

# 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.)
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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

6. (Complete if "temporary" is checked in #5a) The worker \_\_\_\_\_  
 a.  worker's statement (provide comment), OR  
 b.  employer's statement (provide comment), OR  
 c.  State documentation for \_\_\_\_\_ Employer \_\_\_\_\_.

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\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

V. PARENT/GUARDIAN/SPOUSE/WORKER SIGNATURE		
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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.

\_\_\_\_\_

Signature Relationship to the child Date

VI. ELIGIBILITY DATA CERTIFICATION	
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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

