Nebraska Migrant Education Program National COE

<table>
<thead>
<tr>
<th>I. FAMILY DATA</th>
<th>Project Name:</th>
<th>Project ID:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Male Parent: Last Name 1</td>
<td>Last Name 2</td>
<td>Suffix</td>
</tr>
<tr>
<td>1b Female Parent: Last Name 1</td>
<td>Last Name 2</td>
<td>Suffix</td>
</tr>
<tr>
<td>1c Male Guardian: Last Name 1</td>
<td>Last Name 2</td>
<td>Suffix</td>
</tr>
<tr>
<td>1d Female Guardian: Last Name 1</td>
<td>Last Name 2</td>
<td>Suffix</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>II. CHILD DATA</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Child #</td>
<td>4a Last Name 1</td>
</tr>
<tr>
<td>OSY</td>
<td>13a Birth City</td>
</tr>
<tr>
<td>Child #</td>
<td>4a Last Name 1</td>
</tr>
<tr>
<td>OSY</td>
<td>13a Birth City</td>
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</tbody>
</table>
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, [Full Name and Address], 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, *despite agricultural or fishing 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 - 4ci Statement of Credible Evidence

Section III - 2b Indicate why the Residence 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
Section III - 6b Employer's Statement Indicate the length of time at qualifying activity

State: 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/YYYY) ________________

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 MIS2020 Data Entry ___________________________