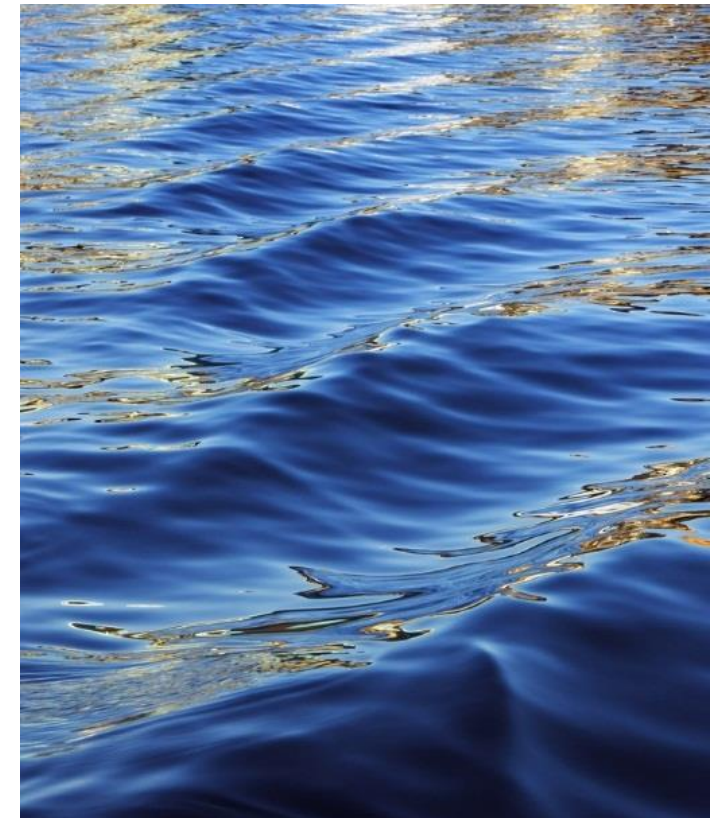




# COE Fundamental Refresher

Statewide Training Event  
ID&R Office – March 1, 2022



# References

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## Statute

Sections 1115(b) and (c), 1304(c)(2), and 1309 of the Elementary and Secondary Education Act (ESEA) of 1965, as amended by the Every Student Succeeds Act (ESSA) of 2015



## Code of Federal Regulations

34 C.F.R. 20.81, 200.103, and 200.89(c)

National Certificate of Eligibility (COE) Instructions (OMB Control Number 1810-0662)



## Guidance

Chapter II of the Non-Regulatory Guidance for the Title I, Part C Education of Migratory Children

# Objectives

## ► Certificate of Eligibility (COE) Fundamentals

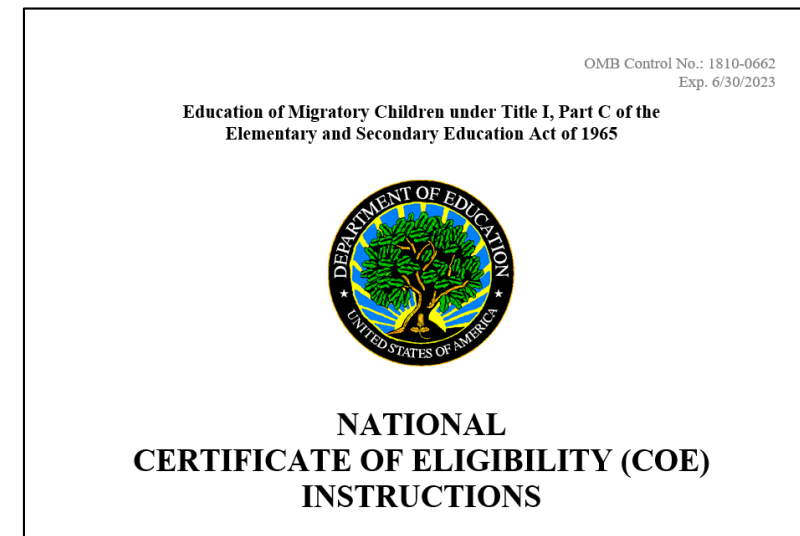
- COE Completion Accuracy
- COE Submission Procedures
- Additional COE Sections

## ► COE Completion

- Eligibility Fundamental Scenarios

## ► TA from the ID&R Office

- Eligibility Question Template



FLORIDA DEPARTMENT OF EDUCATION - DIVISION OF PUBLIC SCHOOLS  
 FLORIDA MIGRANT EDUCATION PROGRAM CERTIFICATE OF ELIGIBILITY (COE) FORM School Year 2021-2022 District/Agency: \_\_\_\_\_ District COE # \_\_\_\_\_

**SECTION I: FAMILY DATA**

1. Current Parent/Guardian 1: (Last Name, First Name) \_\_\_\_\_ 2. Current Address (Street, Rural Route, Lot Number - Physical Address Only) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ 3. Telephone (include area code)  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. Sex	7. Birth Date MM/DD/YY	8. Age	9. MB	10. Code	11. Birthplace City	12. State	13. Country	14. School	15. Gr.

