COE Fundamentals
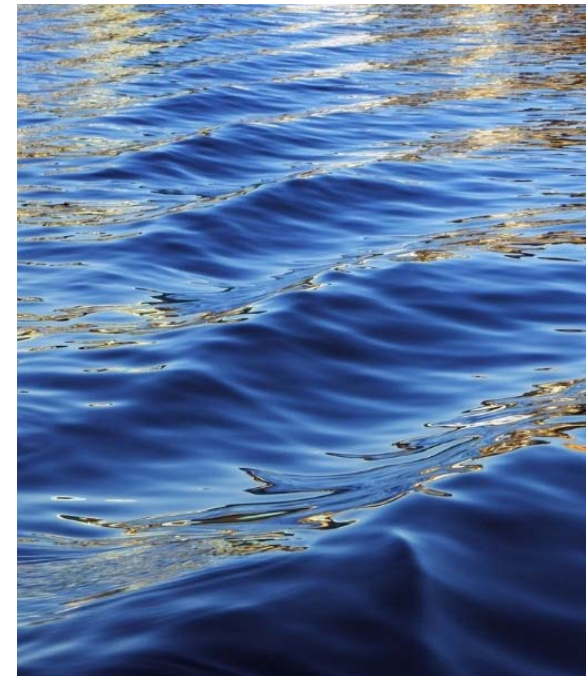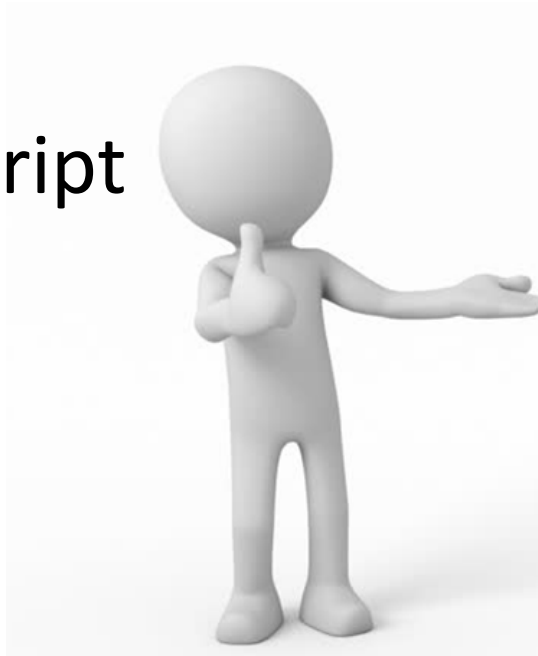
FL ID&R Office

Daytona Beach, FL - April 2019

Objectives

▶ Overview of general instructions for COE completion

▶ Review eligibility script

▶ Q&A

Florida COE

FLORIDA DEPARTMENT OF EDUCATION ~ DIVISION OF PUBLIC SCHOOLS
FLORIDA MIGRANT EDUCATION PROGRAM CERTIFICATE OF ELIGIBILITY (COE) FORM

District/Agency: _____ District COE # _____

SY20____ (☐ Recertification) | SY20____ (☐ Recertification) | SY20____ (☐ Recertification)

SECTION I: FAMILY DATA

1. Current Parent/Guardian 1: (Last Name, First Name)	2. Legal Parent/Guardian 1: (Last Name, First Name)	3. Current Address (Street, Rural Route, Lot Number – Physical Address Only)		
Current Parent/Guardian 2: (Last Name, First Name)	Legal Parent/Guardian 2: (Last Name, First Name)	City	State	Zip
		4. Home Base (City/State/Country)	5. Telephone ☐ Check if mobile number	

SECTION II: CHILD DATA

1. Last Name 1	2. Last Name 2	3. First Name	4. Middle Name	5. Suffix	6. H	7. Race	8. Sex	9.Birth Date MM/DD/YY	10. Age	11. MB	12. Code	13. Birthplace City	State	Country	14. School	15. Gr.
1.								/ /								
2.								/ /								
3.								/ /								
4.								/ /								
5.								/ /								

16. Child/Family Data Comments (e.g., urgent health, non-eligible children in the household, additional phone number(s), email address)

SECTION 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 Name 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_____.

7. Residency Date (child arrival date) MM/DD/YY	8. OSY Info ONLY. Was OSY Profile completed? ☐ Yes ☐ No		OSY Sec. II no.____	OSY Sec. II no. ____
	Last grade attended			
	When (year)			
	Where (country)			

SECTION IV: COMMENTS
(Must include ☐2bi, ☐4a, ☐4b, ☐5*, ☐6a and ☐6b of the Qualifying Moves & Work Section, applicable.) **Enter Recertification Date** (if applicable) _____

SECTION 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.

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

Check all that apply   Yes / No
1. I give my permission for my child(ren) to participate in the Title I Migrant Program. ☐ ☐
2. I give my permission for my child(ren) to be given emergency medical referral services. ☐ ☐
3. I have been informed about FERPA. I authorize the district to release, transfer, and/or receive ☐ ☐
   my child(ren)'s educational and health records with other districts, educational agencies including HEP/CAMP, and pertinent agencies, including the ID&R Office.

SECTION 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 _____

The Florida Migrant Education Program Certificate of Eligibility (COE) Form (ESE 047) is the only acceptable document utilized in Florida for the proper identification and recruitment of migratory children. The form is divided into six major sections: Section I Family Data; Section II Child Data; Section III, Qualifying Moves & Work; Section IV, Comments; Section V, Interviewee Signature; Section VI, Eligibility/Data Certification. The Recruiter/Home School Liaison or other trained interviewer shall complete the form. The completed form shall be submitted within five (5) working days to the District Migrant Program Coordinator or designee for certification of eligibility. The form shall be completed legibly in blue ink. Do not leave any item blank. Use "same," "N/A," or dashes to acknowledge that an inquiry has been made for each item. Use the reverse side of the white sheet to clarify information on this form, as appropriate. The form shall be completed after each new qualifying arrival date is established. For further guidance, refer to the *Manual for Identification and Recruitment*.

