

North Carolina Migrant Education Program National Certificate of Eligibility (COE)

COE ID: _____

I. FAMILY DATA															
Parent 1: Last Name				First Name				Parent 2: Last Name				First Name			
Current Address					City			State		Zip		Current Home/Contact Telephone:			
II. CHILD DATA															
Last Name 1	Last Name 2	First Name	Middle Name	Suffix	Mother's Maiden Name	Race *	Sex	Birth Date	BD Code**	Multiple Birth	Birth Place			Grade	Residency Date
								Age			City	State	Country		

* 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

III. QUALIFYING MOVE & WORK					IV. COMMENTS (Must include 2bi, 4c, 5, 6a, and 6b of the Qualifying Move & Work Section, if applicable.)													
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. <input type="checkbox"/> as the worker, OR <input type="checkbox"/> with the worker, OR <input type="checkbox"/> to join or precede the worker. b. The worker, _____ First Name and Last Name of Worker _____, is <input type="checkbox"/> the child or the child's <input type="checkbox"/> parent/guardian <input type="checkbox"/> 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. <input type="checkbox"/> engaged in new qualifying work soon after the move (provide comment if worker engaged more than 60 days after the move), OR b. <input type="checkbox"/> 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. <input type="checkbox"/> seasonal OR <input type="checkbox"/> temporary employment b. <input type="checkbox"/> agricultural OR <input type="checkbox"/> fishing work <div style="border: 1px dotted black; padding: 2px;">*If applicable, check: <input type="checkbox"/> personal subsistence (provide comment)</div>					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. <hr/> <table><tr><td>Signature</td><td>Relationship to the child</td><td>Date</td></tr></table>										Signature	Relationship to the child	Date	
Signature	Relationship to the child	Date																
6. (Complete if "temporary" is checked in #5a) The worker: a. <input type="checkbox"/> worker's statement (provide comment), OR b. <input type="checkbox"/> employer's statement (provide comment), OR c. <input type="checkbox"/> State documentation for _____ Employer _____.					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. <hr/> <table><tr><td>Signature of Interviewer</td><td>Date</td></tr><tr><td>Signature of Designated SEA Reviewer</td><td>Date</td></tr></table>										Signature of Interviewer	Date	Signature of Designated SEA Reviewer	Date
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