

Certificate of Eligibility - Virginia Migrant Education Program

I. FAMILY DATA

Male Parent/Guardian:	LastName	FirstName	Female Parent/Guardian:	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 MOVE & WORK

- The child(ren) listed above moved from a residence in _____ School district / _____ City / _____ State / _____ Country to a residence in _____ School district / _____ City / _____ State .
- The child(ren) moved (complete both a. and b.):
 - on own as worker, OR with the worker, OR to join or precede the worker.
 - The worker, _____ First Name and Last Name of Worker _____, is the child or the child's parent spouse guardian.
 - (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)
- The Qualifying Arrival Date was _____ MM/DD/YY .
- The worker moved due to economic necessity in order to obtain:
 - qualifying work, and obtained qualifying work, OR
 - any work, and obtained qualifying work soon after the move, OR
 - qualifying work specifically, but did not obtain the work. If the worker did not obtain the qualifying work:
 - The worker has a prior history of moves to obtain qualifying work (provide comment), OR
 - There is other credible evidence that the worker actively sought qualifying work soon after the move (provide comment).
- The qualifying work,* _____ describe agricultural or fishing work _____, was (make a selection in both a. and b.):

<ol style="list-style-type: none"> <input type="checkbox"/> seasonal OR <input type="checkbox"/> temporary employment <input type="checkbox"/> agricultural OR <input type="checkbox"/> fishing work 	*If applicable, check: <input type="checkbox"/> personal subsistence (provide comment)
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- (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 _____ Employer _____ .

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

V. PARENT/GUARDIAN/SPOUSE/WORKER SIGNATURE

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

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