Top of COE: REQUIRED – Enter the District AND Enter the corresponding School Year (Example 2018-19; do not enter a date). ONLY IF APPLICABLE – Check the recertification box. Enter the district's COE#.

SECTION I: FAMILY DATA

1. Record the names of current parent(s)/guardian(s) (last name, first name). Enter name of current parent/guardian 1 on first line and current parent/guardian 2 on second line. If there is no parent/guardian information disclosed, or if the child is responsible for his or her own welfare (e.g., emancipated youth), write a dash (-) or "N/A."
2. Record the names of legal parent(s)/guardian(s) (last name, first name). Enter name of legal parent/guardian 1 on first line and legal parent/guardian 2 on second line. If same as current parent, write "Same".
3. Enter the current and complete physical address where the child(ren) reside(s).
4. Enter the home base; include city, state, and country. Families may consider a home base the location where they return most often, own a home, pay taxes, or have relatives residing. If home base is the same as the current address, write "Same".
5. Enter phone number where worker or current/legal parent(s)/guardian(s) may be reached; check if mobile number.

SECTION II: CHILD DATA –In numbers 1 through 15, list only eligible children (birth to 21) who made the qualifying move

1. Last Name 1. Record the legal last name of each eligible child in the family. If the eligible child has a multiple or hyphenated last name, record the first part of the name.
2. Last Name 2. If the child has a multiple or hyphenated last name, record the second part of the name. If the child does not have a multiple or hyphenated name, write a dash (-).
3. First Name. Record the legal first name. This is the name given at birth, baptism, during another naming ceremony, or through a legal name change. Do not record nicknames or shortened names.
4. Middle Name. Record the legal middle name. Do not record nicknames or shortened names. If the child does not have a middle name record a dash (-).
5. Suffix. Where applicable, record the child's generation in the family (Jr., Sr., III, etc.). Otherwise, record a dash (-).
6. Hispanic. Record a "Y" for "yes" if the child is considered Hispanic. Record an "N" for "no" if the child is not considered Hispanic.
7. Race. Enter the race code(s) for each child:
   A – Asian; B – Black; I – American Indian; P – Native Hawaiian/Pacific Islander; W – White
8. Sex. Indicate the child's sex by entering M for male or F for female.
9. Birth Date. Enter two-digit numbers for the month, day, and year (e.g., 06/07/10).
10. Age. Record the current age of each eligible child or youth.
11. Multiple Birth. Record. "Y" for "yes" if the child is a twin, triplet, etc. Record a dash (-) for not applicable.
12. Verification Code. Record the digits that correspond to the evidence used to confirm each child's birth date:

03 – Baptism or Church Certificate	07 – Parent's Affidavit*	11 – State-issued ID	99 – Other
04 – Birth Certificate	08 – Passport	12 – Driver's License	
05 – Entry in Family Bible	09 – Physician's Certificate	13 – Immigration Documents	
06 – Hospital Certificate	10 – Verified School Records	82 – Life Insurance Policy	

   *If written evidence is not available, the interviewer may rely on a parent's or youth's verbal statement. In such cases, the interviewer should record "07" – the number that corresponds to "Parent's Affidavit".
13. Birthplace. Enter the city, state, and country of the child's birth. If the child was born in a foreign country, enter the name of the city, the state (if available), and country.
14. School. Enter the name or code of the school in which the child is enrolled.
15. Grade. Enter the grade in which the child is enrolled.
16. Child/Family Data Comments. Enter any details about individual child(ren) or any pertinent family information.

SECTION III: QUALIFYING MOVES & WORK

1. "From a residence in ____." This location is the child(ren)'s last place of residency immediately prior to the qualifying move. Note that the child(ren) might have made subsequent non-qualifying moves.
   "To a residence in ____." This location is where the child(ren) resided immediately following the qualifying move: "as the worker"; "with the worker"; or ,"to join or precede the worker".
2. a. Mark the appropriate box to indicate if the child(ren) made a move: as the worker; with the worker; or to join or precede the worker (if "to join or precede" box is marked, also complete "i" under 2b). Mark only one box.
   b. Record the first and last name of the individual who is a migratory agricultural worker or migratory fisher (i.e., the child(ren)'s parent/guardian or spouse, or the child – if the worker).
   i. If the worker moved separately from the child(ren), record the date that the child(ren) moved to the school district listed in #1, and record the date the worker moved to the school district listed in #1 using the two-digit numbers for the month, day, and year (MM/DD/YY). Also record the reason for the different move dates, and whether the worker moved from a different location than the child(ren), in Section IV Comments.
3. Record the Qualifying Arrival Date (QAD) using two-digit numbers for the month, day, and year (MM/DD/YY). The QAD is the date that both the child and worker completed the move to the school district listed in #1.
4. Record the date using two-digit numbers for the month, day, and year (MM/DD/YY) the worker in #2b moved due to economic necessity from a residence in one school district to another, and, soon after the move (within 60 days):
   a. Mark (a) if the worker engaged in new temporary or seasonal employment (or personal subsistence) in agriculture or fishing.
   b. Mark (b) if the worker actively sought new qualifying work and has a history of moves for qualifying work. Explain in Section IV Comments section how and when the worker actively sought new qualifying work as well as the worker's recent history of moves that resulted in qualifying work (must have at least two prior moves when the worker engaged in qualifying work).
5. Using an action verb and a noun (crop, livestock, or seafood), describe the qualifying work (i.e, "picking tomatoes"). If necessary, provide explanatory comments in Section IV Comments.
   a. Mark the appropriate box – select "temporary" or "seasonal." If "temporary," continue and complete # 6. If "seasonal," write "N/A" in item 6c (employer's name) in this section.
   b. Mark the appropriate box – select "agricultural" or "fishing work."
6. If temporary work, indicate how the work was determined to be temporary, whether based on (a) the worker's statement, (b) the employer's statement, or (c) state documentation. Provide explanatory comments in Section IV Comments. Document the name of the employer in 6c whenever employment is temporary.
7. Residency Date (Child Arrival Date) using the two-digit numbers for the month, day, and year (MM/DD/YY) that the child(ren) entered the present school district.
8. OSY Info ONLY. Check if OSY Profile was completed. Document last grade attended, when (YEAR) and where (COUNTRY) for OSY(s) listed in Section II. Indicate the corresponding Section II no. for each OSY.

