Certificate of Eligibility – Virginia Migrant Education Program

REQUIRED DATA ELEMENTS

Family Data
Parent/Guardian 1 Last Name
Parent/Guardian 1 First Name
Parent/Guardian 2 Last Name
Parent/Guardian 2 First Name
Current Address
City
State
Zip
Telephone

Child Data
Residency Date
Last name 1
Last name 2
Suffix
First name
Middle name
Sex
Birth Date
Multiple Birth Flag (or MB)
Birth Date Verification Code (or Code)

REQUIRED DATA SECTIONS

Qualifying Moves & Work Section

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   *If applicable, check:
   b. ☐ agricultural OR   ☐ fishing work   ☐ 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 _____.

Comment Section (Must include 2bi, 4a, 4b, 5, 6a and 6b of the Qualifying Move & Work Section, if applicable)

Interviewee Signature Section
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. *[This section must include fields labeled "Signature," "Relationship to the child(ren)," and "Date".]*

Eligibility Certification Section
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. *[The section must include fields labeled "Signature of Interviewer," "Signature of Designated SEA Reviewer," and "Date" for each signature.]*

Summary of Requirements – Virginia Migrant Education Program

Certificate of Eligibility – Virginia Migrant Education Program

I. FAMILY DATA

Parent/Guardian 1:	LastName	FirstName	Parent/Guardian 2:	Last Name	First Name

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 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___.

IV. COMMENTS (Must include 2bi, 4a, 4b, 5, 6a and 6b of the Qualifying Moves & Work 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   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   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/Intersession 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 City, State, Country	Age	Grade	Medical Alert Indicator	Immunization Records Complete?	VA State Testing ID	Eligible for ESL?	Has an IEP?	Enrollment Date	Priority for Service
1.										
2.										
3.										
4.										
5.										

Child 1	Child 2	Child 3	Child 4	Child 5
Race/Ethnicity Please answer both questions 1 and 2.	**Race/Ethnicity** Please answer both questions 1 and 2.	**Race/Ethnicity** Please answer both questions 1 and 2.	**Race/Ethnicity** Please answer both questions 1 and 2.	**Race/Ethnicity** 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	*1. Are you Hispanic or Latino?* (choose only one) _____ No, not Hispanic or Latino _____ Yes, Hispanic or Latino	*1. Are you Hispanic or Latino?* (choose only one) _____ No, not Hispanic or Latino _____ Yes, Hispanic or Latino	*1. Are you Hispanic or Latino?* (choose only one) _____ No, not Hispanic or Latino _____ Yes, Hispanic or Latino	*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	*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	*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	*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	*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:	**School Name:**	**School Name:**	**School Name:**	**School Name:**
Out of State Transcript? Yes or No	**Out of State Transcript? Yes or No**	**Out of State Transcript? Yes or No**	**Out of State Transcript? Yes or No**	**Out of State Transcript? Yes or No**