14. RESIDENCY DATE MM/DD/YY \_\_\_\_\_ 15. CHILD/FAMILY DATA COMMENTS (e.g., MED ID, special needs, non-eligible children in the household, additional phone number(s), email address) \_\_\_\_\_  
 DO NOT USE SPACE TO ENTER ELIGIBILITY INFORMATION

**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 \_\_\_\_\_

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 \_\_\_\_\_ was \_\_\_\_\_  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: \_\_\_\_\_ was (make a selection in both a. and b.):  
 a.  seasonal OR  temporary employment \_\_\_\_\_ \*If applicable, check:  personal subsistence (provide comment) \_\_\_\_\_  
 b.  agricultural OR  fishing work \_\_\_\_\_

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 \_\_\_\_\_ Employee \_\_\_\_\_

7.  PP 2021-22 Recertification Date MM/DD/YY \_\_\_\_\_ Interviewer Initials \_\_\_\_\_ SEA Reviewer Initials \_\_\_\_\_  
 PP 2022-23 Recertification Date MM/DD/YY \_\_\_\_\_ Interviewer Initials \_\_\_\_\_ SEA Reviewer Initials \_\_\_\_\_  
 PP 2023-24 Recertification Date MM/DD/YY \_\_\_\_\_ Interviewer Initials \_\_\_\_\_ SEA Reviewer Initials \_\_\_\_\_  
 PP 2024-25 Recertification Date MM/DD/YY \_\_\_\_\_ Interviewer Initials \_\_\_\_\_ SEA Reviewer Initials \_\_\_\_\_

**SECTION IV: COMMENTS** (Must include C2(a), C4a, C4b, C5(a), C6a and C6b of the Section III: Qualifying Moves & Work Section, 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 \_\_\_\_\_  
 1. I give my permission for my child(ren) to participate in the Title I Migrant Program. Yes/No    
 2. I give my permission for my child(ren) to be given emergency medical referral services.

**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 confident that these children are migratory children as defined in 20 U.S.C. 6399(c) 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 \_\_\_\_\_

ESE 047 Rev. Date 07/01/21 **DO NOT PROVIDE THE GREEN COPY TO THE PARENT/GUARDIAN/SPOUSE/WORKER** Florida Department of Education



# The Certificate of Eligibility





**SECTION I: FAMILY DATA**

1. Current Parent/Guardian 1: ( Last Name, First Name)	2. Current Address (Street, Rural Route, Lot Number – Physical Address Only)		
Current Parent/Guardian 2: ( Last Name, First Name)	City	State	Zip
3. Telephone (include area code) <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. Sex	7. Birth Date MM/DD/YY	8. Age	9. MB	10. Code	11. Birthplace City State Country	12. School	13. Gr.
1.						/ /						
2.						/ /						
3.						/ /						
4.						/ /						
5.						/ /						

14. RESIDENCY DATE MM/DD/YY	15. CHILD/FAMILY DATA COMMENTS (e.g., MSIX IDs, urgent health, non-eligible children in the household, additional phone number(s), email address) <b>DO NOT USE SPACE TO ENTER ELIGIBILITY INFORMATION</b>
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**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 .

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 \_\_\_\_\_, 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.  PP 2021-22 Recertification Date \_\_\_\_\_ MM/DD/YY \_\_\_\_\_ Interviewer Initials \_\_\_\_\_ SEA Reviewer Initials \_\_\_\_\_  
 PP 2022-23 Recertification Date \_\_\_\_\_ MM/DD/YY \_\_\_\_\_ Interviewer Initials \_\_\_\_\_ SEA Reviewer Initials \_\_\_\_\_  
 PP 2023-24 Recertification Date \_\_\_\_\_ MM/DD/YY \_\_\_\_\_ Interviewer Initials \_\_\_\_\_ SEA Reviewer Initials \_\_\_\_\_  
 PP 2024-25 Recertification Date \_\_\_\_\_ MM/DD/YY \_\_\_\_\_ Interviewer Initials \_\_\_\_\_ SEA Reviewer Initials \_\_\_\_\_

**SECTION IV: COMMENTS** (Must include 2bi, 4a, 4b, 5\*, 6a and 6b of the Section III: Qualifying Moves & Work Section, 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 _____
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*Check all that apply*

