State of North Carolina: National Certificate of Eligibility COE ID: _____

I. FAMILY DATA

Parent/Guardian 1: Last Name First Name		Parent/Guardian 2: Last Name First Name	
Parent/Guardian 1 Email Address:	Parent/Guardian 1 Telephone:	Parent/Guardian 2 Email Address:	Parent/Guardian 2 Telephone:

Current Address:	City	State	Zip

II. CHILD DATA

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

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(ren)'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 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)

4. 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)

5. (Complete if "temporary" is checked in #4a) 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.

6. The child(ren)'s Qualifying Arrival Date was MM/DD/YY.

* Race Code: (AM) American Indian or Alaska Native, (AS) Asian, (BL) Black or African American, (HI) Hispanic Indicator, (WH) White, (PI) Native Hawaiian or Other Pacific Islander

** For Birth Date Verification use Birth Certificate Flag: 03 Church, 04 Birth Certificate, 05 Bible, 06 Hospital, 07 Parent/Self, 08 Passport, 09 Physician, 10 School, 11 State, 12 Driver's license, 13 Immigration, 82 Insurance, 99 Other

IV. COMMENTS (Must include 2bi, 3a, 3b, 4, 5a and 5b of the Qualifying Moves & Work Section, if applicable. Must include the Interviewee Signature Section, if applicable.)

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 _____ Printed Name _____

Relationship to the child(ren) _____ 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 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 _____ Printed Name _____ Date _____

Signature of Designated SEA Reviewer _____ Printed Name _____ Date _____