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# CERTIFICATE OF ELIGIBILITY

☐ New Move ☐ No New Move ☐ New Student

SCHOOL YEAR: 2014-2015

STATE OF ALASKA DEPARTMENT OF EDUCATION & EARLY DEVELOPMENT -- TITLE IC Migrant

**COE ID #:**_____

**CHILD DATA** | **School District Name:** YUPIIT SCHOOL DISTRICT | **Residency Date (MM/DD/YY)** _____

| STUDENT ID | LAST NAME 1 | LAST NAME 2 | FIRST | MIDDLE | SUF | BIRTH DATE | SEX | MB | EB | BIRTH CITY | BIRTH STATE | VER | SCHOOL NAME | ENROLL DATE | GR |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
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## FAMILY DATA

Male Parent/Guardian (Last Name, First)_____ Female Parent/Guardian (Last Name, First)_____

Current Address_____ *(Physical Address-Street or Road, City, State, Zip Code)*

Mailing Address_____ *(Mailing Address-Street or Road, City, State, Zip Code)* Telephone_____

## QUALIFYING MOVE & WORK

1. The children listed above moved from a residence in_____ / _____ /____ /_____
   *(School District)* *(City)* *(State)* *(Country)*

   to a residence in _____ / _____ /_____
   *(School District)* *(City)* *(State)*

2. The children moved (make a selection in 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's ☐ parent ☐ spouse ☐ guardian
   *(First and Last Name of Worker)*
   i. ☐ (Complete if "to join or precede" is checked in 2a.) The worker moved on _____.
   *(MM/DD/YY)*
   The children moved on_____. (provide comment)
   *(MM/DD/YY)*
3. The Qualifying Arrival Date was _____.
   *(MM/DD/YY)*
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 move, OR
   c. ☐ qualifying work specifically, but did not obtain the work.
   If the worker did not obtain 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
   *(describe agricultural or fishing work)*
   (make a selection in both a. and b.):
   a. ☐ seasonal, OR ☐ temporary employment
   b. ☐ agriculture, OR ☐ fishing work

   *If applicable check:
   ☐ personal subsistence (provide comment)
6. (Complete if "temporary" is checked in #5) 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. ☐ verification of State documentation for _____.
   *(Employer)*

☐ **Additional Moves:** The children listed above made additional moves during the last year that together establish a pattern of mobility.

*MM/DD/YY TO MM/DD/YY = Nights/Days*

_____to _____=_____
_____to _____=_____
_____to _____=_____
_____to _____=_____
_____to _____=_____

**COMMENTS** ***must include 2bi, 4c, 5, 6a, and 6b of the Qualifying Move & Work Section, if applicable.**

## PARENT/GUARDIAN/SPOUSE/WORKER SIGNATURE

I understand the purpose of this form is to help the State determine if the children/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)* *(Date)*

## ELIGIBILITY DATA CERTIFICATION

I certify that based on the information provided to me, which in all relevant aspects is reflected above, these children are migratory children as defined in 20 U.S.C. 6399(2) and implementing regulations, and so are eligible as such for MEP services. I hereby certify that, to the best of my knowledge, the information is true, reliable and valid and 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)*