



Completing the Certificate of Eligibility

FL ID&R Office
February 27, 2018



Florida COE

- ▶ 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)	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			14. School	15. Gr.
		City	State	Country												
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 .
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. 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 / <input type="checkbox"/> No
2. I give my permission for my child(ren) to be given emergency medical referral services.		<input type="checkbox"/> Yes / <input type="checkbox"/> No
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"/> Yes / <input type="checkbox"/> 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 _____





General Instructions

- ▶ 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

- ▶ Copies of completed COEs that have been approved by the local designated reviewer must be submitted to the ID&R Office by the 5th of the following month.
- ▶ If no COEs were completed, districts must notify the ID&R Office by the 5th 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 # _____
SY2017/18 (Recertification) | SY20 _____ (Recertification) | SY20 _____ (Recertification)

Common Errors

- ▶ Not documenting if a COE is a recertification
 - Copy of original COE
 - Enter the Year and check box
- ▶ If not, ID&R Office considers a new COE, misleading numbers and creating false assumptions.

SECTION I: Family Data

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

(-) NA for OSY

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

OSY's Legal Parent 1

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

(-) NA for OSY

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

OSY's Legal Parent 2

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 Check if mobile number

(813) 963-6677



Common Errors

- ▶ Entering OSY name on current parent – no longer necessary.
- ▶ Entering unreadable address.
- ▶ Entering non-existing address.
- ▶ Not putting a “dash” or “N/A” – ID&R Office then wonders if the question was asked.

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.

Common Errors

- ▶ Entering only "Initial" for middle name
- ▶ Not entering a "dash" or "N/A" when appropriate.
 - Middle Name
 - Grade
 - Multiple Birth
- ▶ Entering entering child data for children born after the move, or who did not move

SECTION III: Qualifying Moves and Work

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1. The child(ren) listed on this form moved due to economic necessity from a residence in Collier /
Immokalee / FL / USA to a residence in _____ / _____ / _____.

Common Errors

- ▶ Not entering the correct location of the child's move
 - Flipping “to” and “from” city
 - Not entering most recent “form” city, state

SECTION III: QUALIFYING MOVES & WORK

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)

Common Errors

- ▶ Leaving 2a blank
- ▶ Not completing 2b
- ▶ Checking 2a as "to join" but not entering dates on 2bi
- ▶ Checking 2a as "with" and entering dates on 2bi
- ▶ Checking 2a as "to join" but entering same dates on 2bi
- ▶ Checking 2a as "to join" but not providing comment

SECTION III: QUALIFYING MOVES & WORK

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 / FLte, 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)

Common Errors

- ▶ Not providing the date the MAW moved.
- ▶ Not indicating if #4 is “a” or “b”
- ▶ Not providing a comment if #4b is checked
- ▶ No comments for actively sought and/or recent history of moves

SECTION III: QUALIFYING MOVES & WORK

5. The qualifying work,* _____.

Common Errors

- ▶ Entering more than one harvest or activity
- ▶ Writing a sentence on the qualifying activity
- ▶ Not entering an activity
- ▶ Not specifying the crop (“harvesting vegetables”)
- ▶ “laying plastic”
- ▶ Not using “ing” form of verb

SECTION III: QUALIFYING MOVES & WORK

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:

Common Errors

- ▶ Not indicating if work is seasonal or temporary
- ▶ Not providing a comment for “temporary” work

SECTION III: QUALIFYING MOVES & 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 _____ Employer _____.

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

Common Errors

- ▶ Not completing #6 after selecting “temporary” in #5
- ▶ Not writing comments for #6 as required

SECTION III: QUALIFYING MOVES & WORK

7. Residency Date
(child arrival date)
MM/DD/YY

Common Error

- ▶ Not entering Residency Date

SECTION III: QUALIFYING MOVES & WORK

8. OSY Info ONLY.

Was OSY Profile completed?

Yes No

Last grade attended

When (year)

Where (country)

OSY Sec. II no. _____

OSY Sec. II no. _____

Common Error

- ▶ Not completing #8 if child is an OSY
- ▶ Not using “NA” when an OSY never attended school

SECTION IV: Comments



Common Errors

- ▶ Selecting #2a as a “to join” but not including a comment.
- ▶ Selecting #4b but not including a comment that has at least 2 moves where worker engaged in qualifying work within last 36 months; no comment on where worker actively sought work; or both.
- ▶ Not indicating type of work sought under #4b



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.

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 checked="" type="checkbox"/> <input type="checkbox"/> |

Common Errors

- ▶ Not indicating the relationship between the person who signed the COE and the child.
- ▶ Correcting COE without adding initials or indicating date.



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

Common Errors

- ▶ Forgetting the interview date
- ▶ Signing a COE that is past the 36 months of eligibility



Questions?

Contact us at:

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866-963-6677

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Flrecruiter.org

