

No.

Program:

School District:

NEW YORK STATE NATIONAL CERTIFICATE OF ELIGIBILITY

County:

Residency Date:

I. FAMILY DATA This family may qualify for McKinney Vento Act Services

Current Parent/Guardian 1: (Last name, First name)	Current Parent/Guardian 2: (Last name, First name)	Current Address:	
Directions/Comments:		City:	State: Zip:
		Telephone:	
		Next of Kin Telephone:	
Former Address (City/State/School District):			

II. CHILD DATA -- Email Address(es)

Student ID	Last Name 1	Last Name 2	Suffix	First Name	Middle Name	Sex	Birth Date	MB	Code	Grade	Last School Attended BirthPlace City, State, Country Still in School? (Y or OSY)	Lang	Ethnicity

SAMPLE

III. QUALIFYING MOVES & WORK **IV. COMMENTS** (Must include 2bi, 4, 5, 6a, and 6b of the Qualifying Moves & Work Section, if applicable.)

1. The child(ren) listed above moved due to economic necessity from a residence in _____ School district _____ to a residence in _____ School district _____.

V. PARENT/GUARDIAN/SPOUSE/WORKER SIGNATURE

2. The child(ren) moved (complete both a. and b.):

a. as the worker, OR with the worker, OR to join or precede the worker.

b. The worker, First and Last Name of Worker, is the child or the child's parent/guardian spouse.

i. (Complete if "to join or precede" is checked in 2a.) The child(ren) moved on MM/DD/YY. The Worker moved on MM/DD/YY. (provide comment)

3. The Qualifying Arrival Date was MM/DD/YY.

4. The worker moved due to economic necessity on MM/DD/YY from a residence in School district / City / State / Country to a residence in School district / City / State, and:

a. engaged in new qualifying work soon after the move (provide comment if worker engaged more than 60 days after the move); OR

b. actively sought new qualifying work, AND has a recent history of moves for qualifying work (provide comment)

5. The qualifying work, * describe agricultural or fishing 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 Employer

I understand the purpose of this form is to help the State determine if the child(ren) 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(ren) _____ Date _____

Due to COVID-19 pandemic, signature was unable to be collected. Verbal authorization was obtained.

I authorize my child(ren) to receive medical and/or surgical treatment in case of emergency and to receive health and dental services offered by the Title I Migrant Program.

Yes No

The rules for migrant eligibility, services, student record transfer, and the Family Education Rights and Privacy Act (FERPA) have been explained to me. I hereby authorize any school district and the State Educational Agency to release, transfer, and/or receive my child's education and health records, including immunization records, current enrollment information, report card/transcripts and standardized test results, to/from other school districts, intrastate and interstate educational agencies, and other pertinent agencies to help in the continuity of services. In order to potentially qualify for more educational, health, or social services, I further consent that student/family information, otherwise confidential under the provision of FERPA, may be shared with organizations that provide services under the aegis of the following: the projects of the State Migrant Education Program, the College Assistance Migrant Program (CAMP), the High School Equivalency Program (HEP), Finger Lakes Migrant Health Project, Oak Orchard Health Clinic and child nutrition/Head Start programs.

Yes No

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 _____