SECTION IV: COMMENTS

Use this space to provide further clarification of the child(ren)'s eligibility. At minimum, comments must clearly explain items 2bi, 4a, 4b, 5* (if personal subsistence is checked), 6a and 6b of Section III, if applicable.
Only if applicable, enter the date the recertification was completed (MM/DD/YY).

SECTION V: INTERVIEWEE SIGNATURE

Procure a signature or mark of current/legal parent/guardian/spouse or youth and date. Any person unable to sign their name should place an X on the signature line. The interviewer should then print the name of this person on the line, write the relationship to the child(ren), and include the interviewer's initials. If the interviewee refuses to sign their name, the interviewer should document "refused to sign" in Section II Comments box, and print the person's name and relationship to the child(ren). 1, 2, 3. Mark "X" in the appropriate box for each statement.

SECTION VI: ELIGIBILITY DATA CERTIFICATION

1. Person conducting the interview signs and dates the COE on the day the interview is conducted.
2. The local migrant program coordinator is designated in Florida as the SEA Reviewer. As such, procure the signature of the Designated SEA Reviewer and enter the date signed (month, day, and year). The person conducting interview (#1 in this section.) and the person certifying eligibility (#2 in this section) cannot be the same.

ESE   047

COE: Top left

District/Agency: _____ District COE # _____

SY20____(□ Recertification) | SY20____(□ Recertification) | SY20___ (□ Recertification)

▶ Enter the corresponding LEA/LOA.

▶ Include if the district uses a particular COE numbering system.

▶ Always enter the corresponding school year that the COE is being completed. **Ensure it is in the correct place**.

▶ Mark the re-certification box <u>only</u> if the COE is a re-certification COE. **Make sure the recertification is done on a copy of the original COE**.

Section I:
Family Data

Section I: Family Data

SECTION I: FAMILY DATA	
1. Current Parent/Guardian 1: (Last Name, First Name)	2. Legal Parent/Guardian 1: (Last Name, First Name)
Current Parent Guardian 2:(Last Name, First Name)	Legal Parent/Guardian 2:(Last Name, First Name)

▸ Current Parent/Guardian 1 & 2 – who the child(ren) **reside** in the current location.

▸ Legal Parent/Guardian 1 & 2 –if the child's legal parent is different from the current parent. If not write **same**.

▸ For out-of-school youth **(OSY)**:

- Draw a dash (-) or N/A #1
- Write the OSY's legal parents' information (if available)

Section I: Family Data

SECTION I: FAMILY DATA

3. Current Address: (Street, Rural Route, Lot Number –Physical Address Only)

City	State	Zip

4. Home Base: (City/State/Country)	5. Telephone ☐ Check if mobile number

▶ Current address – where the children **currently reside**.

▶ Home Base – write in **"Same"** or dash **(-)** if it is the same as the current address. <u>Do not leave blank</u>.

▶ Telephone – Check the box only if the phone number provided is a mobile number. **Include area codes.**

▶ Make sure there are **no blank fields**.

Section II: Child Data

Section II: Child Data

1. Last Name 1	2. Last Name 2	3. First Name	4. Middle Name	5. Suffix	6. H	7. Race	8. Sex	9. Birth Date MM/DD/YY	10. Age	11. MB	12. Code	13. Birth Place City State Country	14. School	15. Gr.
1.														
2.														
3.														
4.														
5.														

SECTION II: CHILD DATA

16. Child/Family Data Comments (e.g., urgent health, non-eligible children in household, additional phone number(s), email address)

▸ **#2 Second Last Name** if applicable, if not draw a dash (-).

▸ **#4 Full Middle Name** if applicable, if not draw a dash (-).

▸ **#5 Suffix** if applicable, if not draw a dash (-).

▸ **#6 Hispanic** – Write "Y" or "N".

▸ **#7 Race Code** (included on the back of the COE).

Section II: Child Data

SECTION II: CHILD DATA														
1. Last Name 1	2. Last Name 2	3. First Name	4. Middle Name	5. Suffix	6. H	7. Race	8. Sex	9. Birth Date MM/DD/YY	10. Age	11. MB	12. Code	13. Birth Place City State Country	14. School	15. Gr.
1.														
2.														
3.														
4.														
5.														
16. Child/Family Data Comments (e.g., urgent health, non-eligible children in household, additional phone number(s), email address)														

▶ **#9 Birth Date** – Make sure to use **MM/DD/YY** format.

▶ **#10 Age** – Make sure the age matches the birth date **(check your math)**.

▶ **#11 Multiple Birth** – Write "Y" or draw a dash (-).

▶ **#12 Birth Date Verification Code** – Enter code (included on the back of the COE).

▶ **#15 Grade** – if OSY mark 30 for their grade.
<u>Do not mark 30 for regular school kids or non-attenders</u>.

Section II: Child Data

	1. Last Name 1	2. Last Name 2	3. First Name	4. Middle Name	5. Suffix	6. H	7. Race	8. Sex	9. Birth Date MM/DD/YY	10. Age	11. MB	12. Code	13. Birth Place City State Country	14. School	15. Gr.
1.															
2.															
3.															
4.															
5.															
16. Child/Family Data Comments (e.g., urgent health, non-eligible children in household, additional phone number(s), email address)															

▸ **#16 Child/Family Data Comment** – Write ONLY comments that pertain to health conditions, non eligible children in the household, additional phone numbers and emails. **DO NOT write anything pertaining to eligibility**.