1. I give my permission for my child(ren) to participate in the Title I Migrant Program.  Yes /  No

2. I give my permission for my child(ren) to be given emergency medical referral services.  Yes /  No

**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.

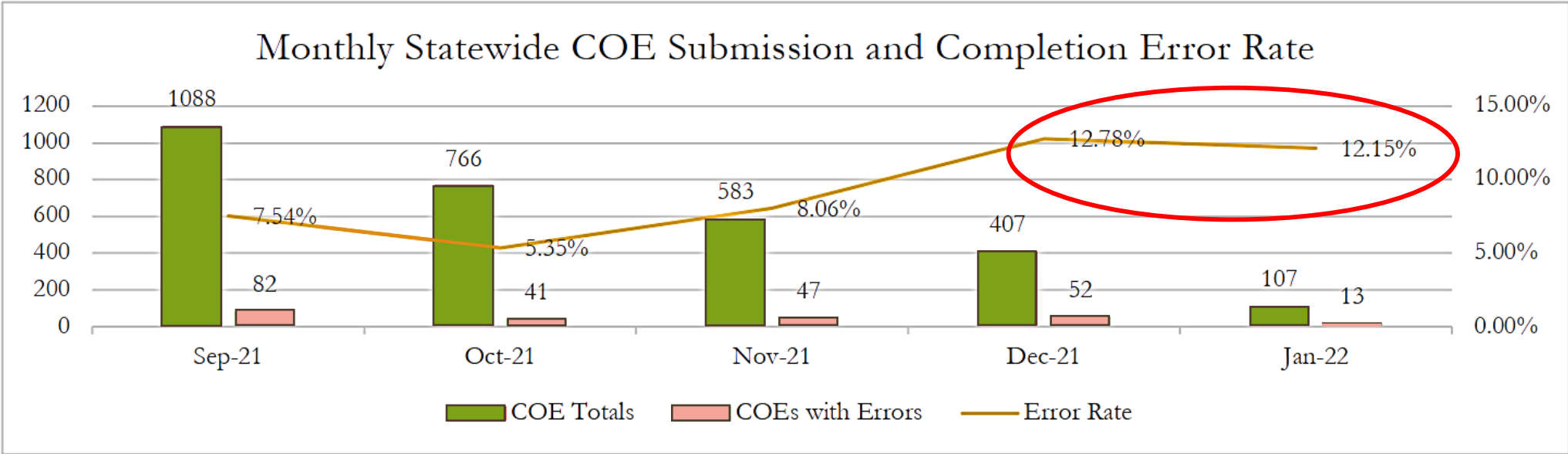
Signature of Interviewer _____	Date _____
Signature of Designated SEA Reviewer _____	Date _____

# 2021-2022

# COE

# Common Errors and Discrepancy Rates

- ▶ Monthly statewide COE submission compared to the completion errors



# COE Completion Accuracy

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- ▶ I did not leave any blank fields
- ▶ I matched the age to the date of birth
- ▶ All eligible children in the home are listed in Section II (e.g., non-attenders, niece, nephew, etc.)
- ▶ Name of worker in Section III, matches the name documented on other COE sections (Section I, Section II, Section IV)



# COE Completion Accuracy

## If applicable

- ▶ COEs are cross-referenced
- ▶ The COVID-19 statement is completed accurately
- ▶ The COE is signed on the same date the eligibility interview is conducted
- ▶ Add a comment in Section IV if the child's most recent qualifying move is **not** the move listed in Section III, #1-3. (non-qualifying move into the present district)





# COE Checklist

- ▶ This tool ensures all sections have been completed and no blanks have been missed.
- ▶ It does not ensure accuracy of information.

## Florida Migrant Education Program – Certificate of Eligibility (COE) Checklist

### Basic Review Steps:

- A COE shall be completed after each qualifying move.
- The completed form shall be submitted to the district migrant program coordinator or designee for certification of eligibility within five (5) working days.
- The COE shall be printed and completed legibly in blue ink.
- All sections shall be completed. Where appropriate, "same," "N/A," or a dash (-) is to be used to acknowledge that an inquiry has been made for each item.

<input type="checkbox"/> District/Agency is entered	<input type="checkbox"/> District COE number is entered (when applicable )
<b>Section I: Family Data</b>	
<input type="checkbox"/> Written as last name(s), first name(s)	<input type="checkbox"/> Address and phone number are documented
<b>Section II: Child Data</b>	
<input type="checkbox"/> #2 Dash (-) written if there is no Last Name 2	<input type="checkbox"/> #10 Two-digit Birth Verification Code is used
<input type="checkbox"/> #4 Middle name is written (not initial)	<input type="checkbox"/> #13 Grade 30 Only for out-of-school youth (OSY)
<input type="checkbox"/> #7 & #8 Birthdate and Age match	<input type="checkbox"/> #14 Residency Date (date child arrived) is completed
<input type="checkbox"/> #9 Multiple Births (MB) is answered (required)	
<input type="checkbox"/> #15 Comments regarding health conditions, non-eligible children in the household, additional phone numbers and emails are entered (when applicable)	
<b>Section III: Qualifying Moves &amp; Work</b>	
<input type="checkbox"/> #1 Child moved across school district line (from/to)	
<input type="checkbox"/> #2a Only <b>one</b> is checked	<input type="checkbox"/> #2b Worker is the child/parent/guardian/spouse
	<input type="checkbox"/> #2b.i is completed if "to join/precede" is checked
<input type="checkbox"/> #3 The QAD is within last 36 months	
<input type="checkbox"/> #4 Worker moved across school district line (from/to)	<input type="checkbox"/> #4a OR #4b Only <b>one</b> is checked
<input type="checkbox"/> #5 Qualifying work includes an action verb (-ing tense) and a noun (crop, livestock, or seafood)	
<input type="checkbox"/> #5a Only <b>one</b> is checked	<input type="checkbox"/> #5b Only <b>one</b> is checked
<input type="checkbox"/> #6a <b>or</b> #6b is completed if temporary employment is checked in #5	
<input type="checkbox"/> #7 Recertification is dated and initialed (when applicable)	
<b>Section IV: Comments</b>	
<input type="checkbox"/> Comments regarding eligibility are entered (when applicable)	
<input type="checkbox"/> #2b.i "to join/precede"	<input type="checkbox"/> Stopover or drop-off move explanation
<input type="checkbox"/> #4a More than 60 days to engage in QW	<input type="checkbox"/> Short duration move
<input type="checkbox"/> #4b Did not engage in new QW	<input type="checkbox"/> MQW is not listed in Section I or Section II
<input type="checkbox"/> #5* Personal subsistence	<input type="checkbox"/> Unusual employment
<input type="checkbox"/> #6a Worker statement	<input type="checkbox"/> Other
<input type="checkbox"/> #6b Employer statement	
<b>Section V: Interviewee Signature</b>	
<input type="checkbox"/> Interviewee signature or mark is obtained	<input type="checkbox"/> Relationship to the child is documented
<input type="checkbox"/> #1 and 2 Permission information is explained and appropriate boxes are checked	
<b>Section VI: Eligibility/Data Certification</b>	
<input type="checkbox"/> Recruiter signature, SEA Reviewer signature, and dates are completed correctly	

