

CERTIFICATE OF ELIGIBILITY

STATE OF ALASKA DEPARTMENT OF EDUCATION & EARLY DEVELOPMENT

SCHOOL YEAR: 2019-2020

COE ID#: _____

SCHOOL DISTRICT NAME: _____

RESIDENCY DATE: _____

CHILD DATA

Student ID	Last Name 1	Last Name 2	First Name	Middle Name	SUF	Birth Date	Sex	MB	EB	VER	School Name	Enroll Date	GR	IM	MA

FAMILY DATA

Parent/Guardian 1: _____ Parent/Guardian 2: _____

Current Address: _____ City: _____ State: _____ Zip: _____ Telephone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____ Email: _____

QUALIFYING MOVES & WORK SECTION

- The child(ren) listed on this form moved due to economic necessity from a residence in _____ / _____ / _____ to a residence in _____ / _____ / _____.
- The child(ren) moved (complete both a. and b.):
 - as the worker, OR with the worker, OR to join or precede the worker.
 - The worker, _____, is the child or the child's parent/guardian spouse.
 - (Complete if "to join or precede" is checked in 2a.) The child(ren) moved on _____. The worker moved on _____. (provide comment)
- The Qualifying Arrival Date was _____.
- The worker moved due to economic necessity on _____ from a residence in _____ / _____ / _____ to a residence in _____ / _____ / _____, and:
 - engaged in new qualifying work soon after the move (provide comment if worker engaged more than 60 days after the move); OR
 - actively sought new qualifying work, AND has a recent history of moves for qualifying work (provide comment)
- The qualifying work,* _____, was (make a selection in both a. and b.):
 - seasonal OR temporary employment
 - agricultural OR fishing work
- (Complete if "temporary" is checked in #5a) The work was determined to be temporary employment based on:
 - worker's statement (provide comment), OR
 - employer's statement (provide comment), OR
 - State documentation for _____.

*If applicable, check:
 personal subsistence (provide comment)

ADDITIONAL QUALIFYING MOVES

The child(ren) listed above made additional qualifying moves as, with or to join a migratory agricultural worker or migratory fisher during the last year to establish a pattern of mobility. MM/DD/YY to MM/DD/YY = Nights

_____ To _____ = _____
 _____ To _____ = _____
 _____ To _____ = _____
 _____ To _____ = _____
 _____ To _____ = _____
 _____ To _____ = _____

COMMENTS *must include 2bi, 4a, 4b, 5*, 6a, and 6b of the Qualifying Moves & Work Section, if applicable

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 of Interviewee _____ Relationship to the child(ren) _____ Date _____

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 _____