Section III
Qualifying Moves and Work

FLORIDA DEPARTMENT OF EDUCATION ~ DIVISION OF PUBLIC SCHOOLS
FLORIDA MIGRANT EDUCATION PROGRAM CERTIFICATE OF ELIGIBILITY (COE) FORM

District/Agency: _____ District COE # _____
SY20_____ (☐ Recertification) | SY20_____ (☐ Recertification) | SY20_____ (☐ Recertification)

SECTION I: FAMILY DATA

1. Current Parent/Guardian 1: (Last Name, First Name)	2. Legal Parent/Guardian 1: (Last Name, First Name)	3. Current Address (Street, Rural Route, Lot Number – Physical Address Only)		
Current Parent/Guardian 2: (Last Name, First Name)	Legal Parent/Guardian 2: (Last Name, First Name)	City	State	Zip
		4. Home Base (City/State/Country)	5. Telephone ☐ Check if mobile number	

SECTION II: CHILD DATA

1. Last Name 1	2. Last Name 2	3. First Name	4. Middle Name	5. Suffix	6. H	7. Race	8. Sex	9. Birth Date MM/DD/YY	10. Age	11. MB	12. Code	13. Birthplace City	State	Country	14. School	15. Gr.
1.								/ /								
2.								/ /								
3.								/ /								
4.								/ /								
5.								/ /								

16. Child/Family Data Comments (e.g., urgent health, non-eligible children in the household, additional phone number(s), email address)
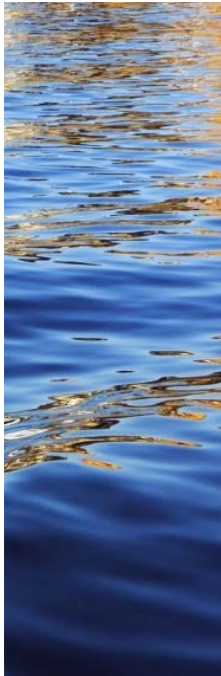
SECTION III: QUALIFYING MOVES & WORK

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 Name 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 .

Migratory Child

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

Migratory Qualifying Worker

7. Residency Date (child arrival date) MM/DD/YY	8. OSY Info ONLY. Was OSY Profile completed? ☐ Yes ☐ No	Last grade attended	OSY Sec. II no. _____	OSY Sec. II no. _____
		When (year)		
		Where (country)		

SECTION IV: COMMENTS (Must include ☐2bi, ☐4a, ☐4b, ☐5*, ☐6a and ☐6b of the Qualifying Moves & Work Section, applicable.) **Enter Recertification Date** (if applicable) _____

SECTION 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.

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

Check all that apply   Yes / No
1. I give my permission for my child(ren) to participate in the Title I Migrant Program.   ☐ ☐
2. I give my permission for my child(ren) to be given emergency medical referral services. ☐ ☐
3. I have been informed about FERPA. I authorize the district to release, transfer, and/or receive ☐ ☐
   my child(ren)'s educational and health records with other districts, educational agencies including
   HEP/CAMP, and pertinent agencies, including the ID&R Office.

SECTION 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 _____

ESE 047
Rev. Date 07/01/18

DO NOT PROVIDE THE GREEN COPY TO THE PARENT/GUARDIAN/SPOUSE/WORKER
_____ of _____

Office of the Commissioner
Florida Department of Education

Tip:
Section III of the COE could be broken up into two parts. This will ensure that we document the correct information in the correct places.

Numbers 1, 2, and 3 should reflect information **regarding the child(ren)**.

Numbers 4, 5, and 6 should reflect information **regarding the MQW**.

Section III: Qualifying Moves & Work

SECTION 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 _____

This section of the COE documents the
child's last **qualifying move** that was made **as, with, to join or precede** the Migratory Qualifying Worker.

Section III: Qualifying Moves & Work

SECTION 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 _____

Example: The children listed in Section II, moved from Pulaski, Winamac, IN **to** Hillsborough, Tampa, FL.

▶ **From** – <u>location where the child(ren) resided before</u> making a qualifying move.

Section III: Qualifying Moves & Work

SECTION III: QUALIFYING MOVES & WORK
1. The child(ren) listed on this form moved due to economic necessity from a residence in ___*Pulaski*___ / ___*Winamac*___ / _*IN*_ / _*USA*_ to a residence in _____/_____/_____

Example: The children listed in Section II, moved from Pulaski, Winamac, IN **to** Hillsborough, Tampa, FL.

▸ **From** – <u>location where the child(ren) resided before</u> making a qualifying move.

Section III: Qualifying Moves & Work

SECTION III: QUALIFYING MOVES & WORK
1. The child(ren) listed on this form moved due to economic necessity from a residence in __*Pulaski*__ / __*Winamac*__ / __*IN*__ / __*USA*__ to a residence in __*Hillsborough*__ / __*Tampa*__ / __*FL*__

Example: The children listed in Section II, moved from Pulaski, Winamac, IN **to** Hillsborough, Tampa, FL.

▶ **From** – <u>location where the child(ren) resided before</u> making a qualifying move.

▶ **To** – <u>location where the child(ren) moved to</u> and **completed** the qualifying move.

Section III: Qualifying Moves & Work

SECTION III: QUALIFYING MOVES & WORK

2. The child(ren) moved (complete both a. and b.):

a. ✖ as the worker ✖ with the worker, OR ✖ to join or precede the worker.

b. The worker, <u>First Name and Last Name of Worker</u> , 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 <u>   MM/DD/YY   </u>
   The worker moved on <u>   MM/DD/YY   </u> Provide comment.

▶ Must check **only one** option for 2a.

Section III: Qualifying Moves & Work

SECTION III: QUALIFYING MOVES & WORK

2. The child(ren) moved (complete both a. and b.):

   a. □ as the worker   □ with the worker, OR ✖ to join or precede the worker.

   b. The worker, _First Name 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.

▶ If you marked **to-join or precede**, complete **2bi**.

Section III: Qualifying Moves & Work

SECTION III: QUALIFYING MOVES & WORK

2. The child(ren) moved (complete both a. and b.):

   a. □ as the worker   □ with the worker,   OR   □ to join or precede the worker.

   b. The worker, *Worker's Full Name*, 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.