# COE Completion Accuracy

SECTION II: CHILD DATA														
1. Last Name 1	2. Last Name 2	3. First Name	4. Middle Name	5. Suffix	6. Sex	7. Birth Date MM/DD/YY	8. Age	9. MB	10. Code	11. Birth Place City State Country			12. School	13. Gr.
1.														
2.														
3.														
4.														
5.														
14. RESIDENCY DATE MM/DD/YY		15. CHILD/FAMILY DATA COMMENTS (e.g., MSIX IDs, urgent health, non-eligible children in the household, additional phone number(s), email address) DO NOT USE SPACE TO ENTER ELIGIBILITY INFORMATION												

- ▶ All **children ages 0-21** that meet all eligibility criteria should be documented in Section II: Child data.
- ▶ Additional children who do not meet eligibility criteria may be documented in Section II, No. 15.

# COE Completion Accuracy

## SECTION III: QUALIFYING MOVES & WORK

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

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

b. The worker, Worker's Full Name, 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.

### ▶ **2b -Write the full name of the worker in 2b.**

The name must match the name written in:

▶ **Section I: Family Data:** Current Parent/Guardian 1/2 **OR**

▶ **Section II: Child Data** (if the child is the MQW).

*Example: Name is documented as **Jesus Ramon Gutierrez Perez** in Section I OR Section II, the name in **2b** should match.*

# COE Completion Accuracy

## SECTION III: QUALIFYING MOVES & WORK

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

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

b. The worker, Worker's Full Name, 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.

### ▶ **2b -Write the full name of the worker in 2b.**

The name must match the name written in:

▶ **Section I: Family Data:** Current Parent/Guardian 1/2 **OR**

▶ **Section II: Child Data** (if the child is the MQW).

*If the name of the worker is not listed in Section I or Section II, please include his/her name in the Section IV Comments and the relationship to the child. Name in 2b and Comments section must match.*

# COE Completion Accuracy

FMEP Manual for ID&R

## APPENDIX G: FMEP COVID-19 COE Completion Protocol

### MEP Eligibility Criteria Met After Phone Interview

1. If the family/youth is eligible, the recruiter will complete the COE, taking extra time to carefully review all the information with the interviewee.
2. The recruiter will write the following statement in Section IV – Comments:  
**"Due to the pandemic, the interviewee [insert Full Name and relationship to the child(ren)] verified by phone interview the eligibility information on [insert date XX/XX/XX]."**
3. The recruiter is required to follow these additional procedures:
  - To complete Section V Interviewee signature section:
    - Read the verification statement above the signature line.
    - Read statements 1 and 2 below the signature line regarding the MEP. Ask for a “yes” or “no” reply.
    - The recruiter will write “**COVID-19 Call**” on the interviewee’s signature line then will draw a dash (-) for relationship to child(ren) and date in Section V.

