

I. FAMILY DATA

Male Parent/Guardian:	<i>Last Name</i>	<i>First Name</i>	Female Parent/Guardian:	<i>Last Name</i>	<i>First Name</i>	
Current Address:			City	State	Zip	Telephone

II. CHILD DATA

Last Name 1	Last Name 2	Suff.	First Name	Middle Name	Sex	Birth Date	MB	CD	Res Date	Grade	Bldg	Elg
SSID: <input type="text"/>												
SSID: <input type="text"/>												
SSID: <input type="text"/>												
SSID: <input type="text"/>												
SSID: <input type="text"/>												

III. QUALIFYING MOVE & WORK

1. The child(ren) listed on this form from a residence in _____ / _____ / _____
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, _____, 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 ____/____/____. The child(ren) moved on ____/____/____. (provide comment)
3. The Qualifying Arrival Date was ____/____/____.
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, *_____, 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 _____.

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 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. I understand that my student's information may be shared with other Migrant Education Programs.

Signature _____ Relationship to the child(ren) _____ 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 LEA Reviewer _____ Date _____

Signature of Designated SEA Reviewer _____ Date _____