▸ Write the full name of the worker in **2b**.

▸ **DO NOT** write more than one worker in 2b. Add any additional worker's in the home in Section IV Comments if applicable.

Section III: Qualifying Moves & Work

SECTION III: QUALIFYING MOVES & WORK

2. The child(ren) moved (complete both a. and b.):

   a. ☐ as the worker   ☐ with the worker, OR   ☐ to join or precede the worker.

   b. The worker, _First Name 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.

▸ Check the relationship of the worker to the migrant child(ren)in **2b**.

▸ You must <u>only check one</u> option for **2b**.

▸ **DO NOT** leave this blank.

Section III: Qualifying Moves & Work

SECTION III: QUALIFYING MOVES & WORK
2. The child(ren) moved (complete both a. and b.):

a. □ as the worker   □ with the worker, OR   □ to join or precede the worker.

b. The worker, <u>First Name and Last Name of Worker</u> , 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 _____*Date*_____
  The worker moved on _____*Date*_____ Provide comment.

SECTION IV: COMMENTS	(Must include □ 2bi, □ 4a, □ 4b, □ 5*, □ 6a, and □ 6b of the Qualifying Moves & Work Section, if applicable.) **Enter Recertification Date** (if applicable) _____

▶ If the move is a "to join" move, document <u>the date the child(ren) and the worker completed the most recent qualifying move</u>.

Section III: Qualifying Moves & Work

SECTION III: QUALIFYING MOVES & WORK

2. The child(ren) moved (complete both a. and b.):

   a. □ as the worker   □ with the worker, OR   □ to join or precede the worker.

   b. The worker, _First Name 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.

SECTION IV: COMMENTS	(Must include □ 2bi, □ 4a, □ 4b, □ 5*, □ 6a, and □ 6b of the Qualifying Moves & Work Section, if applicable.) **Enter Recertification Date** (if applicable) _____

–Children stayed behind to finish the school year.
–Worker moved first to secure work and housing.
–Worker made a move from their home base in Missouri.

▸ **Every** "to join" move requires a comment that illustrates the reason the child and the worker didn't move together.

▸ Also, **record why** the MQW moved from a different location than the child(ren) in the comment section.

Section III: Qualifying Moves & Work

SECTION III: QUALIFYING MOVES & WORK
3. The Qualifying Arrival Date was _____ 09/21/18 _____ (MM/DD/YY)

▸ Document the date the Migratory Child and the Migratory Qualifying Worker **completed** the Qualifying Move.

▸ Use two-digit month, two-digit day, and two-digit year **(MM/DD/YY)** format.

▸ Make sure the QAD is within 36 months of the Eligibility Interview Date.

▸ **DO NOT** leave this blank.

Section III: Qualifying Moves & Work

SECTION III: QUALIFYING MOVES & WORK

4. The worker moved due to economic necessity on _____ from a residence in _____ /
   MM/DD/YY   School district
   _____ / _____ / _____ to a residence in _____ / _____ / _____
   City   State   Country   School district   City   State

   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, * _____ , was (make a selection in both a. and b.):
                          describe agricultural or fishing work

   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 based on:
   a. ☐ worker's statement (provide comment) OR
   b. ☐ employer's statement (provide comment) OR
   c. ☐ state documentation for _____
                                  Employer

Reminder: Section III; **Numbers 4, 5,** and **6** represent **when, where,** and **how** the individual established him/herself as the **Migratory Qualifying Worker**.

The information entered in 5 and 6 should reflect the work performed when the individual moved to the residence listed in 4.

Section III: Qualifying Moves & Work

SECTION III: QUALIFYING MOVES & WORK
4. The worker moved due to economic necessity on __*09/21/18*__ MM/DD/YY from a residence in _____ School district /
_____ City / _____ State / _____ Country to a residence in _____ School district / _____ City / _____ State _____
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)

Example: The individual moved from Pulaski, Winamac, IN to Hillsborough, Tampa, FL.

▶ Document the **date** when the worker established him/herself as a MQW, as two-digit month, two-digit day, and two-digit year **(MM/DD/YY)**.

Section III: Qualifying Moves & Work

SECTION III: QUALIFYING MOVES & WORK
4. The worker moved due to economic necessity on __09/21/18__ from a residence in ___Pulaski___ / ___Winamac___ / __IN__ / __USA__ to a residence in _____ / _____ / _____ (School district / City / State)
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)

Example: The individual moved from Pulaski, Winamac, IN to Hillsborough, Tampa, FL.

▸ Document the <u>date</u> when the worker established him/herself as a MQW, as two-digit month, two-digit day, and two-digit year **(MM/DD/YY)**.

▸ **From:** The **<u>location where the worker resided before moving</u>** to the location where he/she established him/herself as a MQW.

Section III: Qualifying Moves & Work

SECTION III: QUALIFYING MOVES & WORK

4. The worker moved due to economic necessity on _09/21/18_ from a residence in _Pulaski_ / _Winamac_ / _IN_ / _USA_ to a residence in _Hillsborough_ / _Tampa_ / _FL_

    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)

Example: The individual moved from Pulaski, Winamac, IN to Hillsborough, Tampa, FL.

▸ Document the <u>date</u> when the worker established him/herself as a MQW, as two-digit month, two-digit day, and two-digit year **(MM/DD/YY)**.

▸ **From:** The <u>location where the worker resided before moving</u> to the location where he/she established him/herself as a MQW.

▸ **To: The location where the worker moved to** and established him/herself as a MQW.

Section III: Qualifying Moves & Work

SECTION III: QUALIFYING MOVES & WORK
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
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)

▸ Check **only one** (4a or 4b).

▸ **DO NOT** leave this blank.

Section III: Qualifying Moves & Work

SECTION III: QUALIFYING MOVES & WORK

4. The worker moved due to economic necessity on _09/21/18_ from a residence in _Pulaski_ / _Winamac_ / _IN_ / _USA_ to a residence in _Hillsborough_ / _Tampa_ / _FL_

   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)

▸ If you mark **4a**, you are stating that the worker **ENGAGED** in qualifying work in **Hillsborough, Tampa, FL,** soon after the move.

