



# Completing the Certificate of Eligibility Sections I, II, IV, V, and VI

FL ID&R Office

June 30, 2017



# Florida COE

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- ▶ Based on latest Office of Migrant Education (OME) regulations and the new National COE requirements
- ▶ Consistency of key sections across the state
- ▶ Latest revision – July 1, 2017
- ▶ Immediate use for school year (SY) 2017-2018



# COE OVERVIEW

**SECTION I: FAMILY DATA**

1. Current Parent/Guardian 1: ( Last Name, First Name)  Current Parent/Guardian 2: ( Last Name, First Name)	2. Legal Parent/Guardian 1: ( Last Name, First Name)  Legal Parent/Guardian 2: ( Last Name, First Name)	3. Current Address (Street, Rural Route, Lot Number – Physical Address Only)  City _____ State _____ Zip _____  4. Home Base (City/State/Country) _____ 5. Telephone <input type="checkbox"/> Check if mobile number _____
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**SECTION II: CHILD DATA**

1. Last Name 1	2. Last Name 2	3. First Name	4. Middle Name	5. Suffix	6. H	7. Race	8. Sex	9. Birth Date MM/DD/YY	10. Age	11. MB	12. Code	13. Birthplace			14. School	15. Gr.
City	State	Country	City	State	Country	City	State	Country	City	State	Country	City	State	Country	School	Gr.
1.								/ /								
2.								/ /								
3.								/ /								
4.								/ /								
5.								/ /								

16. Child/Family Data Comments (e.g., urgent health, non-eligible children in the household, additional phone number(s), email address)

**SECTION III: QUALIFYING MOVES & WORK**

- The child(ren) listed on this form moved due to economic necessity 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.):
  - as the 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/guardian  spouse.
    - (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)
- The Qualifying Arrival Date was       MM/DD/YY      .
- 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:
  - engaged in new 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,\*       describe agricultural or fishing work      , was (make a selection in both a. and b.):
  - 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       Employer      .

7. Residency Date (child arrival date) MM/DD/YY	8. OSY Info ONLY. Was OSY Profile completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Last grade attended When (year) Where (country)	OSY Sec. II no. _____	OSY Sec. II no. _____
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**SECTION IV: COMMENTS** (Must include 2bi, 4a, 4b, 5\*, 6a and 6b of the Qualifying Moves & Work Section, applicable.) Enter Recertification Date (if applicable) \_\_\_\_\_

**SECTION V: 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.

Signature _____	Relationship to the child(ren) _____	Date _____
<i>Check all that apply</i>		
1. I give my permission for my child(ren) to participate in the Title I Migrant Program.	<input type="checkbox"/>	Yes / No
2. I give my permission for my child(ren) to be given emergency medical referral services.	<input type="checkbox"/>	
3. I have been informed about FERPA. I authorize the district to release, transfer, and/or receive my child(ren)'s educational and health records with other districts, educational agencies including HEP/CAMP, and pertinent agencies, including the ID&R Office.	<input type="checkbox"/>	

**SECTION 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 _____





# General Instructions

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- ▶ The Certificate of Eligibility (COE) is the approved Florida Migrant Education Program document
- ▶ It is to be filled out using **blue ink**
- ▶ The COE must be reviewed by at least two individuals other than the recruiter who originally completed the COE
- ▶ After approval a copy must be submitted to the ID&R Office



# General Instructions

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- ▶ Copies of completed COEs that have been approved by the local designated reviewer must be submitted to the ID&R Office by the 5<sup>th</sup> of the following month.
- ▶ If no COEs were completed, districts must notify the ID&R Office by the 5<sup>th</sup> of the following month.
- ▶ COE errors identified by the ID&R Office should be corrected in the local database and the local MEP should ensure that the corrected COE is used for student count.