### MEP Eligibility Criteria Met After In-Person Interview

1. If the family/youth is eligible, the recruiter will complete the COE, taking extra time to carefully review all the information with the interviewee.
2. The recruiter will write the following statement in Section IV – Comments:  
**"Due to the pandemic, the interviewee [insert Full Name and relationship to the child(ren)] verified by in-person interview the eligibility information on [insert date XX/XX/XX]."**
3. The recruiter is required to follow these additional procedures:
  - To complete Section V Interviewee signature section:
    - Read the verification statement above the signature line.
    - Read statements 1 and 2 below the signature line regarding the MEP. Ask for a “yes” or “no” reply.
    - The recruiter will write “**COVID-19 Call In-Person Interview**” on the interviewee’s signature line, then will draw a dash (-) for the relationship to child(ren) and date in Section V

## COVID-19 Statement Discrepancy

- ▶ The recruiter will write the following statement in Section IV –Comments:
  - ▶ The recruiter will write “COVID-19 call/in person interview” on the interviewee signature line, **then draw a dash (-) for the relationship to the child(ren) and date in Section V.**



# Proper COVID-19 COE completion for Section IV and V

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

*Due to the pandemic, the interviewee [insert Full Name and relationship to the child(ren)] verified by phone/in person interview the eligibility information on [insert date XX/XX/XX].*

**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.

*COVID-19 call/in person* \_\_\_\_\_  
Signature Relationship to the child(ren) Date

- Check all that apply*
- |  |        |
|--|--------|
| 1. I give my permission for my child(ren) to participate in the Title I Migrant Program.   | Yes/No |
| 2. I give my permission for my child(ren) to be given emergency medical referral services. | Yes/No |

Yes/No
<input checked="" type="checkbox"/> <input type="checkbox"/>
<input checked="" type="checkbox"/> <input type="checkbox"/>

# COE Completion Accuracy

FMEP Manual for ID&R

## SECTION VI: ELIGIBILITY/DATA CERTIFICATION

The recruiter signs and dates the COE on the day the interview is conducted. Since this procedure involves verification of eligibility information recorded by an interviewer, the person conducting the interview and the person certifying eligibility cannot be the same. At least one reviewer must check each completed COE to ensure that the written documentation is sufficient and that, based on the recorded data, the child(ren) may be enrolled in the MEP.

### **Signature of Interviewer | Date Signed**

The recruiter shall be aware of what they are signing and the expectations for making valid and reliable eligibility determinations as well as the consequences for not making valid and reliable eligibility determinations.

The person conducting the interview shall sign in the space provided and enter the date signed.

### **Signature of Designated SEA Reviewer | Date Signed**

The district program coordinator or designee shall sign in the space provided and enter the date signed.

## COVID-19 Statement Discrepancy

- ▶ COVID-19 statement date does not match the recruiter signature date.
- ▶ The recruiter signs and dates the COE on the day the interview is conducted.

# Proper COVID-19 COE completion for Section IV and V

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

*Due to the pandemic, the interviewee [insert Full Name and relationship to the child(ren)] verified by phone/in person interview the eligibility information on 12/7/21.*

**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.

*Lupi Ginn*  
Signature of Interviewer

*12/7/21*  
Date

*Margot DiSalvo*  
Signature of Designated SEA Reviewer

*12/30/21*  
Date

# COE Completion Accuracy

FMEP Manual for ID&R

## Completing the Certificate of Eligibility

When completing the COE, the following general guidelines must be followed.

- If more than one COE is necessary for a family because not all the children have the same eligibility information (e.g., one child moved with the worker and the sibling moved to precede the worker), the recruiter must complete all sections on each form.
  - The recruiter should cross-reference the COEs by documenting in Section II No. 15, the unique preprinted COE number(s) for the other COE(s) associated with the family.

55

Table of Contents

August 2021

## Cross-referencing COEs

- ▶ If more than one COE is necessary for a family **because not all of the children have then same eligibility information:**
  - ▶ The recruiter should cross-reference the COEs by documenting in Section II, No. 15 the unique preprinted number for the other COE associated with the family.

# Cross-referencing COEs

- ▶ If more than one COE is necessary for a family **because not all of the children have then same eligibility information:**

SECTION II: CHILD DATA												
1. Last Name 1	2. Last Name 2	3. First Name	4. Middle Name	5. Suffix	6. Sex	7. Birth Date MM/DD/YY	8. Age	9. MB	10. Code	11. Birth Place City State Country	12. School	13. Gr.
1.												
2.												
3.												
4.												
5.												
14. RESIDENCY DATE MM/DD/YY		15. CHILD/FAMILY DATA COMMENTS (e.g., MSIX IDs, urgent health, non-eligible children in the household, additional phone number(s), email address) DO NOT USE SPACE TO ENTER ELIGIBILITY INFORMATION  <i>See COE 2122 987654</i>										



# COE Completion Accuracy

FMEP Manual for ID&R

## Completing the Certificate of Eligibility

When completing the COE, the following general guidelines must be followed.

- If more than one COE is necessary for a family because not all children can be documented on one COE (e.g., there are 6 or more children who made the move), the recruiter must complete all sections on each form.
  - The recruiter must cross out the unique preprinted COE number on the second COE, and add the unique preprinted COE number from the first COE.
  - The recruiter should add a comment in Section II No. 15 indicating, “Additional child(ren) on second COE” and “Additional children on first COE” respectively.

55

Table of Contents



August 2021

## Cross-referencing COEs

- ▶ If more than one COE is necessary for a family **because not all of the children can be documented on one COE:**
  - ▶ The recruiter should cross out the unique preprinted COE number on the second COE, and add the unique preprinted number from the first COE.
  - ▶ The recruiter should add a comment in Section II No. 15 indicating **“additional child(ren) on second COE”** and **“additional children on first COE”** respectively.

