

Project ID: _____

NEBRASKA MIGRANT EDUCATION PROGRAM CERTIFICATE OF ELIGIBILITY

COE ID: _____

I. FAMILY DATA

Parent/Guardian 1: Last Name 1 _____ Last Name 2 _____ Suffix _____ First Name _____ Middle Name _____					Parent/Guardian 2: Last Name 1 _____ Last Name 2 _____ Suffix _____ First Name _____ Middle Name _____								
Current Address: _____							City: _____		State: _____		Zip: _____		
Phone 1: _____			Phone 2: _____			Email 1: _____			Email 2: _____			Language: _____	

II. CHILD DATA

Last Name 1	Last Name 2	Suffix	First Name	Middle Name	Sex	Birth Date	MB	Code	Residency Date	Ethnicity /Race	Building Code	BC

III. QUALIFYING MOVES & WORK

1. The child(ren) listed on this form moved due to economic necessity 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. as the worker, OR with the worker, OR to join or precede the worker.
 b. The worker, First and Last Name of Worker, is the child or the child's parent/guardian spouse.
 i. (Complete if "to join or precede" is checked in 2a.) The child(ren) moved on MM/DD/YY. The Worker moved on MM/DD/YY. (provide comment)

3. The worker moved due to economic necessity on MM/DD/YY from a residence in _____ School district _____ / _____ City _____ /State _____ /Country _____ to a residence in _____ School district _____ /City _____ /State _____, and:
 a. engaged in new qualifying work soon after the move (provide comment if worker engaged more than 60 days after the move); OR
 b. actively sought new qualifying work, AND has a recent history of moves for qualifying work (provide comment)

4. The qualifying work, * describe 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)

5. (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 _____

6. The Qualifying Arrival Date was MM/DD/YY.

IV. COMMENTS (Must include 2bi, 3a, 3b, 4, 5a, and 5b of the Qualifying Moves & Work Section, if applicable.)

Section I - Legal Parent/Guardian Data:

Section III - 2bi. Indicate why the Residency Date of parent/guardian differs from child(ren):

Section III - 3a. Indicate why worker engaged in qualifying work more than 60 days after the move:

Section III - 3b. Worker recent history of moves:

Section III - 4. Personal Subsistence:

Section III - 4. Qualifying Work Name of Employer/City/State:

Section III - 5a. Worker's Statement:

Section III - 5b. Employer's Statement:

V. INTERVIEWEE SIGNATURE

I understand the purpose of this form is to help the State determine if the child(ren)/youth listed on this form 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.

Educational use of information has been explained to me (FERPA). Due to conditions described in the COE log, a face-to-face interview was unsafe or impractical. The interviewee verified all eligibility information on the COE, had FERPA law explained to them, and has given verbal authorization to complete the COE remotely.

Signature _____ Relationship to the Child(ren) _____ Date _____

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 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 SEA Reviewer _____ Date _____