

# CERTIFICATE OF ELIGIBILITY

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

COE ID #: \_\_\_\_\_

New Move

No New Move

New Student

SCHOOL YEAR: 2013-2014

## CHILD DATA

School District Name: \_\_\_\_\_

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

## 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, if different from Current Address \_\_\_\_\_ Telephone \_\_\_\_\_

(P.O. Box, City, State, Zip Code)

## QUALIFYING MOVE & WORK

1. The children listed above moved from a residence in \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
to a residence in \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(School District) (City) (State) (Country)

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 the 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)

## 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)

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

**Additional Moves:** The children listed above made additional moves \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_  
during the last year that together establish a pattern of mobility. (MM/DD/YY) (MM/DD/YY) (Nights/Days)