



Migrant Education Program 2014 ID&R Training Event

Tips for Completing MEP Forms

April 29-30, 2014



Section III #2 Moved with Worker

- Only complete 2bi when it is a “to join or precede” move.

16. Child/Family Data Comments (e.g., urgent health conditions, non-eligible children in the household):

SECTION III - QUALIFYING MOVE & WORK

1. The child(ren) listed above moved from a residence in School district / / City / /
Country to a residence in School district / / City / / State

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, First Name and Last Name of 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 MM/DD/YY. The child(ren) moved on MM/DD/YY. (provide comment)

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 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, * 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



Section III #5 and #8

Qualifying Activity and Comment

- ▶ Only document one qualifying activity
- ▶ Make sure you are using an action verb (-ing)

<p>2. The child(ren) moved (complete both a. and b.):</p> <p>a. <input type="checkbox"/> on own as worker, OR <input type="checkbox"/> with the worker, OR <input type="checkbox"/> to join or precede the worker.</p> <p>b. The worker, <u>First Name and Last Name of Worker</u>, is the child or the child's <input type="checkbox"/> parent <input type="checkbox"/> spouse <input type="checkbox"/> guardian.</p> <p>i. (Complete if "to join or precede" is checked in 2a.) The worker moved on <u>MM/DD/YY</u>. The child(ren) moved on <u>MM/DD/YY</u>. (provide comment)</p> <p>3. The Qualifying Arrival Date was <u>MM/DD/YY</u>.</p> <p>4. The worker moved due to economic necessity in order to obtain:</p> <p>a. <input type="checkbox"/> qualifying work, and obtained qualifying work, OR</p> <p>b. <input type="checkbox"/> any work, and obtained qualifying work soon after the move, OR</p> <p>c. <input type="checkbox"/> qualifying work specifically, but did not obtain the work. If the worker did not obtain the qualifying work:</p> <p>i. <input type="checkbox"/> The worker has a prior history of moves to obtain qualifying work (provide comment), OR</p> <p>ii. <input type="checkbox"/> There is other credible evidence that the worker actively sought qualifying work soon after the move (provide comment).</p> <p>5. The qualifying work, * <u>Seasonal agricultural or fishing work</u>, was (make a selection in both a. and b.):</p> <p>a. <input type="checkbox"/> seasonal OR <input type="checkbox"/> temporary employment</p> <p>b. <input type="checkbox"/> agricultural OR <input type="checkbox"/> fishing work</p> <p>*If applicable, check: <input type="checkbox"/> personal subsistence (provide comment)</p> <p>6. (Complete if "temporary" is checked in #5a) The work was determined to be temporary employment based on:</p> <p>a. <input type="checkbox"/> worker's statement (provide comment), OR</p> <p>b. <input type="checkbox"/> employer's statement (provide comment), OR</p> <p>c. <input type="checkbox"/> State documentation for <u>Employer</u>.</p>		<p>3. I have been informed and receive my child's information from the agencies and personnel on this form is/are correct to the best of my knowledge, all of them.</p> <p>4. _____ Signature</p> <p>SECTION V: F</p> <p>I certify that based on the information above, I am satisfied and implementing rules to the best of my knowledge and understanding of the false statement provisions of U.S.C. 1001.</p> <p>1. _____ Signature of Interviewer</p> <p>2. _____ Signature of Designer</p>
<p>7. Residency Date (Child Arrival Date) MM/DD/YY</p>	<p>8. COMMENTS Must include <input type="checkbox"/>2bi, <input type="checkbox"/>4c, <input type="checkbox"/>5, <input type="checkbox"/>6a and <input type="checkbox"/>6b (of the Qualifying Move & Work Section, if applicable.):</p>	