District/Agency: \_\_\_\_\_ District COE # \_\_\_\_\_  
SY20 \_\_\_\_ (  Recertification ) | SY20 \_\_\_\_ (  Recertification ) | SY20 \_\_\_\_ (  Recertification )

- ▶ Enter the corresponding LEA/LOA
- ▶ If the district uses a particular COE numbering system, please include it

District/Agency: \_\_\_\_\_ District COE # \_\_\_\_\_  
SY2017/18 ( Recertification) | SY20\_\_\_\_ ( Recertification) | SY20\_\_\_\_ ( Recertification)

- ▶ Always enter the corresponding school year for the COE being completed



District/Agency: \_\_\_\_\_ District COE # \_\_\_\_\_  
SY20 \_\_\_\_ ( Recertification) | SY20 \_\_\_\_ ( Recertification) | SY20 \_\_\_\_ ( Recertification)

- ▶ Mark the re-certification box only if the COE is a re-certification COE

# SECTION I: Family Data

**SECTION I: FAMILY DATA**

1. Current Parent/Guardian 1: ( Last Name, First Name)

2. Legal Parent/Guardian 1: ( Last Name, First Name)

Current Parent/Guardian 2: ( Last Name, First Name)

Legal Parent/Guardian 2: ( Last Name, First Name)

- ▶ #1 Current Parent/Guardian 1 & 2 – currently responsible for the child(ren)

**SECTION I: FAMILY DATA**

1. Current Parent/Guardian 1: ( Last Name, First Name)

2. Legal Parent/Guardian 1: ( Last Name, First Name)

Current Parent/Guardian 2: ( Last Name, First Name)

Legal Parent/Guardian 2: ( Last Name, First Name)

*(-) dash*

- ▶ If there is no Current Parent/Guardian 2 – draw a dash (-)

**SECTION I: FAMILY DATA**

1. Current Parent/Guardian 1: ( Last Name, First Name)

2. Legal Parent/Guardian 1: ( Last Name, First Name)

Current Parent/Guardian 2: ( Last Name, First Name)

Legal Parent/Guardian 2: ( Last Name, First Name)

- ▶ #2 Write the name of the Legal Parent/Guardian 1 & 2 –if the child’s legal parent is different from the current parent

**SECTION I: FAMILY DATA**

1. Current Parent/Guardian 1: ( Last Name, First Name)

2. Legal Parent/Guardian 1: ( Last Name, First Name)

Current Parent/Guardian 2: ( Last Name, First Name)

Legal Parent/Guardian 2: ( Last Name, First Name)

*(-) dash*

- ▶ If there is no Legal Parent/Guardian 2 – draw a dash (-)

**SECTION I: FAMILY DATA**

1. Current Parent/Guardian 1: ( Last Name, First Name)

2. Legal Parent/Guardian 1: ( Last Name, First Name)*Same*

Current Parent/Guardian 2: ( Last Name, First Name)

Legal Parent/Guardian 2: ( Last Name, First Name)

*Same*

- ▶ If the Legal Parent/Guardian 1 & 2 are the same as the Current Parent/Guardian 1 & 2- write “same”

**SECTION I: FAMILY DATA**

1. Current Parent/Guardian 1: (Last Name, First Name)

*(-) NA for OSY*

Current Parent/Guardian 2: (Last Name, First Name)

*(-) NA for OSY*

2. Legal Parent/Guardian 1: (Last Name, First Name)

Legal Parent/Guardian 2: (Last Name, First Name)

- ▶ For out-of-school youth (OSY):
  - Draw a dash (-) or NA #1



**SECTION I: FAMILY DATA**

1. Current Parent/Guardian 1: (Last Name, First Name)

2. Legal Parent/Guardian 1: (Last Name, First Name)*OSY's Legal Parent 1*

Current Parent/Guardian 2: (Last Name, First Name)

Legal Parent/Guardian 2: (Last Name, First Name)

*OSY's Legal Parent 2*

- ▶ For out-of-school youth (OSY):
  - Write the OSY's legal parents' information (if available) in #2 or write a dash (-)

SECTION I: FAMILY DATA	
3. Current Address (Street, Rural Route, Lot Number – Physical Address Only)	
City	State Zip
4. Home Base (City/State/Country)	5. Telephone <input type="checkbox"/> Check if mobile number

- ▶ #3 Current address –where the child(ren) currently reside

SECTION I: FAMILY DATA	
3. Current Address (Street, Rural Route, Lot Number – Physical Address Only)	
City	State Zip
4. Home Base (City/State/Country) <i>Same</i>	5. Telephone <input type="checkbox"/> Check if mobile number

- ▶ #4 Home Base – write in “Same” if it is the same as the current address

SECTION I: FAMILY DATA	
3. Current Address (Street, Rural Route, Lot Number – Physical Address Only)	
City	State Zip
4. Home Base (City/State/Country)	5. Telephone <input checked="" type="checkbox"/> Check if mobile number (813) 963-6677

- ▶ #5 Telephone – Check the box only if the phone number provided is a mobile number

## SECTION II: Child Data

**SECTION II: CHILD DATA**

1. Last Name 1	2. Last Name 2	3. First Name	4. Middle Name	5. Suffix	6. H	7. Race	8. Sex	9. Birth Date MM/DD/YY	10. Age	11. MB	12. Code	13. Birthplace City State Country			14. School	15. Gr.
1.	_____		_____	-	Y			/ /		-						
2.								/ /								
3.								/ /								
4.								/ /								
5.								/ /								

16. Child/Family Data Comments (e.g., urgent health, non-eligible children in the household, additional phone number(s), email address)

*Exclude eligibility information here.*

- ▶ #1 First Last Name
- ▶ #2 Second Last Name if applicable, if not dash (-)
- ▶ #4 Full middle name if applicable, if not dash (-)
- ▶ #5 Suffix if applicable, if not dash (-)
- ▶ #6 Hispanic – “Y” or “N”
- ▶ #7 Race Code (codes included on the back of the COE)
- ▶ #11 Multiple Birth Flag – “Y” or dash (-)
- ▶ #12 Birth Date Verification Code (codes included on the back of the COE)
- ▶ #15 Grade- if OSY please mark 30 for their grade
- ▶ #16 Child/Family Data Comments – write only comments that pertain to health conditions, non eligible children, additional phone numbers and emails

## SECTION IV: Comments

**SECTION IV: COMMENTS** (Must include  2bi,  4a,  4b,  5\*,  6a, and  6b of the Qualifying Moves & Work Section, applicable.)

Enter Recertification Date (if applicable) \_\_\_\_\_

- ▶ Recruiter must provide a comment if 2bi, 4a, 4b, 5, 6a, and 6b are marked
- ▶ The comment should be of sufficient length to adequately document the eligibility determination
- ▶ Enter the re-certification date (if applicable)



**SECTION IV: COMMENTS** (Must include  2bi ,  4a,  4b,  5\* ,  6a, and  6b of the Qualifying Moves & Work Section, applicable.)

Enter Recertification Date (if applicable) \_\_\_\_\_

Situation	What to Document in the Comment section:
To-Join Moves	<ul style="list-style-type: none"> <li>-Reason for the child’s later move or the worker’s later move.</li> <li>-If the worker moved <u>from</u> a difference residence than the children in #1 in Section III, list the name of city/state the worker moved from.</li> </ul>
Engaged in qualifying work more than 60 days after the move	<ul style="list-style-type: none"> <li>-Reason why the individual was determined to be a Migratory Qualifying Worker, if the individual engaged in new qualifying work more than 60 days after the individual’s qualifying move.</li> </ul>
Actively sought new qualifying work <b>AND</b> has recent history of qualifying moves	<ul style="list-style-type: none"> <li>-Worker’s statement regarding his or her attempts to engage in new qualifying work –When and How? <b>AND</b></li> <li>-Recent history of moves (at least two) that resulted in engagement in temporary or seasonal agricultural or fishing employment –When, where, what?</li> </ul>
Work for personal subsistence	<ul style="list-style-type: none"> <li>-The worker and family, as a matter of economic necessity, consume a substantial portion of the crops, dairy products, or livestock they produce or fish they catch.</li> </ul>
Temporary Work	<ul style="list-style-type: none"> <li>-The worker’s or employer’s statement explaining how long they expect the employment to last. Name of the employer.</li> </ul>

**SECTION IV: COMMENTS** (Must include  2bi,  4a,  4b,  5\*,  6a, and  6b of the Qualifying Moves & Work Section, applicable.)