# Cross-referencing COEs

- ▶ If more than one COE is necessary for a family because not all of the children can be documented on one COE:

SECTION II: CHILD DATA	
14. RESIDENCY DATE MM/DD/YY	15. CHILD/FAMILY DATA COMMENTS (e.g., MSIX IDs, urgent health, non-eligible children in the household, additional phone number(s), email address) DO NOT USE SPACE TO ENTER ELIGIBILITY INFORMATION <i>See additional two children on second COE</i>
ESE 047 Rev. Date 07/01/21	<p><b><u>DO NOT PROVIDE THE GREEN COPY TO THE PARENT/GUARDIAN/SPOUSE/WORKER</u></b></p> <p><b>2022 123456</b></p> <p>Florida Department of Education </p>
SECTION II: CHILD DATA	
14. RESIDENCY DATE MM/DD/YY	15. CHILD/FAMILY DATA COMMENTS (e.g., MSIX IDs, urgent health, non-eligible children in the household, additional phone number(s), email address) DO NOT USE SPACE TO ENTER ELIGIBILITY INFORMATION <i>See additional five children on first COE</i>
ESE 047 Rev. Date 07/01/21	<p><b><u>DO NOT PROVIDE THE GREEN COPY TO THE PARENT/GUARDIAN/SPOUSE/WORKER</u></b></p> <p><b>2022 123457 123456</b></p> <p>Florida Department of Education </p>

# COE Completion Accuracy

FMEP Manual for ID&R

## *Additional Comments on the COE*

A recruiter shall provide additional comments in Section IV on the COE when circumstances require the recruiter to clarify why he or she found a particular child to be eligible for the MEP. At a minimum, the recruiter must provide comments that clearly explain items 2bi, 4c, 5\*, and 6a or 6b in Section III if applicable. Comments must explain the circumstances that led the recruiter to believe the child was eligible. The mandatory comment sections are outlined in detail in the COE instructions in *Appendix B*.

In Florida, a recruiter must provide additional comments on the COE in the following circumstances and in any other circumstance in which a third party or independent outside reviewer may question the eligibility determination.

- The child's move in Section III of the COE does not list the move to the current district.

56

Table of Contents

August 2021

## Most Recent Qualifying Move is NOT to the current district

- ▶ In Florida, a recruiter must provide additional comments on the COE in the following circumstances and in any other circumstances in which a third party or independent outside reviewer may question the eligibility determination.
  - ▶ The child's move in **Section III of the COE does not list the move to the current district.**

# COE Completion Accuracy

## SECTION III: QUALIFYING MOVES & WORK

1. The child(ren) listed on this form moved due to economic necessity from a residence in Hillsborough  
Tampa / FL / USA to a residence in \_\_\_\_\_ / Valdosta / GA
2. The child(ren) moved (complete both a. and b.):
  - a.  as the worker  with the worker, OR  to join or precede the worker.
  - b. The worker, Maria Soto, 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 \_\_\_\_\_  
The worker moved on \_\_\_\_\_ Provide comment.
3. The Qualifying Arrival Date was 06/20/21

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

- Children made a non-qualifying move into present district.
- Children's move was a "drop off".

# COE Submission Procedures





### Florida Recruiter Code of Ethics

To ensure consistency and professionalism throughout Florida, recruiters are expected to follow the guidance of the Florida Recruiter Code of Ethics. The Code of Ethics is found in *Appendix C*.

This Code will assist all recruiters to understand the State's minimal expectations of how a recruiter shall conduct themselves while they work with and represent the MEP in their local communities.

### LOA Responsibilities

The LOA must comply with all Federal and state guidelines regarding ID&R. The ID&R Office highly suggests the following guidelines for LOAs.

- Develop and implement a local ID&R Plan.
- Develop and implement written local quality control procedures.
- Prepare a detailed local job description for recruiters.
- Ensure local recruiters attend all recruitment training provided by the ID&R Office and the SEA.
- Assist the ID&R Office in the logistical coordination of recruitment training.
- Provide recruiters ample time to conduct ID&R activities such as: conducting interviews and follow-ups, gathering documentation, and visiting schools and employers.
- Provide flexible work hours to perform ID&R activities during nights and weekends.
- Provide supervision, annual review, and evaluation of the ID&R practices of individual recruiters (with support from the ID&R Office).
- Provide interpreters/translators to assist non-bilingual recruiters during recruitment efforts.
- Demonstrate efforts towards active ID&R of migrant students at all levels and locations of MEP children, including preschool, in-school, and OSY.
- Collect and maintain data on all recruitment efforts.
- Ensure 100% accuracy in all eligibility determinations – discrepancies identified by the ID&R Office are resolved with 10 business days of receiving the notification by the ID&R Office.
- Implement all MEP quality control measures required by the ID&R Office and SEA.
- Submit copies of completed COEs by the 5<sup>th</sup> of every month.
- Submit notification if no COEs were completed by the 5<sup>th</sup> of every month.
- Submit any documentation and reports requested by the ID&R Office as authorized by the SEA.

