Nebraska Migrant Education Program National COE

COE Year _____ **COE ID** _____ **COE Date** _____

I. FAMILY DATA

Project Name: **Project ID:**

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 #	4a Last Name 1	2b Last Name 2	5 Suffix	6 First Name	7 Middle Name	8 G	9 Birth Date	10 MB	11 Birth Code	12 Residency Date

13a Birth City	13b Birth State	13c Birth Country	17 BC Y/N	15 Race	16 Type	17 Enroll Date	18 Grade	19 NE Building Code

☐ OSY	Child #	4a Last Name 1	2b Last Name 2	5 Suffix	6 First Name	7 Middle Name	8 G	9 Birth Date	10 MB	11 Birth Code	12 Residency Date

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Nebraska Department of Education PO Box 94987, 301 Centennial Mall South Lincoln, NE 68509-4987 Form #07-006

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III. QUALIFYING MOVE & WORK

1. The child(ren) listed above moved from a residence in _____ / _____ / _____ / _____
   to a residence in _____ / _____ / _____.

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 child's ☐ parent ☐ spouse ☐ guardian.
   i. (Complete if "to join or precede" is checked in 2a.) The worker moved on _____. The child(ren) moved on _____. (provide comment)

3. The Qualifying Arrival Date was _____.

4. The worker moved due to economic necessity in order to obtain:
   a. ☐ qualifying work, and obtained qualifying work, OR
   b. ☐ any work, and obtained qualifying work soon after the move, 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 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.):
   a. ☐ seasonal OR ☐ temporary employment
   b. ☐ agricultural OR ☐ fishing work

   *If applicable, check:
   ☐ 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 _____

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 Indicated 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 City: State: Activity:	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 knoledge, 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

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	Signature of Designated LEA Reviewer	Signature of Designated LEA Reviewer	Signature of MIS2000 Data Entry
Date	Date	Date	Date Entered into MIS2000