▸ Please contact the ID&R Office for further instruction if a worker engages in qualifying work after 60 days.

Section III: Qualifying Moves & Work

SECTION III: QUALIFYING MOVES & WORK
4. The worker moved due to economic necessity on _09/21/18_ from a residence in _Pulaski_ / _Winamac_ / _IN_ / _USA_ to a residence in _Hillsborough_ / _Tampa_ / _FL_   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)

▸ If you mark 4b, you are stating that the working **DID NOT ENGAGE** in qualifying work in **Hillsborough, Tampa, FL,** but instead:

1. **"Actively Sought"** qualifying work

AND

2. has **"Recent History of Moves** that resulted in the engagement of qualifying work.

Section III: Qualifying Moves & Work

SECTION III: QUALIFYING MOVES & WORK
4. The worker moved due to economic necessity on __09/21/18__ from a residence in __Pulaski__ / __Winamac__ / __IN__ / __USA__ to a residence in __Hillsborough__ / __Tampa__ / __FL__
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)

▶ For **Actively Sought** comments, the recruiter needs to document **when** and **how** the worker took positive action to seek qualifying work.

▶ Examples of appropriate comments:

  – The worker moved on **(month/year)** reasonably believing **(qualifying work)** would be available.

  – Worker applied with/at **(specific employer)** on **(month/year)** but was not hired.

  – Worker stated that someone on his behalf applied for **(qualifying work)** on **(month/year)**.

Section III: Qualifying Moves & Work

SECTION III: QUALIFYING MOVES & WORK

4. The worker moved due to economic necessity on _09/21/18_ from a residence in _Pulaski_ / _Winamac_ / _IN_ / _USA_ to a residence in _Hillsborough_ / _Tampa_ / _FL_

    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)

▶ For **Recent History of Moves** comments, the recruiter needs to document **2** moves that resulted in the engagement of qualifying work within the last 36 months from the Eligibility Interview Date.

Section III: Qualifying Moves & Work

SECTION III: QUALIFYING MOVES & WORK

4. The worker moved due to economic necessity on _09/21/18_ from a residence in _____Pulaski_____ /
Winamac / _IN_ / _USA_ to a residence in _Hillsborough_ / _Tampa_ / _FL_
   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)

▸ An individual's recent history of moves for qualifying work
DOES NOT have to be across school district lines. You must, however,
show a change in residence occurred due to economic necessity.

Example

Worker resides in Plant City and changes residence within Plant City due to economic
necessity. After doing so, he engages in new temporary or seasonal employment. A few
months later, the worker changes residence again within Plant City and engages in new
temporary or seasonal employment.

Section III: Qualifying Moves & Work

SECTION III: QUALIFYING MOVES & WORK

4. The worker moved due to economic necessity on <u>09/21/18</u> from a residence in <u>Pulaski</u> / <u>Winamac</u> / <u>IN</u> / <u>USA</u> to a residence in <u>Hillsborough</u> / <u>Tampa</u> / <u>FL</u>

   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)

▶ Recruiters will need to document the *where* <u>(to prove change of residence)</u>, *when* <u>(month/year)</u>, and *what* <u>(qualifying work)</u> for <u>**both**</u> recent history moves in **4b**.

▶ Example of appropriate comments:

  – The worker engaged in (qualifying work), on (month/year), in (city of residence) and engaged in (qualifying work), on (month/year), in (city of residence).

Section III: Qualifying Moves & Work

SECTION III: QUALIFYING MOVES & WORK
5. The qualifying work, * _Work engaged in (4A) /Actively sought (4B)_

▸ Document the qualifying work that established the individual as a Migratory Qualifying Worker.

▸ Write down any additional qualifying work the worker may be doing at the <u>time of the move</u> *(within the first 60 days of the move)* in the comment section.

SECTION IV: COMMENTS	(Must include □ 2bi, □ 4a, □ 4b, □ 5*, □ 6a, and □ 6b of the Qualifying Moves & Work Section, if applicable.) **Enter Recertification Date** (if applicable) _____
Worker is also laying plastic and planting tomatoes	

Section III: Qualifying Moves & Work

SECTION III: QUALIFYING MOVES & WORK
5. The qualifying work, * *Picking tomatoes* _____

▶ Use "ing" form of the verb then the crop.

Section III: Qualifying Moves & Work

SECTION III: QUALIFYING MOVES & WORK

5. The qualifying work, * _____ **DO NOT** _____

▸ Just write the crop.

Tomatoes

▸ Just write the activity.

Picking

▸ Use sentences.

Came to pick tomatoes

▸ Write more than one activity.

Picking strawberries & laying plastic
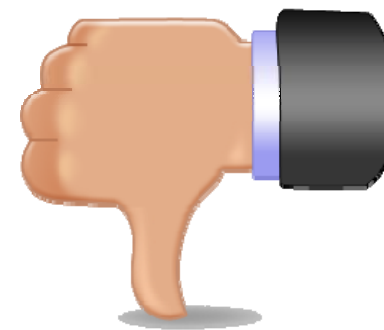
Section III: Qualifying Moves & Work

SECTION III: QUALIFYING MOVES & WORK

5. The qualifying work, the _____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 based on:

▶ **5a** –Seasonal/Temporary –Check **only one**.

▶ **5b** –Agricultural/Fishing –Check **only one**.

▶ **DO NOT** leave this blank.

Section III: Qualifying Moves & Work

SECTION III: QUALIFYING MOVES & WORK

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 based on:

▶ If <u>temporary employment</u> was checked in **5a** then you must complete **6**.

Section III: Qualifying Moves & Work

SECTION III: QUALIFYING MOVES & WORK
6. (Complete if "temporary" is checked in #5a) The work was determined to be temporary based on: a. ✖ worker's statement (provide comment) OR   b. □ employer's statement (provide comment) OR   c. □ state documentation for _____ Employer _____
SECTION IV: COMMENTS (Must include □ 2bi, □ 4a, □ 4b, □ 5*, □ 6a, and □ 6b of the Qualifying Moves & Work Section, if applicable.) **Enter Recertification Date** (if applicable) _____
Worker said he plans to work for 7 months then plans to move to Michigan.