# COE Submission Procedures

The ID&R Office highly suggests the following guidelines for submitting COEs.

- ▶ By the 5<sup>th</sup> of every month, submit to the ID&R Office:
  - ▶ Copies of the COEs completed in the previous month
    - ▶ Review submission for duplicates
  - ▶ Notification that no COEs were completed in the previous month

Lupi Ginn <lupi.ginn@escmail.org>

Tue, Jan 25, 2:52 PM



to

Greetings

Below you will find the COE review spreadsheet for **January 2022**. I will send another email for your records once the corrections have been received along with your district's monthly discrepancy rate.

As a reminder, **districts should attempt to resolve COE issues within ten (10) business days of receiving the notification** barring any extenuating circumstances. The ten (10) business days start from the day you receive this email. Please notify me if you need additional time.

**Also, please ensure corrections are completed in red ink and initialed (page 54 of ID&R Manual).**

**January 2022**

District	COE #
	188509
	187858 187858
	187843
	188073

Looking forward to hearing from you.



Lupi Ginn  
Senior ID&R Trainer  
ESCORT/Research Foundation  
P 813.295.8007  
M 863.800.0939  
F 813.964.8985

# COE Submission Procedures

The ID&R Office highly suggests the following guidelines for submitting COE corrections.

- ▶ Ensure 100% accuracy in all eligibility determinations – discrepancies identified by the ID&R Office are resolved with 10 business days of receiving the notification by the ID&R Office
- ▶ Do not send duplicate corrections

Sumter County -January 2022 COEs Received

External

Inbox x

Wed, Feb 9, 1:17 PM (13 days ago)

**Anna Velez Negrón**

to Lupi G, fl-idr-office@escmail.org ▾

Good afternoon Lupi,

This is a COE notification for Sumter County postmarked **2/7/2022**.

**January 2022**

29 new COEs

0 recertification COEs

0 OSY profiles

Have a wonderful week.

Regards,

Anna

Anna Velez Negrón

Clerical Specialist II

ESCORT/Research Foundation  
10014 N. Dale Mabry Hwy Suite 216  
Tampa FL 33618

O: 813.295.8008 | F: 813.964.8985

# COE Submission Procedures

## Email Communication

The ID&R Office highly suggests the following guidelines for submitting COEs.

- ▶ Review email communication to ensure the ID&R Office has received the correct number of COEs for the month
- ▶ Ensure the numbers received match the numbers sent



# Section III: Qualifying Moves and Work



# REMINDER:

Section III of the COE can be broken up into two parts. This will ensure that recruiters document the correct information in the correct places.

Numbers 1, 2, and 3 should reflect information regarding the MC.

Numbers 4, 5, and 6 should reflect information regarding the MQW.

FLORIDA DEPARTMENT OF EDUCATION ~ DIVISION OF PUBLIC SCHOOLS  
**FLORIDA MIGRANT EDUCATION PROGRAM CERTIFICATE OF ELIGIBILITY (COE) FORM** School Year 2021-2022 District/Agency: \_\_\_\_\_ District COE # \_\_\_\_\_

**SECTION I: FAMILY DATA**

1. Current Parent/Guardian 1: (Last Name, First Name) \_\_\_\_\_ 2. Current Address (Street, Rural Route, Lot Number – Physical Address Only) \_\_\_\_\_

Current Parent/Guardian 2: (Last Name, First Name) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ 3. Telephone (include area code)  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. Sex	7. Birth Date MM/DD/YY	8. Age	9. MB	10. Code	11. Birthplace City State Country			12. School	13. Gr.
1.						/ /								
2.						/ /								
3.						/ /								
4.						/ /								
5.						/ /								

14. RESIDENCY DATE MM/DD/YY \_\_\_\_\_ 15. CHILD/FAMILY DATA COMMENTS (e.g., MSIX IDs, urgent health, non-eligible children in the household, additional phone number(s), email address) **DO NOT USE SPACE TO ENTER ELIGIBILITY INFORMATION**

**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 \_\_\_\_\_

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 \_\_\_\_\_. **Migratory Child**

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 \_\_\_\_\_ **Migratory Qualifying Worker**

7.  PP 2021-22 Recertification Date MM/DD/YY \_\_\_\_\_ Interviewer Initials \_\_\_\_\_ SEA Reviewer Initials \_\_\_\_\_  
 PP 2022-23 Recertification Date MM/DD/YY \_\_\_\_\_ Interviewer Initials \_\_\_\_\_ SEA Reviewer Initials \_\_\_\_\_  
 PP 2023-24 Recertification Date MM/DD/YY \_\_\_\_\_ Interviewer Initials \_\_\_\_\_ SEA Reviewer Initials \_\_\_\_\_  
 PP 2024-25 Recertification Date MM/DD/YY \_\_\_\_\_ Interviewer Initials \_\_\_\_\_ SEA Reviewer Initials \_\_\_\_\_

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

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.

