

**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. 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.

**SECTION IV: COMMENTS** (Must include 2bi, 4a, 4b, 5\*, 6a and 6b of the Section III: Qualifying Moves & Work Section, 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 _____	Yes / No
<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"/> <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"/>

**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 _____

7. Residency Date (child arrival date) MM/DD/YY	8. Applicable ONLY for Out-of-School Youth (OSY) - Was OSY Profile Completed? <input type="checkbox"/> Yes <input type="checkbox"/> N
	9. <input type="checkbox"/> PP 2020-21 Recertification Date MM/DD/YY Interviewer Initials _____ SEA Reviewer Initials _____ <input type="checkbox"/> PP 2021-22 Recertification Date MM/DD/YY Interviewer Initials _____ SEA Reviewer Initials _____ <input type="checkbox"/> PP 2022-23 Recertification Date MM/DD/YY Interviewer Initials _____ SEA Reviewer Initials _____ <input type="checkbox"/> PP 2023-24 Recertification Date MM/DD/YY Interviewer Initials _____ SEA Reviewer Initials _____



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. Print – do not write in cursive handwriting. 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 additional guidance, refer to the *Florida Migrant Education Program Manual for Identification and Recruitment*.

**Top of COE: REQUIRED – Enter the District Name. ONLY IF APPLICABLE – 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.”
- Enter the current and complete physical address where the child(ren) reside(s).
- 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 (-).
- 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., 06/07/18)
- Age. Record the current age of each eligible child or youth. Calculate accurately.
- Multiple Birth. Record. “Y” for “yes” if the child is a twin, triplet, etc. Record a dash (-) for not applicable.
- Verification Code. Record the two (2) 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.
- Child/Family Data 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 residency immediately prior to the qualifying move. Note that 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 join or precede the worker”.
- a. Mark the appropriate box to indicate if the child(ren) made a move: as the worker; with the worker; or to join or precede the worker (if “to join or precede” box is marked, also complete “i” under 2b). Mark only one box.
  - 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 or spouse, or the child – if the worker).
  - 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):
  - Mark (a) if the worker engaged in new temporary or seasonal employment (or personal subsistence) in agriculture or fishing.
  - 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.
  - 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.
  - 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.
- Applicable ONLY for Out-of-School Youth (OSY). Indicate if OSY Profile was completed.
- For Recertification ONLY. Check each appropriate Performance Period (PP) between September 1 and August 31 and the date the COE was recertified. Enter the interviewer/recruiter’s initials and the SEA Reviewer initials.

**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.

**SECTION V: INTERVIEWEE SIGNATURE**

Review all the information obtained with the interviewee. Procure a signature or mark from current/legal parent/guardian/spouse or youth and date after the form is completed. 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). Explain the Yes/No permissions for question 1 and 2. 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.