▶ **6a** – worker's statement – Check **<u>only one</u>**.

▶ Write how long the **worker** told you the work would last.

Section III: Qualifying Moves & Work

SECTION III: QUALIFYING MOVES & WORK

6. (Complete if "temporary" is checked in #5a) The work was determined to be temporary based on:
    a. □ worker's statement (provide comment) OR
    b. ✗ employer's statement (provide comment) OR
    c. □ state documentation for_____Employer_____

SECTION IV: COMMENTS   (Must include □ 2bi, □ 4a, □ 4b, □ 5*, □ 6a, and □ 6b of the Qualifying Moves & Work Section, if applicable.)   **Enter Recertification Date** (if applicable) _____
Employer only needs worker for 7 months to due to high demand.

▶ **6b** – employer's statement – Check **<u>only one</u>**.

▶ Write how long the **employer** told you the work would last.

Section III: Qualifying Moves & Work

SECTION III: QUALIFYING MOVES & WORK

6. (Complete if "temporary" is checked in #5a) The work was determined to be temporary based on:
   a. □ worker's statement (provide comment) OR
   b. □ employer's statement (provide comment) OR
   c. □ state documentation for _____ Employer _____

SECTION IV: COMMENTS (Must include □ 2bi, □ 4a, □ 4b, □ 5*, □ 6a, and □ 6b of the Qualifying Moves & Work Section, if applicable.) **Enter Recertification Date** (if applicable) _____
L&G Nursery

▸ **6c** – state documentation should be left blank. Florida does not currently have State documentation for temporary employment.

▸ Document the name of the temporary employer in the comments section.

Section III: Qualifying Moves & Work

SECTION III: QUALIFYING MOVES & WORK

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 based on:

▸ Personal subsistence – Contact the ID&R Office for assistance in completing a COE.

Section III: Qualifying Moves & Work

SECTION III: QUALIFYING MOVES & WORK	
7. Residency Date (child arrival date) MM/DD/YY	

▸ Enter the date when the child(ren) <u>entered the present school district</u> as two-digit month, two-digit day, and two-digit year **(MM/DD/YY).**

▸ **DO NOT** leave blank.

Section III: Qualifying Moves & Work

SECTION III: QUALIFYING MOVES & WORK				
7. Residency Date (child arrival date) MM/DD/YY	8. OSY Info ONLY Was OSY Profile completed? ☒ Yes ☐ No	Last grade attended	OSY Sec II no _1_ 6thgrade	OSY Sec II no___
		When (year)	2011	
		Where (Country)	Mexico	

▶ Complete the OSY Profile for each OSY when feasible.

▶ Indicate whether you completed an OSY profile.

▶ Write the corresponding number from the Child Data Section (Section II).

▶ Document the last grade attended, when, and where for up to two OSY.

Note – This is the "last grade attended" not "last grade completed".

Section III: Qualifying Moves & Work

SECTION III: QUALIFYING MOVES & WORK				
7. Residency Date (child arrival date) MM/DD/YY	8. OSY Info ONLY Was OSY Profile completed? ✗ Yes ☐ No		OSY Sec II no _1_	OSY Sec II no ___
		Last grade attended	————	
		When (year)	————	
		Where (Country)	*Mexico*	

▸ If the OSY does not remember the last grade attended or year, write a dash (-) in the space.

Section III: Qualifying Moves & Work

SECTION III: QUALIFYING MOVES & WORK			
7. Residency Date (child arrival date) MM/DD/YY	8. OSY Info ONLY Was OSY Profile completed? **✗** Yes ☐ No		OSY Sec II no _1_	OSY Sec II no _**2**_ _**NA**_
		Last grade attended	_____	
		When (year)	_____	_____
		Where (Country)	_Mexico_	_**Mexico**_

▶ If the OSY does not remember the last grade attended or year, write a dash (-) in the space.

▶ If the OSY <u>never attended</u> school, write NA for "never attended."

▶ **<u>Do not write</u>** "N/A" as this could be confused with attended, but did not give the grade information.

Section IV: Comments

Section IV: Comments

SECTION IV: COMMENTS	(Must include □ 2bi, □ 4a, □ 4b, □ 5*, □ 6a, and □ 6b of the Qualifying Moves & Work Section, if applicable.) **Enter Recertification Date** (if applicable) _____

Other reasons for additional comments:

▸ Child(ren) and worker moved from separate previous residences.

▸ Basis for preliminary eligibility is not obvious.

▸ The work could be part of a "series of activities" for the same employer.

▸ The child(ren)s most current move is NOT to the current district.
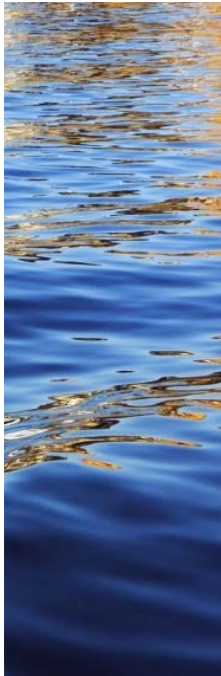
Section IV: Comments

SECTION IV: COMMENTS	(Must include □ 2bi, □ 4a, □ 4b, □ 5*, □ 6a, and □ 6b of the Qualifying Moves & Work Section, if applicable.) **Enter Recertification Date** (if applicable) _____

Other reasons for additional comments:

▸ Short duration or short distance move.

▸ Qualifying move corresponds with school breaks.

▸ Mailing address is different from the physical residence.

▸ Someone other than the current parent/worker is the interviewee.

Section V:
Interviewee Section

SECTION 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.

