

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: _____			Language: _____			

II. CHILD DATA

Last Name 1	Last Name 2	Suffix	First Name	Middle Name	Sex	Birth Date	MB	Code	Residency Date	Birth City, State, Country	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 Qualifying Arrival Date was MM/DD/YY.

4. 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)

5. 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)

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. COMMENTS (Must include 2bi, 4a, 4b, 5, 6a, and 6b 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 – 4a. Indicate why worker engaged in qualifying work more than 60 days after the move:

Section III – 4b. Worker recent history of moves:

Section III – 5. Personal Subsistence:

Section III – 5. Qualifying Work Name of Employer/City/State:

Section III – 6a. Worker's Statement:

Section III – 6b. 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 COVID-19 pandemic, signature was unable to be collected. Verbal authorization was obtained.

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 _____