<p>b. The worker, <u>First Name and Last Name of Worker</u>, is the child or the child's <input type="checkbox"/> parent <input type="checkbox"/> spouse <input type="checkbox"/> guardian.</p> <p>i. (Complete if "to join or precede" is checked in 2a.) The worker moved on <u>MM/DD/YY</u>. The child(ren) moved on <u>MM/DD/YY</u>. (provide comment)</p> <p>3. The Qualifying Arrival Date was <u>MM/DD/YY</u>.</p> <p>4. The worker moved due to economic necessity in order to obtain:</p> <p>a. <input type="checkbox"/> qualifying work, and obtained qualifying work, OR</p> <p>b. <input type="checkbox"/> any work, and obtained qualifying work soon after the move, OR</p> <p>c. <input type="checkbox"/> qualifying work specifically, but did not obtain the work. If the worker did not obtain the qualifying work:</p> <p>i. <input type="checkbox"/> The worker has a prior history of moves to obtain qualifying work (provide comment), OR</p> <p>ii. <input type="checkbox"/> There is other credible evidence that the worker actively sought qualifying work soon after the move (provide comment).</p> <p>5. The qualifying work, * <u>describe agricultural or fishing work</u>, was (make a selection in both a. and b.):</p> <p>a. <input type="checkbox"/> seasonal OR <input type="checkbox"/> temporary employment</p> <p>b. <input type="checkbox"/> agricultural OR <input type="checkbox"/> fishing work</p> <div style="border: 1px dashed black; padding: 5px; margin: 5px 0;"> <p>*If applicable, check:</p> <p><input type="checkbox"/> personal subsistence (provide comment)</p> </div> <p>6. (Complete if "temporary" is checked in #5a) The work was determined to be temporary employment based on:</p> <p>a. <input type="checkbox"/> worker's statement (provide comment), OR</p> <p>b. <input type="checkbox"/> employer's statement (provide comment), OR</p> <p>c. <input type="checkbox"/> State documentation for <u>Employer</u>.</p> <p>7. Residency Date (Child Arrival Date) <u>MM/DD/YY</u></p>	<p>agencies and pertinent agencies.</p> <p>I understand the purpose of this form is/are eligible for the knowledge, all of the information</p> <p>4. _____</p> <p style="text-align: center;">Signature</p> <hr/> <p>SECTION V: ELIGIBILITY</p> <p>I certify that based on the information above, I am satisfied that these conditions and implementing regulations, and to the best of my knowledge, the false statement provided herein is U.S.C. 1001.</p> <p>1. _____</p> <p style="text-align: center;">Signature of Interviewer</p> <p>2. _____</p> <p style="text-align: center;">Signature of Designated SEA Reviewer</p>
<p>8. COMMENTS Must include <input type="checkbox"/> 2bi, <input type="checkbox"/> 4c, <input type="checkbox"/> 5, <input type="checkbox"/> 6a and <input type="checkbox"/> 6b (of the Qualifying Move & Work Section, if applicable.):</p>	

of



Step 1 – Complete the COE

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

District/Agency: _____ SY20 _____ () Recertification SY20 _____ () Recertification SY20 _____ () Recertification

SECTION I: CURRENT PARENT/GUARDIAN/SPOUSE and LEGAL PARENT/GUARDIAN DATA

1. Current Male Parent/Guardian/Spouse/OSY: (Last name, First name)	2. Legal Male Parent/Guardian: (Last name, First name)	3. Current Address (Street, Rural Route, Lot Number – Physical Address Only)	
		City	State Zip
Current Female Parent/Guardian/Spouse/OSY: (Last name, First name)		4. Home Base (City/State/Country)	
		5. Telephone	

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. OSY
1.								/ /						
2.								/ /						
3.								/ /						
4.								/ /						
5.								/ /						

16. Child Data Comments (e.g., urgent health conditions, non-eligible children in the household):

SECTION III: QUALIFYING MOVE & WORK

1. The child(ren) listed above moved from a residence in _____ School district / _____ City / _____ State / _____ Country to a residence in _____ School district / _____ City / _____ State / _____ Country

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, _____ First Name and Last Name of 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 _____ MM/DD/YY. The child(ren) moved on _____ MM/DD/YY. (provide comment)
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 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, * _____ 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. COMMENTS Must include ☐ 2bi, ☐ 4c, ☐ 5, ☐ 6a and ☐ 6b (of the Qualifying Move & Work Section, if applicable):

SECTION IV: PARENT/GUARDIAN/SPOUSE/WORKER/SIGNATURE

Check all that apply:
1. I give my permission for my child(ren) to participate in the Title I Migrant Program. ☐ Yes / ☐ No
2. I give my permission for my child(ren) to be given emergency medical referral services. ☐ Yes / ☐ No
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 and pertinent agencies, including the ID&R Office. ☐ Yes / ☐ No
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.
4. Signature _____ Relationship to the child _____ Date _____

SECTION V: 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.
1. Signature of Interviewer _____ Date _____
2. Signature of Designated SEA Reviewer _____ Date _____

9. OSY Info ONLY
Last grade attended: _____ OSY Sec. II no. _____ OSY Sec. II no. _____ OSY Sec. II no. _____
When (year): _____
Where (country): _____

ESE 047
Rev. Date 06/11/13

Office of the Commissioner
Florida Department of Education





Step 1 – Complete the COE

- ▶ *When an OSY is identified and is included in **Section II: Child Data**, then **Section III: #9** must be completed*

tain the qualifying work:
ment), OR
k soon after the move (provide comment).
____, was (make a selection in both a. and b.);

de comment)
/ employment based on:

4. _____
Signature Relationship to the child Date

SECTION V: 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.

