

I. FAMILY DATA

☐ This family may qualify for McKinney-Vento Act Services.

Current Parent/Guardian 1: (Last name, First name)	Phone: _____ Email: _____	Current Address: _____	Name of Next of Kin: _____
Current Parent/Guardian 2: (Last name, First name)	Phone: _____ Email: _____	City: _____ State: _____ Zip: _____	Next of Kin Telephone: _____
Directions/Comments: _____			

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	Still in School? (Y or OSY)	Lang	Ethnicity

III. QUALIFYING MOVES & WORK

IV. COMMENTS (Must include 2bi, 3a, 3b, 4, 5a, and 5b of the Qualifying Moves & Work Section, if applicable.)
(See attached 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) 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	Printed Name	Relationship to the Child(ren)	Date
-----------	--------------	--------------------------------	------

Due to extenuating circumstances, the signature was unable to be collected. Verbal authorization was obtained. Please select one of the following circumstances that prevented an in-person interview from being conducted:

☐ Worker/Household access ☐ Weather ☐ Distance to migrant household ☐ Health concerns

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

Signature	Printed Name	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	Printed Name	Date
Signature of Designated SEA Reviewer	Printed Name	Date

COE ELIGIBILITY DOCUMENTATION COMMENT SECTION
New York State Migrant Identification/Recruitment

COE #	Name of FIRST Child on COE	School District
-------	----------------------------	-----------------

IV. COMMENTS (Must include 2bi, 3a, 3b, 4, 5a, and 5b of the Qualifying Moves & Work Section, if applicable.)

The “Comments Section” of the COE allows the recruiter to provide additional information or details that clarify the reasons for the recruiter’s eligibility determination. The recruiter should write clear and detailed comments so an independent party who has no prior knowledge of the eligibility determination can understand the recruiter’s reasoning for determining that the child(ren) is eligible. At a minimum, the recruiter must provide comments that clearly explain items 2bi, 3a, 3b, 4, and 5a of the Qualifying Move & Work Section, if applicable. As mentioned previously, these items include the following scenarios:

- ☐ 2bi
- The child/youth moved prior to or after the qualifying worker. Record the reason for the different moves:

- ☐ 3a
- The worker moved due to economic necessity and engaged in new qualifying work soon after the move. Provide comment below if worker engaged more than 60 days after the move: ***Note- Approval Required**

Designated ESSA Reviewer Signature: _____

- ☐ 3b
- The worker moved due to economic necessity, actively sought new qualifying work, **AND** has recent history of moves for qualifying work. Provide comment below:

- ☐ 4
- The child(ren) qualified on the basis of “personal subsistence,” meaning “that the worker and the worker’s family, as a matter of economic necessity, consume, as a substantial portion of their food intake, the crops, dairy products, or livestock they produce or the fish they catch.” (Section 200.81(h)). Explain in detail:

- ☐ 5a/b
- The employment is temporary based on the worker’s statement or the employer’s statement.
Length of employment:

☐ 0-3 months

☐ 3-6 months

☐ 6-9 months

☐ 9-12 months

☐ Permanent (more than one year)

☐ Worker’s Statement

☐ Employer’s Statement

Worker/Employer's Signature: _____