

# Certificate of Eligibility - Virginia Migrant Education Program

## I. FAMILY DATA

Male Parent/Guardian: \_\_\_\_\_

Female Parent/Guardian: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

## II. CHILD DATA

Last Name 1	Last Name 2	Suffix	First Name	Middle Name	Sex	Birth Date	MB	Code	Residency Date

## 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, \_\_\_\_\_, is the child or the 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 other credible evidence that the worker actively sought qualifying work soon after the move (provide comment).

5. The qualifying 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 \_\_\_\_\_ (Do not mark as State documentation has not been defined.)

## IV. COMMENTS (Must include 2bi, 4c, 5, 6a and 6b of the Qualifying Move & Work Section, if applicable.)

## 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

\_\_\_\_\_  
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(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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Designated SEA Reviewer

\_\_\_\_\_  
Date

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VII. ADDITIONAL REQUIRED DATA ELEMENTS FOR VIRGINIA										
A. Family Data										
1. Home Base Address					2. City/State/Zip Code					
3. Home Language					4. Home Base School and/or Designated Graduation School					
5. School Division/Regional Program					6. School Name					
7. School Year					8. MEP Project Type: _____ School Based _____ Non-School Based					
9. MEP Enrollment Type _____ Basic School Program, _____ Regular Term MEP-Funded Project, _____ Summer/Interession MEP-Funded Project, _____ Year Round MEP-Funded Project, _____ Basic School Program and Regular-Term MEP-Funded Project, _____ Residency only.										
10. Category: _____ C1 _____ C2 _____ *COS _____ NF *COS: 1) Providing services for duration of term; 2) Providing services for additional year; or 3) Serving secondary students through credit accrual program										
B. Child Data										
Child's Name	Birth Country	Age	Grade	Medical Alert Indicator	Immunization Records Complete?	VA State Testing ID	Eligible for ESL?	Has an IEP?	Enrollment Date	Priority for Service

Child 1	Child 2	Child 3	Child 4
<u>Race/Ethnicity</u> Please answer both questions 1 and 2  1. Are you Hispanic or Latino? (choose only one) _____ No, not Hispanic or Latino _____ Yes, Hispanic or Latino  2. What is your race? (choose one or more) _____ American Indian or Alaska Native _____ Asian _____ Black or African American _____ Native Hawaiian or Other Pacific Islander _____ White  School Name: _____	<u>Race/Ethnicity</u> Please answer both questions 1 and 2.  1. Are you Hispanic or Latino? (choose only one) _____ No, not Hispanic or Latino _____ Yes, Hispanic or Latino  2. What is your race? (choose one or more) _____ American Indian or Alaska Native _____ Asian _____ Black or African American _____ Native Hawaiian or Other Pacific Islander _____ White  School Name: _____	<u>Race/Ethnicity</u> Please answer both questions 1 and 2.  1. Are you Hispanic or Latino? (choose only one) _____ No, not Hispanic or Latino _____ Yes, Hispanic or Latino  2. What is your race? (choose one or more) _____ American Indian or Alaska Native _____ Asian _____ Black or African American _____ Native Hawaiian or Other Pacific Islander _____ White  School Name: _____	<u>Race/Ethnicity</u> Please answer both questions 1 and 2.  1. Are you Hispanic or Latino? (choose only one) _____ No, not Hispanic or Latino _____ Yes, Hispanic or Latino  2. What is your race? (choose one or more) _____ American Indian or Alaska Native _____ Asian _____ Black or African American _____ Native Hawaiian or Other Pacific Islander _____ White  School Name: _____

Birth City: \_\_\_\_\_

Birth State: \_\_\_\_\_

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