

COVID 19 TRAINING SAMPLE

School Year: 2019-2020	School District: Edinburg CISD
Recruiter ID#: MCORTE12345	Migrant Office Phone: 956-222-1111

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

Parent/Guardian 2	
Last Name: Flinstone	First Name: Wilma
Family ID#:	Homebase District: Edinburg CISD

COE _____ of _____

A. FAMILY DATA					
Parent/Guardian 1			Parent/Guardian 2		
Last Name Flinstone	First Name Fred	Last Name Flinstone	First Name Wilma		
Street 345 Cave Stone Rd		City Edinburg	State TX	Zip Code 78541	Telephone Numbers Home: - Cell: 956-345-6345
Mailing Address same as current		-	-	-	

B. CHILD DATA							
Child- NGS No.	Last Name 1	Last Name 2	Suffix	First	Middle	Residency Date	Moved from: City/State/Country
1 67852399MEP	Flinstone	-	-	Pebbles	-	03/20/20	Pasco, WA
2						/ /	
3						/ /	
4						/ /	
5						/ /	

C. SCHOOL DATA										
Campus ID	Unique ID	Sex	Eth.	Race	MB	BD	Code	Enrollment Date	Grade	
1 ABCD	7654098721	F	2	1	-	12 / 14 / 06	07	04 / 03 / 20	07	
2						/ /		/ /		
3						/ /		/ /		
4						/ /		/ /		
5						/ /		/ /		

D. QUALIFYING MOVES & WORK	
<p>(1) The child(ren) listed on this form moved due to economic necessity from a residence in <u>School district</u> / <u>Pasco</u> / <u>WA</u> / <u>Country</u> to a residence in <u>School district</u> / <u>Edinburg</u> / <u>TX</u>.</p> <p>(2) The child(ren) moved (complete both a. and b.): a. <input type="checkbox"/> as the worker, OR <input checked="" type="checkbox"/> with the worker, OR <input type="checkbox"/> to join or precede the worker. b. The worker, <u>Fred Flinstone</u>, is <input type="checkbox"/> the child or the child's <input checked="" type="checkbox"/> parent/guardian <input type="checkbox"/> spouse. i. (Complete if "to join or precede" is checked in #2a.) The child(ren) moved on <u>MM/DD/YY</u>. The worker moved on <u>MM/DD/YY</u> (provide comment)</p> <p>(3) The Qualifying Arrival Date was <u>03/20/20</u>.</p> <p>(4) The worker moved due to economic necessity on <u>12/11/19</u>, from a residence in <u>School district</u> / <u>Edinburg</u> / <u>TX</u> / <u>Country</u> to a residence in <u>School district</u> / <u>Pasco</u> / <u>WA</u>, and: a. <input checked="" 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)</p> <p>(5) The qualifying work, * <u>picking apples</u> / <u>cultural or fishing work</u>, was (make a selection in both a. and b.): a. <input checked="" type="checkbox"/> seasonal OR <input type="checkbox"/> temporary employment b. <input checked="" type="checkbox"/> agricultural OR <input type="checkbox"/> fishing work *If applicable, check: <input type="checkbox"/> personal subsistence (provide comment)</p> <p>(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 <u>Employer</u>.</p>	

E. COMMENTS
(Must include 2bi, 4a, 4b, 5, 6a and 6b of the Qualifying Moves & Work Section, if applicable) <input checked="" type="checkbox"/> See attached Comments

F. INTERVIEWEE SIGNATURE	G. ELIGIBILITY DATA CERTIFICATION
<p>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.</p> <p><input checked="" 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.</p> <p>COVID-19 Interview</p> <p>Signature: _____ Relationship to child(ren): _____ Date (MM/DD/YY): _____</p> <p>Language Used to Explain the Contents of This Document: <input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (specify): _____</p> <p>Place of Interview: <input type="checkbox"/> Home Visit <input type="checkbox"/> Office Visit <input checked="" type="checkbox"/> Other (specify): Phone Call</p>	<p>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.</p> <p><input checked="" 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.</p> <p>Signature of Interviewer: _____ Date (MM/DD/YY): 05/07/20</p> <p>Signature of Designated SEA Reviewer: _____ Date (MM/DD/YY): 05/07/20</p>

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: 2019-2020	School District: Edinburg CISD
Completed By: Maria Elena Cortez	

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

Parent/Guardian 2	
Last Name Flinstone	First Name Wilma
Date: 05/07/20	

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
Fred Flinstone	Father	Crane Operator

Birth Date Verification Code (Check when applicable) date(s).

Code 07: Interviewee provided a verbal statement for child(ren)'s birth

Code 99: Other (Specify evidence) _____

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

Person Interviewed Date Place of Interview

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

COMMENTS

~~Due to the pandemic, the interviewee, Wilma Flinstone-mother to the child, verified by phone interview the eligibility information on 05/07/20. The family could not afford to stay in the current location due to Shelter In Place orders. MSIX enrollment from WA is attached.~~

Reviewed by ESC for More Than One Required Comment

Approved Not Approved (Provide Explanation)

Reviewed by: _____ Date: _____

Extenuating Circumstances (Explain situation in detail):

Stamp Area

REC'D 05/08/20
ENTERED 05/08/20

Changes Made to an Existing COE/COE SDF

Copy of COE/COE SDF given/sent to parent/guardian Date(s): _____