

(1) Site code:		 MONTANA OFFICE OF PUBLIC INSTRUCTION Denise Juneau, State Superintendent			(4) COE #:				
(2) Recruiter ID#:									
		(3) School Year 20 ____ – 20 ____							

A. FAMILY DATA

(1) Male Parent/Guardian (Last Name, First Name):				(2) Female Parent/Guardian (Last Name, First Name):				(5) Homebase District:			
(3) Legal Male Parent/Guardian if different from A(1)				(4) Legal Female Parent/Guardian if different from A(2)							
(6) Current Address:											
				City:		State:		Zip:		Ph.: ()	
(7) Homebase Address: if different from A(6)											
				City:		State:		Zip:		Ph.: ()	

The children listed on this form arrived in the present school district on (8) Residency Date _____ from (9) City _____ State _____ Country _____ (10) HL ☐

B. CHILD DATA

(1) Child – NGS No.	(2) Child(ren)'s Name(s) Last Name 1 Last Name 2 Suffix First Middle Name	(3) Sex	(4) Eth/ Race	(5) MB	(6) Birth Date	(7) Code	(8) Birthplace City/State/Country	(9)Enr. Date	(10) Type	(11) Gr.	(12) Hlth Alert	(13) Int. School

C. QUALIFYING MOVE & WORK

(1) The child(ren) listed on this form moved 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. ☐ 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 _____.

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

☐ See attached COMMENTS.

E. PARENT/GUARDIAN/SPOUSE/WORKER SIGNATURE
I understand the purpose of this form is to help the State determine if the child/ren 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.
The rules for MEP eligibility, services, student record transfer, and FERPA have been explained to me. I hereby authorize this LOA, the MT-MEP, the NGS, and the MSIX, to release, transfer, and/or receive my child/ren's educational and health records, including immunization records and standardized test results, to/from other schools, educational, and/or health agencies. In order to possibly qualify for additional services, I further consent that my child/ren's education/health information may be shared with organizations in this and other states to/from which the child/ren travel that provide services under the aegis of the following: the special projects of the MT-MEP, the Montana Migrant Council, MT-DPHHS, and REO. I give permission for my child/ren to participate in the MEP, including instructional and support services(transportation, nutrition, health) and medical and dental treatment by any publically funded entity such as the Montana Migrant council.

(1) _____ (2) _____ (3) _____

Signature
Relationship to child/ren
Date (MM/DD/YY)

F. ELIGIBILITY 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.
☐ I certify that I have received training in determining migrant eligibility and the types of services available to this family from the MEP and other agencies in the community.

(1) _____ (2) _____ (3) _____ (4) _____

Signature of Interviewer
Date
LOA Initials / Date
SEA Initials / Date

G. CONTINUED RESIDENCY VERIFICATION

MT MEP Certificate of Eligibility	
This information does not supersede or replace the full instructions in the Montana ID&R Manual. See the manual for questions about documentation and eligibility. Use black ink on the COE. For items that do not apply or when no information is available use "N/A" or a "—." Always complete required elements. Do not use "same"	
Top Section	Section B: Child Data (continued)
Top (1) MEP-NGS site code Top (2) Number assigned to the trained interviewer by the SEA-MEP Top (3) School year in which the child is enrolled with this COE Top (4) Preprinted COE identification number	B (9) Enrollment date (mm/dd/yy) The date the student is enrolled in your project. B (10) Enrollment type: S— Summer School P— Residency only R— Regular School Year--enrolled and receiving MEP services B (11) Grade Level P0-P5—1 day - 5 years old, not in Kindergarten K - 12—Kindergarten - 12th grade OS—Out of School (dropout or never enrolled in U.S. schools) UG—Ungraded (attending school with no grade designation) B (12) Health Alert: "N" for "no" or "Y" for "yes"; if Yes, attach a description of the alert B (13) Interrupted Schooling: Indicate No = N, YES = Y (Examples are: QAD in regular school term, two or more schools attended during regular school term, withdrew from school--did not re-enroll, absences due to migrancy, missing essential programs in homebase)
Section A: Family Data	
A (1) Current male parent's or guardian's name A (2) Current female parent's or guardian's name A (3) Legal male name (biological or adoptive) if different from A(1) A (4) Legal female name (biological or adoptive) if different from A(2) A (5) District attended during the regular school year (interstate students only) A (6) Address where family is currently living A (7) Family homebase address if different from A(6) A (8) Record the date (mm/dd/yy) that the child(ren) entered the present school district A (9) Location from which the child(ren) moved (city, state, country other than USA) A (10) Check box if home language is other than English	
Section B: Child Data	Section C: Qualifying Move and Work
B (1) NGS unique student identifying number B (2) Record the legal name of each eligible child (no nicknames). If child has a multiple last name, list second name in "Last Name 2". Where applicable, record the child's generation (eg. Jr., Sr., III, 3 rd). List full middle name. B (3) Child's sex: "M" for male or "F" for female B (4) Mark one of the following. H—For Hispanic/Latino 1—American Indian, Alaska Native 2—Asian 3—Black or African American 4—Native Hawaiian or Other Pacific Islander 5—White 6—Two or More Races B (5) Multiple birth: Record "N" for "no" or "Y" for "yes" if the child is a twin, triplet, etc. B (6) Record the month, day and year the child was born (mm/dd/yy) B (7) Birth verification code 03 – baptismal or church certificate; 04 – birth certificate; 05 – entry in family Bible; 06 – hospital certificate; 07 – parent's affidavit; 08 – passport; 09 – physician's certificate; 10 – previously verified school records; 11 – State-issued ID; 12 – driver's license; 13 – immigration document; 82 – life insurance policy; or 99 – other B (8) Birthplace with abbreviations for state and country	C (1) Record the location from which and to which the children moved. If the move is within the same city, the district and city must be recorded. If the move was within the same state, city and state must be recorded. If the move was from one state or one country to another, state and country must be recorded. C (2) If "to join or precede" is checked, comments must include the reason for the different move dates. C (3) In general, the QAD is the date that both the child and worker completed the move. The child must have moved on his or her own, or with or to join a parent, guardian or spouse to enable the worker (i.e., child, parent, guardian or spouse) to obtain qualifying work. C (4) If box c is checked, comments and/or supporting documentation must be attached. C (5) Use an action verb and a noun to describe agricultural work. If the type of work is temporary, number 6 must be completed. C (6) Provide comments and/or supporting documentation if the work is temporary.
	Section D: Comments
	Comments required if applicable for 2bi, 4c, 5, 6a and 6b of the Qualifying Move & Work Section
	Section E: Parent, guardian, spouse, or worker signature required
	FERPA = Family Educational Rights and Privacy Act LOA = Local Operating/Education Agency NGS = New Generation System MSIX = Migrant Student Information Exchange DPHHS = Department of Health and Human Services REO = Rural Employment Opportunities
	Section F: Eligibility Certification
	Interviewer signature, LOA and SEA reviewer initial, and dates required
	Section G: Continued Residency Verification
	G (1) Write two digit school year (eg. 10/11) School year runs from 9/1-8/31 G (2) MEP-NGS Site Code G (3) Four digit Legal Entity Number in order as listed in B(2) G (4) Grades of students in current school year, in order as listed in B(2) G (5) Person from whom residency verification was obtained and title (eg. Teacher, clerk, etc.) G (6) List how verified: school record, home visit, phone, interview G (7) Signature of person verifying residency in Montana and date G (8) Enrollment date: see B(9) G (9) Enrollment type: see B(10), in order as listed in B(2)