

(1) Project Name:	<b>Montana Migrant Education Program Certificate of Eligibility (COE)</b>	(3) Performance period 20 ____ – 20 ____	(4) COE #:
(2) Recruiter:			

<b>I. FAMILY DATA</b>			
(1) Parent/Guardian 1: Last Name First Name	(2) Parent/Guardian 2: Last Name First Name	(3) Homebase District:	
(4) Legal Parent/Guardian 1: Last Name First Name <small>If different from 1</small>	(5) Legal Parent/Guardian 2: Last Name First Name <small>If different from 2</small>		
(6) Current Address: _____ City: _____ State: _____ Zip: _____ Ph.: ( ____ ) _____			
(7) Homebase Address: _____ <small>if different from I(6) above</small> City: _____ State: _____ Zip: _____ Ph.: ( ____ ) _____			

<b>II. CHILD DATA</b>													
(1) Child ID number	(2) Child(ren)'s Name(s) Last Name 1 Last Name 2 Suffix First Name Middle Name	(3) MB	(4) Sex	(5) Race	(6) Birth Date	(7) Code	(8) Residency Date	(9) Enrollment Date	(10) Type	(11) Grade	(12) Hlth Alert		

<b>III. QUALIFYING MOVES &amp; WORK</b>	<b>IV. COMMENTS</b> (Must include 2bi, 4a, 4b, 5, 6a and 6b of the Qualifying Moves & Work Section, if applicable.)
<p>1. The child(ren) listed on this form moved due to economic necessity from a residence in <u>School district _____ / City _____ / State _____ / Country _____</u> to a residence in <u>School district _____ / City _____ / State _____</u>.</p> <p>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, <u>First Name and Last Name of Worker _____</u>, 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 <u>MM/DD/YY _____</u>. The worker moved on <u>MM/DD/YY _____</u>. (provide comment)</p> <p>3. The Qualifying Arrival Date was <u>MM/DD/YY _____</u>.</p> <p>4. The worker moved due to economic necessity on <u>MM/DD/YY _____</u> from a residence in <u>School district _____ / City _____ / State _____</u>, 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)</p> <p>5. The qualifying work,* <u>describe agricultural or fishing work _____</u>, 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</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: 20px;"> <p>*If applicable, check:  <input type="checkbox"/> personal subsistence (provide comment)</p> </div> <p>6. (Complete if "temporary" is checked in #5a) The work was determined to be temporary employment based on:  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 <u>Employer _____</u>.</p>	<p><b>V. INTERVIEWEE SIGNATURE</b>  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.  The rules for MEP eligibility, services, student record transfer, and FERPA have been explained to me. I hereby authorize the National and State Migrant Specific Databases, 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. I give permission for my child(ren) to participate in the MEP, including instructional and support services(transportation, nutrition, health), photographs at the school or site, and medical and dental treatment by any publicly funded entity.</p> <p>_____  Signature Relationship to the child(ren) Date</p> <p><b>VI. ELIGIBILITY DATA CERTIFICATION</b>  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.  <input type="checkbox"/> 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.</p> <p>_____  Signature of Interviewer Date SEA Designee Reviewer Date</p>

<b>VII. CONTINUED RESIDENCY VERIFICATION</b>								
(1) Performance Period	(2) Project Name	(3) LE#	(4) Grades	(5) Person Interviewed, position	(6) How verified	(7) Signature of Person Verifying Residency/Date	(8) Enrollment Date	(9) Type

**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 III: Qualifying Moves and Work
Top (1) MT-MEP Project Name Top (2) Name trained interviewer for the State Education Agency MEP Top (3) Performance period in which the child is enrolled with this COE Top (4) COE identification number populated by the State Migrant specific database	III (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.  III (2) If "to join or precede" is checked, complete #2bi, and comments must include the reason for the different move dates.
<b>Section I: Family Data</b>	III (3) The QAD is the date that both the child and worker completed the move to the school district listed in #1. The child must have moved as a worker, or with or to join a parent/guardian or spouse who is a migratory agricultural worker or migratory fisher.  III (4) Provide comments if worker engaged in qualifying work more than 60 days after the move or if #4b is checked.  III (5) Use an action verb and a noun to describe agricultural work. If the type of work is temporary, #6 must be completed and comments provided.  III (6) Provide comments and/or supporting documentation if the work is temporary.
I (1) Current male parent or guardian name I (2) Current female parent or guardian name I (3) District attended during the regular school year (interstate students only) I (4) Legal male parent or guardian name if different from I (1) I (5) Legal female parent or guardian name if different from I (2) I (6) Address where family is currently living I (7) Family homebase address if different from I(6)	<b>Section IV: Comments</b>
<b>Section II: Child Data</b>	Must include comments for 2bi, 4a, 4b, 5, 6a and 6b of the Qualifying Moves and Work Section, if applicable.
II (1) Migrant specific state database unique student identifying number II (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 <sup>rd</sup> ). List full middle name. II (3) Multiple birth: Record "N" for "no" or "Y" for "yes" if the child is a twin, triplet, etc. II (4) Child's sex: "M" for male or "F" for female II (5) Mark one or more of the following categories race/ethnicities: H- Hispanic/Latino F American Indian, Alaska Native C Asian I <del>Other</del> <del>Other</del> <del>Other</del> <del>Other</del> <del>Other</del> I <del>Other</del> <del>Other</del> <del>Other</del> <del>Other</del> <del>Other</del> I <del>Other</del> <del>Other</del> <del>Other</del> <del>Other</del> <del>Other</del>	<b>Section V: Parent, guardian, spouse, or worker signature required *</b>
II (6) Record the month, day and year the child was born (mm/dd/yy)	*In the case of a natural disaster, a verbal authorization may be obtained in place of a signature. To signify this write "Verbal" on the Interviewee signature line.  FERPA = Family Educational Rights and Privacy Act  MT-MEP = Montana Migrant Education Program
II (7) Birth Verification Code 03 Baptismal or Church Certificate 04 Birth Certificate 05 Entry in Family Bible 06 Hospital Certificate 07 Parent Affidavit 08 Passport 09 Physicians Certificate 10 Previously verified school records 11 State-issued ID 12 Drivers license 13 Immigration document 82 life insurance policy 99 Other	<b>Section VI: Eligibility Data Certification</b>
II (8) Residency Date (mm/dd/yy): The date that the child(ren) entered the present school district	Interviewer signature and initials of designated SEA reviewer and dates are required.
II (9) Enrollment date (mm/dd/yy): The date the student is enrolled in your project.	<b>Section VII: Continued Residency Verification</b>
II (10) Enrollment type: R: Regular School Year--enrolled and receiving MEP services S: Summer School- MEP-Funded Project P: Residency only	VII (1) Write two digit performance period (eg. 21/22) Performance period runs from 9/1-8/31 VII (2) MT-MEP Project Name VII (3) Four digit Legal Entity number in order as listed in II (2) VII (4) Grades of students in current performance period, in order as listed in II (2) VII (5) Person from whom residency verification was obtained and title (e.g., teacher, clerk, etc.) VII (6) List how verified: school enrollment, home visit, phone, interview VII (7) Signature of person verifying residency in Montana and date VII (8) Enrollment date: II (9) VII (9) Enrollment type: see II (10), in order as listed in II (2)
II (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)	
II (12) Health Alert: "A" for Acute, "C" for Chronic; attach a description of the alert	