**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 \_\_\_\_\_





# Section III: Qualifying Moves & Work

## SECTION III: QUALIFYING MOVES & WORK

4. The worker moved due to economic necessity on \_\_\_\_\_ from a residence in \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to a residence in \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

- 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)

- ▶ For **Actively Sought** comments, the recruiter needs to document **when** and **how** the worker took positive action to seek qualifying work.
- ▶ Examples of appropriate comments:
  - *The worker moved reasonably believing [qualifying work] would be available.*
  - *Worker applied with/at [specific employer] but was not hired.*
  - *Worker stated that someone on his behalf applied for [qualifying work].*



# Section III: Qualifying Moves & Work

## SECTION III: QUALIFYING MOVES & WORK

4. The worker moved due to economic necessity on \_\_\_\_\_ from a residence in \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to a residence in \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

- 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)

► For **Recent History of Moves** comments, the recruiter needs to document 2 moves that resulted in the engagement of qualifying work within the last 36 months from the Eligibility Interview Date.

# Section III: Qualifying Moves & Work

## SECTION III: QUALIFYING MOVES & WORK

4. The worker moved due to economic necessity on \_\_\_\_\_ from a residence in \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to a residence in \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

- 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)

- ▶ Document the **where** (“from” city and state and “to” city and state), **when** (month/year), and **what** (qualifying work) for **both** recent history moves in **4b**.
- ▶ Example of appropriate comments:
  - “Worker moved from **Jennings, FL to Marietta, Georgia** in July 2021 to pick watermelon, and moved from **Jennings, FL to Machias, Maine** in July 2020 to rake blueberries.”

# Section III: Qualifying Moves & Work

## SECTION III: QUALIFYING MOVES & WORK

5. The qualifying work, \* Work engaged in (4A) / Actively sought (4B)

- ▶ Document the qualifying work that established the individual as a Migratory Qualifying Worker.
- ▶ Write down any additional qualifying work the worker may be doing at the time of the move (*within the first 60 days of the move*) in the comment section.

## SECTION IV: COMMENTS

(Must include  2bi,  4a,  4b,  5\*,  6a, and  6b of the Qualifying Moves & Work Section, if applicable.) Enter Recertification Date (if applicable) \_\_\_\_\_

*Worker is also laying plastic and planting tomatoes*

# Section III: Qualifying Moves & Work

## SECTION III: QUALIFYING MOVES & WORK

5. The qualifying work, \* Picking tomatoes

► Use “ing” form of the verb then the crop.



# Section III: Qualifying Moves & Work

## SECTION III: QUALIFYING MOVES & WORK

5. The qualifying work, \* **DO NOT** \_\_\_\_\_

- ▶ Just write the crop.

*Tomatoes*

- ▶ Just write the activity.

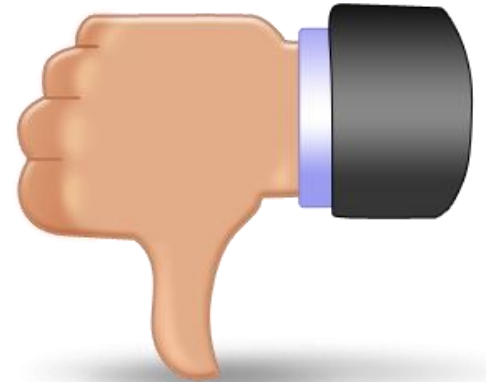
*Picking*

- ▶ Use sentences.

*Picking tomatoes in the field*

- ▶ Write more than one activity.

*Picking strawberries & laying plastic*





# Section IV: Comments





# Section IV: Comments

## SECTION IV: COMMENTS

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

*Children made a non-qualifying move into the district.*

Other reasons for additional comments:

- ▶ The child(ren)s most current move is NOT to the current district.

# Section IV: Comments

## SECTION IV: COMMENTS

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

*Lupi Ginn, children's aunt moves/resides with the family and is familiar with the moves completed.*

Other reasons for additional comments:

- ▶ The child(ren)s most current move is NOT to the current district.
- ▶ Someone other than the current parent/worker is the interviewee.



# Completing the COE Scenarios





TA from the  
ID&R Office



# Eligibility Script

**The following elements are required for any/all scenarios sent to the ID&R Office in order to assist with a proper eligibility determination.**

- ▶ To and from locations and dates (month/day/year) for all moves in question.
- ▶ Whether or not the worker engaged in qualifying work soon after for all moves in question - please include the qualifying activity.
- ▶ Whether the worker actively sought new qualifying work and has a recent history of moves - please include locations, dates, qualifying activity for each move - make sure are all within 36 months of the eligibility interview date.
- ▶ Whether or not all moves in question were qualifying moves (due to economic necessity, from one residence to another, from one school district to another).
- ▶ Number of children ages 0-21.



**Contact us** via phone or email:

ID&R Office | Tampa, FL

Phone : 866.963.6677

general email:

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

