

Nebraska Migrant Education Program National COE

COE Year _____ COE Number _____

SEA STAFF USE ONLY: Date Received by NDE _____

I. FAMILY DATA										Project Name:					Project ID: NE				
1a Male Parent: Last Name 1 Last Name 2 Suffix First Name Middle Name					1c Male Guardian: Last Name 1 Last Name 2 Suffix First Name Middle Name														
1b Female Parent: Last Name 1 Last Name 2 Suffix First Name Middle Name					1d Female Guardian: Last Name 1 Last Name 2 Suffix First Name Middle Name														
2a Current Address:					2b City			2c State		2d Zip		3 Telephone ()							
II. CHILD DATA																			
□ OSY	Child #1 4a Last Name 1				4b Last Name 2			5 Suffix	6 First Name			7 Middle Name		8 G	9 Birth Date	10 MB	11 Birth Code	12 Residency Date	
															MM/DD/YY			MM/DD/YY	
	13a Birth City		13b Birth State	13c Birth Country		14 BC Y/N	15 Race	16 Type	17 Enroll Date MM/DD/YY		18 Grade		19 NE Building Code						
□ OSY	Child #2 4a Last Name 1				4b Last Name 2			5 Suffix	6 First Name			7 Middle Name		8 G	9 Birth Date	10 MB	11 Birth Code	12 Residency Date	
															MM/DD/YY			MM/DD/YY	
	13a Birth City		13b Birth State	13c Birth Country		14 BC Y/N	15 Race	16 Type	17 Enroll Date MM/DD/YY		18 Grade		19 NE Building Code						
□ OSY	Child #3 4a Last Name 1				4b Last Name 2			5 Suffix	6 First Name			7 Middle Name		8 G	9 Birth Date	10 MB	11 Birth Code	12 Residency Date	
															MM/DD/YY			MM/DD/YY	
	13a Birth City		13b Birth State	13c Birth Country		14 BC Y/N	15 Race	16 Type	17 Enroll Date MM/DD/YY		18 Grade		19 NE Building Code						
□ OSY	Child #4 4a Last Name 1				4b Last Name 2			5 Suffix	6 First Name			7 Middle Name		8 G	9 Birth Date	10 MB	11 Birth Code	12 Residency Date	
															MM/DD/YY			MM/DD/YY	
	13a Birth City		13b Birth State	13c Birth Country		14 BC Y/N	15 Race	16 Type	17 Enroll Date MM/DD/YY		18 Grade		19 NE Building Code						
□ OSY	Child #5 4a Last Name 1				4b Last Name 2			5 Suffix	6 First Name			7 Middle Name		8 G	9 Birth Date	10 MB	11 Birth Code	12 Residency Date	
															MM/DD/YY			MM/DD/YY	
	13a Birth City		13b Birth State	13c Birth Country		14 BC Y/N	15 Race	16 Type	17 Enroll Date MM/DD/YY		18 Grade		19 NE Building Code						

III. QUALIFYING MOVE & WORK

1. The child(ren) listed above moved from a residence in _____ / _____ / _____ / _____
 School District City State Country
 to a residence in _____ / _____ / _____
 School District City State.

2. The child(ren) moved (complete both a. and b.):
 a. on own as worker, OR with the worker, OR to join or precede the worker b. The worker, _____, is the child **OR** the child's parent spouse guardian
 Full Name of Worker

i. (Complete if "to join or precede" is checked in 2a.) The worker moved on _____ / _____ / _____. The child(ren) moved on _____ / _____ / _____. **(provide comment)**
 MM/DD/YY MM/DD/YY

3. The **Qualifying Arrival Date (QAD)** was _____ / _____ / _____.
 MM/DD/YY

4. The worker moved due to economic necessity in order to obtain:
 a. qualifying work, and obtained qualifying work, **(provide comment)**, OR
 b. any work, and obtained qualifying work soon after the move, **(provide comment)**, OR
 c. qualifying work specifically, but did not obtain the work. If the worker did not obtain the qualifying work:
 i. The worker has a prior history of moves to obtain qualifying work **(provide comment)**, OR
 ii. There is other credible evidence that the worker actively sought qualifying work soon after the move **(provide comment)**.

5. The qualifying work, * _____ was (make a selection in both a. and b.):
 describe the agricultural or fishing work
 a. seasonal OR temporary employment
 b. agricultural OR fishing work

* If applicable, check:
 5c. personal subsistence **(provide comment)**

6. (Complete if "temporary" is checked in 5a) The work was determined to be temporary employment based on:
 a. worker's statement **(provide comment)**, OR
 b. employer's statement **(provide comment)**, OR
 c. State documentation for _____ (Employer).

IV. COMMENT WHEN APPLICABLE	
Section III - 1 Indicate Prior Residence (City, State, Country) of parent/guardian, if different from child(ren)	Section III - 4cii Statement of Credible Evidence
Section III - 2bi Indicate why the Residency Date of parent/guardian differs from child(ren), if applicable	Section III - 5c Personal Subsistence
Section III - 5 Qualifying Work Name of Employer / City / State	Section III - 6a Worker's Statement Indicate the length of time at qualifying activity
Section III - 4ci Statement of Prior History (Describe the agricultural or fishing work)	Section III - 6b Employer's Statement Indicate the length of time at qualifying activity

V. PARENT/GUARDIAN/SPOUSE/WORKER SIGNATURE

I understand the purpose of this form is to help the State determine if the child(ren)/youth listed above is/are eligible for the Title I, Part C Migrant Education Program. To the best of my knowledge, all of the information I provided to the interviewer is true.

 Signature Relationship to the Child(ren) _____ / _____ / _____
 Date (MM/DD/YY)

Educational use of information has been explained to me (FERPA). YES NO
 Statement of Credible Evidence Documentation Provided? YES NO

VI. ELIGIBILITY DATA CERTIFICATION

I certify that based on the information provided to me, which in all relevant aspects is reflected above, I am satisfied that these children are migratory children as defined in 20 U.S.C. 6399(2) and implementing regulations, and thus eligible as such for MEP services. I hereby certify that, to the best of my knowledge, the information is true, reliable, and valid and I understand that any false statement provided herein that I have made is subject to fine or imprisonment pursuant to 18 U.S.C. 1001.

Signature of Interviewer _____ Date _____ / _____ / _____	Signature of Designated LEA Reviewer _____ Date _____ / _____ / _____	Signature of Designated SEA Reviewer _____ Date _____ / _____ / _____	Signature of MIS2000 Data Entry _____ Date Entered into MIS2000 _____ / _____ / _____
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