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.

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 _____

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

Sample