

*\* For Training Purposes Only \**

School Year:	School District:
Recruiter ID#:	Migrant Office Phone:

Texas Education Agency  
Migrant Education Program  
Certificate of Eligibility (COE)

COE \_\_\_\_\_ of \_\_\_\_\_

Parent/Guardian 2	
Last Name	First Name
Family ID#:	Homebase District:

A. FAMILY DATA										
Parent/Guardian 1					Parent/Guardian 2					
Last Name		First Name			Last Name		First Name			
Street		City		State		Zip Code		Telephone Numbers		
Current Address								Home:		
Mailing Address								Cell:		
B. CHILD DATA										
Child- NGS No.	Last Name 1		Last Name 2		Suffix	First	Middle	Residency Date	Moved from:	City/State/Country
1								/ /		
2								/ /		
3								/ /		
4								/ /		
5								/ /		
C. SCHOOL DATA										
Campus ID	Unique ID			Sex	Eth.	Race	MB	BD	Code	Enrollment Date
1								/ /		/ /
2								/ /		/ /
3								/ /		/ /
4								/ /		/ /
5								/ /		/ /
D. 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. <input type="checkbox"/> as the worker, OR <input type="checkbox"/> with the worker, OR <input type="checkbox"/> to join or precede the worker. b. The worker, _____ First Name and Last Name of Worker, is <input type="checkbox"/> the child or the child's <input type="checkbox"/> parent/guardian <input type="checkbox"/> 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. <input type="checkbox"/> engaged in a new qualifying work soon after the move (provide comment if worker engaged more than 60 days after the move), OR b. <input type="checkbox"/> actively sought new qualifying work AND has a 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. <input type="checkbox"/> seasonal OR <input type="checkbox"/> temporary employment b. <input type="checkbox"/> agricultural OR <input type="checkbox"/> fishing work *If applicable, check: <input type="checkbox"/> personal subsistence (provide comment)										
(6) (Complete if "temporary" is checked in #5a) The work was determined to be temporary employment based on: a. <input type="checkbox"/> worker's statement (provide comment), OR b. <input type="checkbox"/> employer's statement (provide comment), OR c. <input type="checkbox"/> State documentation for _____ Employer										
E. COMMENTS										
(Must include 2bi, 4a, 4b, 5, 6a and 6b of the Qualifying Moves & Work Section, if applicable) <input type="checkbox"/> See attached Comments										
F. INTERVIEWEE SIGNATURE						G. ELIGIBILITY DATA CERTIFICATION				
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.  <input type="checkbox"/> The rules for migrant eligibility, services, student record transfer, and the Family Educational Rights and Privacy Act (FERPA) have been explained to me. I hereby authorize this school district, the Texas Education Agency, the New Generation System (NGS) and the Migrant Student Information Exchange (MSIX) to release, transfer, and/or receive my child's educational and health records, including immunization records and standardized test results, to/from other schools and educational agencies. To possibly qualify for more educational, health, or social services, I further consent that student/family information, including student/parent name, address, phone number, student date of birth, and student district/campus enrollment, otherwise confidential under the provisions of FERPA.  _____ Signature Relationship to child(ren) _____ Date (MM/DD/YY) _____  Language Used to Explain the Contents of This Document: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (specify): _____  Place of Interview: <input type="checkbox"/> Home Visit <input type="checkbox"/> Office Visit <input type="checkbox"/> Other (specify): _____						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.  <input type="checkbox"/> I certify that I have received training in determining migrant eligibility and the types of services available to this family from the MEP and other agencies in the community.				
						Signature of Interviewer _____ Date (MM/DD/YY) _____ Signature of Designated SEA Reviewer _____ Date (MM/DD/YY) _____				
H. CONTINUED RESIDENCY VERIFICATION (September 1- August 31)										
Reporting Period	RV Date	Method Used	Person Interviewed	Signature of Person Interviewed			District / ESC Representative Signature / Date			

School Year:	School District:
Completed By:	

**Texas Education Agency  
Migrant Education Program  
COE Supplemental Documentation Form (SDF)**

Parent/Guardian 2	
Last Name	First Name
Date:	

**Please print legibly in Blue Ink. Attach completed form to the corresponding COE.**

**Economic Necessity**

☐ Migrant work is the family's only livelihood. ☐ Other jobs besides migrant work support the family.

**What other jobs support the whole family? List each worker and the type of work done.**

*(¿Qué otros trabajos ayudan a mantener a la familia? Enumere el nombre de cada trabajador y el tipo de trabajo que hizo.)*

Name of worker	Relationship to child(ren)	Type of work

**Birth Date Verification Code** (Check when applicable)      Code 07: ☐ Interviewee provided a verbal statement for child(ren)'s birth date(s).

Code 99: ☐ Other (Specify evidence) \_\_\_\_\_

**Residency Verification for P2s Turning P3** (Complete when applicable.)

Person Interviewed	Date	Place of Interview
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**Qualifying Conditions that Require Comments** (Check when applicable)

<input type="checkbox"/> (2bi) "To Join" Move	<input type="checkbox"/> Early Move
<input type="checkbox"/> (4a) Engaged in a new qualifying work more than <b>60 days</b> after the move	<input type="checkbox"/> Qualifying Move to Homebase
<input type="checkbox"/> (4b) Actively sought new qualifying work <b>AND</b> has a history of moves for qualifying work	<input type="checkbox"/> Short Distance Move
<input type="checkbox"/> (6a) Temporary Employment ( <b>worker's statement</b> )	<input type="checkbox"/> Short Duration Move (7 days or less)
<input type="checkbox"/> (6b) Temporary Employment ( <b>employer's statement</b> )	<input type="checkbox"/> Unusual Qualifying Work

**COMMENTS**

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☐ **Reviewed by ESC for More Than One Required Comment**

☐ Approved ☐ Not Approved (Provide Explanation)

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

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☐ **Extenuating Circumstances** (Explain situation in detail):

**Changes Made to an Existing COE/COE SDF**

☐ Copy of COE/COE SDF given/sent to parent/guardian      Date(s): \_\_\_\_\_

