: none"> • 70+ • <=69 • No Preference
31	Service Level	Required	The Service Level placement prefers to accept.	<ul style="list-style-type: none"> • Basic • Moderate • Specialized • Intense • Psychiatric Transition • TFC (Treatment Foster Care) • Intense Plus • Emergency Shelter