1. _____
Signature of Interviewer Date


2. _____
Signature of Designated SEA Reviewer Date

(of the Qualifying Move & Work Section, if applicable.):

9. OSY Info ONLY


Last grade attended:	OSY Sec. II no. ____	OSY Sec. II no. ____	OSY Sec. II no. ____
When (year):			
Where (country):			

Office of the Commissioner
Florida Department of Education





Step 2 – Complete the OSY Profile


 Florida Migrant Education Program Strategies, Opportunities, and Services for Out-of-School Youth (SOSOSY) OSY PROFILE																																							
Date:		District:			COE Form #:																																		
Last Name:		First Name:			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other																																		
Address/Camp:		Phone:		Optional: How long is youth planning on being in the area? <input type="checkbox"/> less than 3 months <input type="checkbox"/> 4 or more months <input type="checkbox"/> not sure																																			
Has access to transportation: <input type="checkbox"/> Yes <input type="checkbox"/> No		Last grade attended? (Check grade below if applicable)		When (year)?		Where (country)? Or <input type="checkbox"/> Did not attend school																																	
English oral language proficiency: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1 st grade/primero de primaria <input type="checkbox"/> 2 nd grade/segundo de primaria <input type="checkbox"/> 3 rd grade/tercero de primaria <input type="checkbox"/> 4 th grade/cuarto de primaria <input type="checkbox"/> 5 th grade/quinto de primaria <input type="checkbox"/> 6 th grade/sexta de primaria		<input type="checkbox"/> 7 th grade/primero de secundaria <input type="checkbox"/> 8 th grade/segundo de secundaria <input type="checkbox"/> 9 th grade/tercero de secundaria <input type="checkbox"/> 10 th grade/primero y segundo semestres de preparatoria (Bachillerato) <input type="checkbox"/> 11 th grade/tercer y cuarto semestres de preparatoria (Bachillerato) <input type="checkbox"/> 12 th grade/quinto y sexto semestres de preparatoria (Bachillerato)																																			
Home language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:																																							
Health needs: <input type="checkbox"/> Medical <input type="checkbox"/> Vision <input type="checkbox"/> Dental <input type="checkbox"/> Urgent <input type="checkbox"/> Other:				Advocacy Needs: <input type="checkbox"/> Legal <input type="checkbox"/> Childcare <input type="checkbox"/> Translation/Interpretation <input type="checkbox"/> Other:																																			
Youth lives: <input type="checkbox"/> With a crew <input type="checkbox"/> With friends outside of work <input type="checkbox"/> With his/her parents/family <input type="checkbox"/> With spouse only <input type="checkbox"/> With spouse & kids <input type="checkbox"/> With kids <input type="checkbox"/> Alone				Reason for leaving school: <input type="checkbox"/> Lacking credits <input type="checkbox"/> Needed to work <input type="checkbox"/> Missed State test <input type="checkbox"/> Other:																																			
Expressed interest in: <input type="checkbox"/> Learning English <input type="checkbox"/> Job training <input type="checkbox"/> GED <input type="checkbox"/> Earning a diploma <input type="checkbox"/> Not sure <input type="checkbox"/> No interests <input type="checkbox"/> Other:				Availability: (Check) <table border="1"> <thead> <tr> <th></th> <th>Sun</th> <th>M</th> <th>T</th> <th>W</th> <th>Th</th> <th>F</th> <th>Sat</th> </tr> </thead> <tbody> <tr> <td>Morning</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Afternoon</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Evening</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Sun	M	T	W	Th	F	Sat	Morning								Afternoon								Evening							
	Sun	M	T	W	Th	F	Sat																																
Morning																																							
Afternoon																																							
Evening																																							
At interview, youth received: <input type="checkbox"/> Educational materials <input type="checkbox"/> Support services <input type="checkbox"/> OSY welcome bag <input type="checkbox"/> Referral(s) (list in comments) <input type="checkbox"/> Other:				Youth is a candidate for: <input type="checkbox"/> Adult Basic Education <input type="checkbox"/> CAMP <input type="checkbox"/> Career exploration <input type="checkbox"/> ESL <input type="checkbox"/> Health Education <input type="checkbox"/> HEP <input type="checkbox"/> HS diploma <input type="checkbox"/> Job training <input type="checkbox"/> Life skills <input type="checkbox"/> MP3 player <input type="checkbox"/> PASS <input type="checkbox"/> Pre GED/GED <input type="checkbox"/> Other:																																			
Comments:																																							