_____ _____*Self*_____ ___*Date*_____
Signature   Relationship to the child(ren)   Date

Check all that apply   Yes/No
1. I give my permission for my child(ren) to participate in the Title I Migrant Program.   ☐ ☐
2. I give my permission for my child(ren) to be given emergency medical referral services. ☐ ☐
3. I have been informed about FERPA. I authorize the district to release, transfer, and/or   ☐ ☐
     receive my child(ren)'s educational and health records with other districts, educational
     agencies including HEP/CAMP, and pertinent agencies, including the ID&R Office.

❑ Interviewee signature

❑ Relationship to the eligible child(ren). If OSY, write "Self".

❑ Date the form was signed by the interviewee.

❑ The interviewee should only sign the COE once the form is <u>completed</u>.

❑ <u>Do not</u> leave this section blank.

SECTION 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.

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

Check all that apply   Yes/No

1. I give my permission for my child(ren) to participate in the Title I Migrant Program.   ☒☐
2. I give my permission for my child(ren) to be given emergency medical referral services.   ☒☐
3. I have been informed about FERPA. I authorize the district to release, transfer, and/or   ☒☐
    receive my child(ren)'s educational and health records with other districts, educational
    agencies including HEP/CAMP, and pertinent agencies, including the ID&R Office.

❑ Permission – MEP & Emergency Services

❑ FERPA Acknowledgement

❑ Ensure all three (3) boxes have been marked and ensure that the mark stays within the box.

Individual Refusing/Unable to Sign

In Florida, the person who signs the COE must be the source of the information contained in the document and should verify any information provided by another source.

If the interviewee **refuses to sign** his or her name, the recruiter must document the interviewee's refusal in the Comments section and print the interviewee's name and relationship to the child.

If the interviewee is **unable to sign** his or her name, he or she should mark an "X" in Section V. The recruiter must print the interviewee's name next to the "X" and add their initials. The recruiter must also indicate the relationship to the child, and date.

Interviewee unable to sign:
Wants children participating in program

SECTION 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.

"X"-Ray Martinez LG	Father	Date of interview
Signature	Relationship to the child(ren)	Date

Check all that apply   Yes/No

1. I give my permission for my child(ren) to participate in the Title I Migrant Program.   [X] □
2. I give my permission for my child(ren) to be given emergency medical referral services.   [X] □
3. I have been informed about FERPA. I authorize the district to release, transfer, and/or receive my child(ren)'s educational and health [X] □
   records with other districts, educational agencies including HEP/CAMP, and pertinent agencies, including the ID&R Office.

SECTION 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.

Recruiter Signature	Date
Signature of Interviewer	Date
SEA Reviewer Signature	Date
Signature of Designated SEA Reviewer	Date

Individual Refusing to Sign

Can the recruitment process be considered complete if a parent/guardian refuses to sign the Certificate of Eligibility (COE)?

If a parent refuses to sign the COE because the parent **does not want his or her child to participate** in the Migrant Education Program (MEP), then the recruiter must **not proceed with completing and approving the COE**.

Interviewee refuses to sign:
Does not want children participating in program

SECTION 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.

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

Check all that apply   Yes/No

1. I give my permission for my child(ren) to participate in the Title I Migrant Program. ☐ **☒**
2. I give my permission for my child(ren) to be given emergency medical/mental service. ☐ **☒**
3. I have been informed about FERPA, authorize the district to share, transfer, and/or receive my child(ren)'s educational and health ☐ **☒**
   records with other districts, education agencies including HEP/CAMP and appropriate agencies, including the ID&R Office.

SECTION VI: ELIGIBILITY DATA CERTIFICATION

NOT APPROVED

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.

Recruiter Signature   *Date*
_____   _____
Signature of Interviewer   Date

_____   _____
Signature of Designated SEA Reviewer   Date

Section VI:
Eligibility Data
Certification

SECTION 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.

_____   _____
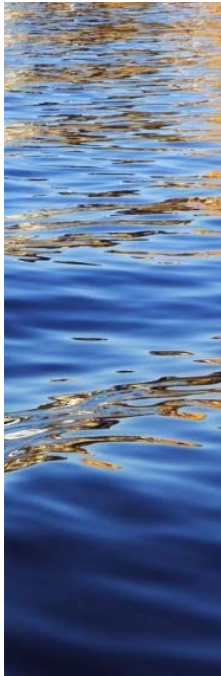Signature of Interviewer   Date

_____   _____
Signature of Designated SEA Reviewer   Date

▶ Recruiter signs and dates
(on the same date the interviewee signs and dates).

▶ State reviewer or designee signs and dates.

▶ Do not leave blank.

Eligibility Script

Eligibility Script

Focus on the **current move first**. During the interview you are trying to establish the following:

▶ Was the move into **<u>your</u>** area a qualifying move for both worker and child?

▶ Was it within 36 months of the eligibility interview date?

▶ Was there any qualifying work done/engaged in, soon after the move – within 60 days?

▶ If not, was there any qualifying work being sought?

▶ Does the individual have a recent history of moves?

▶ Did any children under 22 move *as*, *with* or *to join* the individual?

▶ Are the children entitled to a free and public education in Florida?

Eligibility Script

The following elements are required for <u>any/all scenarios</u> sent to the ID&R Office in order to assist with a proper eligibility determination.

▶ To and from locations <u>and</u> dates (month/day/year) for <u>all</u> moves in question.

▶ Whether or not the worker engaged in qualifying work soon after for all moves in question - please include the qualifying activity.

▶ Whether the worker actively sought new qualifying work <u>and</u> has a recent history of moves - please include locations, dates, qualifying activity for each move - make sure are all within 36 months of the eligibility interview date.

▶ Whether or not all moves in question were qualifying moves (due to economic necessity, from one residence to another, from one school district to another).

▶ Number of children ages 0-21.

Asking Additional Questions

Reasons for asking additional questions:

▶ Facts are unclear.

▶ Unfamiliar with qualifying work.

▶ There are questions regarding economic necessity.

▶ The worker is unclear if the nature of the job is temporary.

▶ The recruiter suspects the family has not been truthful.

Contact us via phone or email:

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general email:

fl-idr-office@escmail.org