

Side One

**SOUTH CAROLINA MIGRANT EDUCATION PROGRAM
NATIONAL CERTIFICATE OF ELIGIBILITY**

**FOR OFFICIAL USE
PRINT AS A TWO-SIDED DOCUMENT**

School District: _____

I. FAMILY DATA		MIS2000 COE I.D. #														
Male Parent/Guardian:					Female Parent/Guardian:											
Last Name		First Name			Last Name		First Name									
Current Address:										City		State	Zip	Telephone		

II. CHILD DATA																	
child # 1	Last Name 1			Last Name 2			Suffix	First Name			Middle Name		Sex	Birth Date	MB Y/NA	Birth Code	Residency Date
Birth City		Birth State	Birth Country	Hispanic or Latino Yes/No	Race(s)	Primary Language	OSY - Years of Education	Qualifying Moves Previous 12 Months		LEP	IEP	School Name Regular Year		Grade	Type	Enrollment Date	
child # 2	Last Name 1			Last Name 2			Suffix	First Name			Middle Name		Sex	Birth Date	MB Y/NA	Birth Code	Residency Date
Birth City		Birth State	Birth Country	Hispanic or Latino Yes/No	Race(s)	Primary Language	OSY - Years of Education	Qualifying Moves Previous 12 Months		LEP	IEP	School Name Regular Year		Grade	Type	Enrollment Date	
child # 3	Last Name 1			Last Name 2			Suffix	First Name			Middle Name		Sex	Birth Date	MB Y/NA	Birth Code	Residency Date
Birth City		Birth State	Birth Country	Hispanic or Latino Yes/No	Race(s)	Primary Language	OSY - Years of Education	Qualifying Moves Previous 12 Months		LEP	IEP	School Name Regular Year		Grade	Type	Enrollment Date	

III. QUALIFYING MOVE & WORK
<p>1. The child(ren) listed above moved from a residence in _____ / _____ / _____ / _____ <small>School District City State Country</small> to a residence in _____ / _____ / _____. <small>School District City State</small></p> <p>2. The child(ren) moved (complete both a. and b.): a. <input type="checkbox"/> on own as worker, OR <input type="checkbox"/> with the worker, OR <input type="checkbox"/> to join or precede the worker. b. The worker, _____, is the child or the child's <input type="checkbox"/> parent <input type="checkbox"/> spouse <input type="checkbox"/> guardian. <small>First Name and Last Name of Worker</small> i. (Complete if "to join or precede" is checked in 2a.) The worker moved on _____. The child(ren) moved on _____. (provide comment) <small>MM/DD/YY MM/DD/YY</small></p> <p>3. The Qualifying Arrival Date was _____. <small>MM/DD/YY</small></p> <p>4. The worker moved due to economic necessity in order to obtain: a. <input type="checkbox"/> qualifying work, and obtained qualifying work, OR b. <input type="checkbox"/> any work, and obtained qualifying work soon after the move, OR c. <input type="checkbox"/> qualifying work specifically, but did not obtain the work. If the worker did not obtain the qualifying work: i. <input type="checkbox"/> The worker has a prior history of moves to obtain qualifying work (provide comment), OR ii. <input type="checkbox"/> There is other credible evidence that the worker actively sought qualifying work soon after the move (provide comment).</p> <p>5. The qualifying work, * _____, was <input type="checkbox"/> seasonal <input type="checkbox"/> agricultural <input type="checkbox"/> fishing <input type="checkbox"/> temporary (Check all that apply). <small>describe agricultural or fishing work</small></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), b. <input type="checkbox"/> employer's statement (provide comment), c. <input type="checkbox"/> State documentation for _____. <small>Employer</small></p>
<p>* If applicable, check: <input type="checkbox"/> personal subsistence (provide comment)</p>

Side Two

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IV. COMMENTS (Must include 2bi, 4c, 5, 6a and 6b of the Qualifying Move & Work Section if applicable)

V. PARENT/GUARDIAN/SPOUSE/WORKER SIGNATURE
 I understand the purpose of this form is to help the State determine if the child(ren)/youth listed above 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 Date (MM/DD/YY)

Educational use of information has been explained to me (FERPA). YES NO
 Page attached with additional children. YES NO

VI. LANGUAGE PROFICIENCY SURVEY (Survey questions must be asked in English)**

(Answer provided): Yes No

1. What is your 1st language spoken? _____

2. What language do you speak most often? _____

3. What language do you speak most often at home? _____

LEP: _____ Yes/No

** Survey is based on the SC Department of Education English Language Learning Handbook's identification of Language-Minority students.

VII. OSY STUDENT PROFILE

Health needs: <input type="checkbox"/> Medical <input type="checkbox"/> Vision <input type="checkbox"/> Dental <input type="checkbox"/> Urgent <input type="checkbox"/> Other:	Advocacy Needs: <input type="checkbox"/> Legal <input type="checkbox"/> Childcare <input type="checkbox"/> Translation/Interpretation <input type="checkbox"/> Other:																																
Youth lives: <input type="checkbox"/> With a crew <input type="checkbox"/> With spouse & kids <input type="checkbox"/> With friends outside of work <input type="checkbox"/> With kids <input type="checkbox"/> With his/her parents/family <input type="checkbox"/> Alone	Reason for leaving school: <input type="checkbox"/> Lacking credits <input type="checkbox"/> Other: <input type="checkbox"/> Needed to work <input type="checkbox"/> Missed State test																																
Expressed interests in: <input type="checkbox"/> Learning English <input type="checkbox"/> Job training <input type="checkbox"/> GED <input type="checkbox"/> Earning a diploma <input type="checkbox"/> Not sure <input type="checkbox"/> No interests <input type="checkbox"/> Other:	Availability: (Check) <table border="1"> <thead> <tr> <th></th> <th>Su</th> <th>M</th> <th>T</th> <th>W</th> <th>Th</th> <th>F</th> <th>Sa</th> </tr> </thead> <tbody> <tr> <td>Morning</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Afternoon</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Evening</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Su	M	T	W	Th	F	Sa	Morning								Afternoon								Evening							
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Morning																																	
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Evening																																	
Has access to transportation: <input type="checkbox"/> Yes <input type="checkbox"/> No English oral language proficiency: <input type="checkbox"/> Yes <input type="checkbox"/> No Home language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:	Youth is a candidate for: <input type="checkbox"/> Other: <input type="checkbox"/> HS diploma <input type="checkbox"/> Health education <input type="checkbox"/> Life skills <input type="checkbox"/> Pre GED/GED <input type="checkbox"/> Job training <input type="checkbox"/> PASS <input type="checkbox"/> HEP <input type="checkbox"/> Career exploration <input type="checkbox"/> MP3 player <input type="checkbox"/> Adult Basic Education <input type="checkbox"/> ESL <input type="checkbox"/> CAMP																																
At interview, youth received: <input type="checkbox"/> