

**SECTION I: FAMILY DATA**

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

**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.								/ /						
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**

1. 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 / Country.
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 Name 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 / Country, 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 \_\_\_\_\_.

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) \_\_\_\_\_

SAMPLE

**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 <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"/>

**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 _____



The Florida Migrant Education Program Certificate of Eligibility (COE) Form (ESE 047) is the only acceptable document utilized in Florida for the proper identification and recruitment of migratory children. The form is divided into six major sections: Section I Family Data; Section II Child Data; Section III, Qualifying Moves & Work; Section IV, Comments; Section V, Interviewee Signature; Section VI, Eligibility/Data Certification. The Recruiter/Home School Liaison or other trained interviewer shall complete the form. The completed form shall be submitted within five (5) working days to the District Migrant Program Coordinator or designee for certification of eligibility. The form shall be completed legibly in blue ink. Do not leave any item blank. Use "same," "N/A," or dashes to acknowledge that an inquiry has been made for each item. Use the reverse side of the white sheet to clarify information on this form, as appropriate. The form shall be completed after each new qualifying arrival date is established. For further guidance, refer to the *Manual for Identification and Recruitment*.

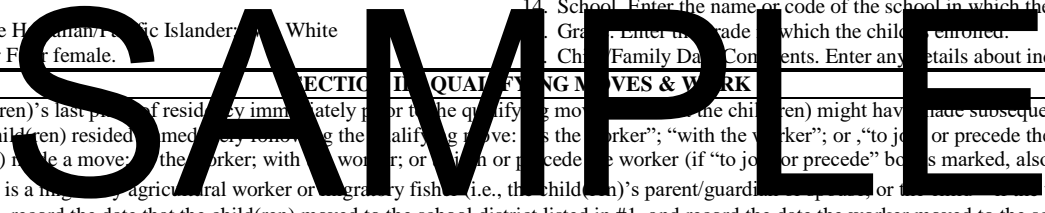
**Top of COE: REQUIRED – Enter the District AND Enter the corresponding School Year (Example 2017-18; do not enter a date). ONLY IF APPLICABLE – Check the recertification box. Enter the district’s COE#.**

**SECTION I: FAMILY DATA**

- Record the names of current parent(s)/guardian(s) (last name, first name). Enter name of current parent/guardian 1 on first line and current parent/guardian 2 on second line. If there is no parent/guardian information disclosed, or if the child is responsible for his or her own welfare (e.g., emancipated youth), write a dash (-) or “N/A.”
- Record the names of legal parent(s)/guardian(s) (last name, first name). Enter name of legal parent/guardian 1 on first line and legal parent/guardian 2 on second line. If same as current parent, write “Same”.
- Enter the current and complete physical address where the child(ren) reside(s).
- Enter the home base; include city, state, and country. Families may consider a home base the location where they return most often, own a home, pay taxes, or have relatives residing. If home base is the same as the current address, write “Same”.
- Enter phone number where worker or current/legal parent(s)/guardian(s) may be reached; check if mobile number.

**SECTION II: CHILD DATA –In numbers 1 through 15, list only eligible children (birth to 21) who made the qualifying move**

- Last Name 1. Record the legal last name of each eligible child in the family. If the eligible child has a multiple or hyphenated last name, record the first part of the name.
- Last Name 2. If the child has a multiple or hyphenated last name, record the second part of the name. If the child does not have a multiple or hyphenated name, write a dash (-).
- First Name. Record the legal first name. This is the name given at birth, baptism, during another naming ceremony, or through a legal name change. Do not record nicknames or shortened names.
- Middle Name. Record the legal middle name. Do not record nicknames or shortened names. If the child does not have a middle name record a dash (-).
- Suffix. Where applicable, record the child’s generation in the family (Jr., Sr., III, etc.). Otherwise, record a dash (-).
- Hispanic. Record a “Y” for “yes” if the child is considered Hispanic. Record an “N” for “no” if the child is not considered Hispanic.
- Race. Enter the race code(s) for each child:  
A – Asian; B – Black; I – American Indian; P – Native Hawaiian/Pacific Islander; W – White
- Sex. Indicate the child’s sex by entering M for male or F for female.
- Birth Date. Enter two-digit numbers for the month, day, and year (e.g., 06/07/82).
- Age. Record the current age of each eligible child or youth.
- Multiple Birth. Record. “Y” for “yes” if the child is a twin, triplet, etc. Record a dash (-) for not applicable.
- Verification Code. Record the digits that correspond to the evidence used to confirm each child’s birth date:  
03 – Baptism or Church Certificate    07 – Parent’s Affidavit\*    11 – State-issued ID    99 – Other  
04 – Birth Certificate    08 – Passport    12 – Driver’s License  
05 – Entry in Family Bible    09 – Physician’s Certificate    13 – Immigration Documents  
06 – Hospital Certificate    10 – Verified School Records    82 – Life Insurance Policy  
\*If written evidence is not available, the interviewer may rely on a parent’s or youth’s verbal statement. In such cases, the interviewer should record “07” – the number that corresponds to “Parent’s Affidavit”.
- Birthplace. Enter the city, state, and country of the child’s birth. If the child was born in a foreign country, enter the name of the city, the state (if available), and country.
- School. Enter the name or code of the school in which the child is enrolled.
- Grade. Enter the grade in which the child is enrolled.
- Comments. Enter any details about individual child(ren) or any pertinent family information.



**SECTION III: QUALIFYING MOVES & WORK**

- “From a residence in \_\_\_\_.” This location is the child(ren)’s last place of residence immediately prior to the qualifying move. (The child(ren) might have made subsequent non-qualifying moves. “To a residence in \_\_\_\_.” This location is where the child(ren) resided immediately following the qualifying move: “as the worker”; “with the worker”; or “to job or precede the worker”.
- a. Mark the appropriate box to indicate if the child(ren) made a move: “the worker”; “with the worker”; or “to job or precede the worker” (if “to job or precede the worker” boxes marked, also complete “i” under 2b). Mark only one box.  
b. Record the first and last name of the individual who is a migratory agricultural worker or migratory fisher (i.e., the child(ren)’s parent/guardian, spouse, or other household worker).  
i. If the worker moved separately from the child(ren), record the date that the child(ren) moved to the school district listed in #1, and record the date the worker moved to the school district listed in #1 using the two-digit numbers for the month, day, and year (MM/DD/YY). Also record the reason for the different move dates, and whether the worker moved from a different location than the child(ren), in Section IV Comments.
- Record the Qualifying Arrival Date (QAD) using two-digit numbers for the month, day, and year (MM/DD/YY). The QAD is the date that both the child and worker completed the move to the school district listed in #1.
- Record the date using two-digit numbers for the month, day, and year (MM/DD/YY) the worker in #2b moved due to economic necessity from a residence in one school district to another, and, soon after the move (within 60 days):  
a. Mark (a) if the worker engaged in new temporary or seasonal employment (or personal subsistence) in agriculture or fishing.  
b. Mark (b) if the worker actively sought new qualifying work and has a history of moves for qualifying work. Explain in Section IV Comments section how and when the worker actively sought new qualifying work as well as the worker’s recent history of moves that resulted in qualifying work (must have at least two prior moves when the worker engaged in qualifying work).
- Using an action verb and a noun (crop, livestock, or seafood), describe the qualifying work (i.e., “picking tomatoes”). If necessary, provide explanatory comments in Section IV Comments.  
a. Mark the appropriate box – select “temporary” or “seasonal.” If “temporary,” continue and complete # 6. If “seasonal,” write “N/A” in item 6c (employer’s name) in this section.  
b. Mark the appropriate box – select “agricultural” or “fishing work.”
- If temporary work, indicate how the work was determined to be temporary, whether based on (a) the worker’s statement, (b) the employer’s statement, or (c) state documentation. Provide explanatory comments in Section IV Comments. Document the name of the employer in 6c whenever employment is temporary.
- Residency Date (Child Arrival Date) using the two-digit numbers for the month, day, and year (MM/DD/YY) that the child(ren) entered the present school district.
- OSY Info ONLY. Check if OSY Profile was completed. Document last grade attended, when (YEAR) and where (COUNTRY) for OSY(s) listed in Section II. Indicate the corresponding Section II no. for each OSY.

**SECTION IV: COMMENTS**

Use this space to provide further clarification of the child(ren)’s eligibility. At minimum, comments must clearly explain items 2bi, 4a, 4b, 5\* (if personal subsistence is checked), 6a and 6b of Section III, if applicable. Only if applicable, enter the date the recertification was completed (MM/DD/YY).

**SECTION V: INTERVIEWEE SIGNATURE**

Procure a signature or mark of current/legal parent/guardian/spouse or youth and date. Any person unable to sign their name should place an X on the signature line. The interviewer should then print the name of this person on the line, write the relationship to the child(ren), and include the interviewer’s initials. If the interviewee refuses to sign their name, the interviewer should document “refused to sign” in Section II Comments box, and print the person’s name and relationship to the child(ren). 1, 2, 3. Mark “X” in the appropriate box for each statement.

**SECTION VI: ELIGIBILITY DATA CERTIFICATION**

- Person conducting the interview signs and dates the COE on the day the interview is conducted.
- The local migrant program coordinator is designated in Florida as the SEA Reviewer. As such, procure the signature of the Designated SEA Reviewer and enter the date signed (month, day, and year). The person conducting interview (#1 in this section.) and the person certifying eligibility (#2 in this section) cannot be the same.