Enter Recertification Date (if applicable) \_\_\_\_\_

Other reasons for additional comments:

- ▶ Child(ren) and worker moved from separate previous residences
- ▶ Basis for preliminary eligibility is not obvious
- ▶ The work could be part of a “series of activities” for the same employer



**SECTION V:**  
**Interviewee Signature**

## SECTION V: 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.

X - Parent Name JE

Signature

Relationship to the child(ren)

Date

*Check all that apply*

Yes / No

1. I give my permission for my child(ren) to participate in the Title I Migrant Program.
2. I give my permission for my child(ren) to be given emergency medical referral services.
3. I have been informed about FERPA. I authorize the district to release, transfer, and/or receive my child(ren)'s educational and health records with other districts, educational agencies including HEP/CAMP, and pertinent agencies, including the ID&R Office.

- ▶ If interviewee cannot sign, have them sign with an “X” – the recruiter can print their name and initial it

## SECTION V: 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.

Signature \_\_\_\_\_

Relationship to the child(ren) \_\_\_\_\_

Date \_\_\_\_\_

*Check all that apply*

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. I give my permission for my child(ren) to participate in the Title I Migrant Program.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I give my permission for my child(ren) to be given emergency medical referral services.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have been informed about FERPA. I authorize the district to release, transfer, and/or receive my child(ren)'s educational and health records with other districts, educational agencies including HEP/CAMP, and pertinent agencies, including the ID&R Office. | <input type="checkbox"/> | <input type="checkbox"/> |

### ► Relationship to the eligible child

## SECTION V: 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_ *Self* \_\_\_\_\_  
Relationship to the child(ren)

\_\_\_\_\_  
Date

*Check all that apply*

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. I give my permission for my child(ren) to participate in the Title I Migrant Program.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I give my permission for my child(ren) to be given emergency medical referral services.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have been informed about FERPA. I authorize the district to release, transfer, and/or receive my child(ren)'s educational and health records with other districts, educational agencies including HEP/CAMP, and pertinent agencies, including the ID&R Office. | <input type="checkbox"/> | <input type="checkbox"/> |

- ▶ If OSY, write “Self”

## SECTION V: 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to the child(ren)

\_\_\_\_\_  
Date

*Check all that apply*

Yes / No

1. I give my permission for my child(ren) to participate in the Title I Migrant Program.
2. I give my permission for my child(ren) to be given emergency medical referral services.
3. I have been informed about FERPA. I authorize the district to release, transfer, and/or receive my child(ren)'s educational and health records with other districts, educational agencies including HEP/CAMP, and pertinent agencies, including the ID&R Office.

- ▶ Date the form was signed by the interviewee

## SECTION V: 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.

Signature \_\_\_\_\_

Relationship to the child(ren) \_\_\_\_\_

Date \_\_\_\_\_

*Check all that apply*

- |   | Yes / No   |
|---|--|
| 1. I give my permission for my child(ren) to participate in the Title I Migrant Program.  | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| 2. I give my permission for my child(ren) to be given emergency medical referral services.  | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| 3. I have been informed about FERPA. I authorize the district to release, transfer, and/or receive my child(ren)'s educational and health records with other districts, educational agencies including HEP/CAMP, and pertinent agencies, including the ID&R Office. | <input type="checkbox"/> <input type="checkbox"/>            |

### ▶ Permission – MEP & Emergency Services



## SECTION V: 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.

Signature \_\_\_\_\_

Relationship to the child(ren) \_\_\_\_\_

Date \_\_\_\_\_

*Check all that apply*

- |   | Yes / No   |
|---|--|
| 1. I give my permission for my child(ren) to participate in the Title I Migrant Program.  | <input type="checkbox"/> <input type="checkbox"/>            |
| 2. I give my permission for my child(ren) to be given emergency medical referral services.  | <input type="checkbox"/> <input type="checkbox"/>            |
| 3. I have been informed about FERPA. I authorize the district to release, transfer, and/or receive my child(ren)'s educational and health records with other districts, educational agencies including HEP/CAMP, and pertinent agencies, including the ID&R Office. | <input checked="" type="checkbox"/> <input type="checkbox"/> |

### ► FERPA Acknowledgement



**SECTION VI:**  
**Eligibility Data Certification**

## SECTION 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

- ▶ Recruiter signs and dates
- ▶ State reviewer or designee signs and dates
- ▶ Do not leave blank



# Questions?

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Contact us at:

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866-963-6677

[fl-idr-office@escmail.org](mailto:fl-idr-office@escmail.org)

[flrecruiter.org](http://flrecruiter.org)

