

# CERTIFICATE OF ELIGIBILITY

SCHOOL YEAR: 2023-2024

STATE OF ALASKA DEPARTMENT OF EDUCATION & EARLY DEVELOPMENT

SCHOOL DISTRICT NAME: \_\_\_\_\_

COE ID#: \_\_\_\_\_

RESIDENCY DATE: \_\_\_\_\_

## CHILD DATA

| Student ID | Last Name | Last Name 2 | First Name | Middle Name | SUF | Birth Date | Sex | MB | EB | VER | School Name | Enroll Date | GR |
|------------|-----------|-------------|------------|-------------|-----|------------|-----|----|----|-----|-------------|-------------|----|
|            |           |             |            |             |     |            |     |    |    |     |             |             |    |
|            |           |             |            |             |     |            |     |    |    |     |             |             |    |
|            |           |             |            |             |     |            |     |    |    |     |             |             |    |
|            |           |             |            |             |     |            |     |    |    |     |             |             |    |
|            |           |             |            |             |     |            |     |    |    |     |             |             |    |

## FAMILY DATA

Parent/Guardian 1 Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## 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 children 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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
  - engaged in 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
  - seasonal OR  temporary employment
  - agricultural OR  fishing work

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

## 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 \_\_\_\_\_ = \_\_\_\_\_  
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 \_\_\_\_\_ To \_\_\_\_\_ = \_\_\_\_\_

**COMMENTS** Must include 2bi, 4a, 4b, 5\*, 6a, and 6b of the Qualifying Moves & Work Section, if applicable. Must include the interviewee Signature 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.

## 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 Interviewee \_\_\_\_\_ Relationship to the child(ren) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Signature of Designated SEA Reviewer \_\_\_\_\_ Date \_\_\_\_\_