Signature of interviewer: _____

Revised 11/30/12



Step 2 – Complete the OSY Profile

 Florida Migrant Education Program Strategies, Opportunities, and Services for Out-of-School Youth (SOSOSY) OSY PROFILE																																							
Date:		District:			COE Form #:																																		
Last Name:		First Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female		Age:																																	
Address/Camp:		Phone:		Optional: How long is youth planning on being in the area? <input type="checkbox"/> less than 3 months <input type="checkbox"/> 4 or more months <input type="checkbox"/> not sure																																			
Has access to transportation: <input type="checkbox"/> Yes <input type="checkbox"/> No		Last grade attended? When (year)? Where (country)? <small>Check grade below if applicable</small> <small>Or <input type="checkbox"/> Did not attend school</small>																																					
English oral language proficiency: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1 st grade/primero de primaria <input type="checkbox"/> 2 nd grade/segundo de primaria <input type="checkbox"/> 3 rd grade/tercero de primaria <input type="checkbox"/> 4 th grade/cuarto de primaria <input type="checkbox"/> 5 th grade/quinto de primaria <input type="checkbox"/> 6 th grade/sexta de primaria		<input type="checkbox"/> 7 th grade/primero de secundaria <input type="checkbox"/> 8 th grade/segundo de secundaria <input type="checkbox"/> 9 th grade/tercero de secundaria <input type="checkbox"/> 10 th grade/primero y segundo semestres de preparatoria (Bachillerato) <input type="checkbox"/> 11 th grade/tercer y cuarto semestres de preparatoria (Bachillerato) <input type="checkbox"/> 12 th grade/quinto y sexto semestres de preparatoria (Bachillerato)																																			
Home language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:																																							
Health needs: <input type="checkbox"/> Medical <input type="checkbox"/> Vision <input type="checkbox"/> Dental <input type="checkbox"/> Urgent <input type="checkbox"/> Other:		Advocacy Needs: <input type="checkbox"/> Legal <input type="checkbox"/> Childcare <input type="checkbox"/> Translation/Interpretation <input type="checkbox"/> Other:																																					
Youth lives: <input type="checkbox"/> With a crew <input type="checkbox"/> With friends outside of work <input type="checkbox"/> With his/her parents/family <input type="checkbox"/> With spouse only <input type="checkbox"/> With spouse & kids <input type="checkbox"/> With kids <input type="checkbox"/> Alone		Reason for leaving school: <input type="checkbox"/> Lacking credits <input type="checkbox"/> Needed to work <input type="checkbox"/> Missed State test <input type="checkbox"/> Other:																																					
Expressed interest in: <input type="checkbox"/> Learning English <input type="checkbox"/> Job training <input type="checkbox"/> GED <input type="checkbox"/> Earning a diploma <input type="checkbox"/> Not sure <input type="checkbox"/> No interests <input type="checkbox"/> Other:		Availability: (Check) <table border="1"> <thead> <tr> <th></th> <th>Sun</th> <th>M</th> <th>T</th> <th>W</th> <th>Th</th> <th>F</th> <th>Sat</th> </tr> </thead> <tbody> <tr> <td>Morning</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Afternoon</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Evening</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>							Sun	M	T	W	Th	F	Sat	Morning								Afternoon								Evening							
	Sun	M	T	W	Th	F	Sat																																
Morning																																							
Afternoon																																							
Evening																																							
At interview, youth received: <input type="checkbox"/> Educational materials <input type="checkbox"/> Support services <input type="checkbox"/> OSY welcome bag <input type="checkbox"/> Referral(s) (list in comments) <input type="checkbox"/> Other:		Youth is a candidate for: <input type="checkbox"/> Adult Basic Education <input type="checkbox"/> CAMP <input type="checkbox"/> Career exploration <input type="checkbox"/> ESL <input type="checkbox"/> Health Education <input type="checkbox"/> HEP <input type="checkbox"/> HS diploma <input type="checkbox"/> Job training <input type="checkbox"/> Life skills <input type="checkbox"/> MP3 player <input type="checkbox"/> PASS <input type="checkbox"/> Pre GED/GED <input type="checkbox"/> Other:																																					
Comments:																																							

Signature of interviewer: _____

Revised 11/30/12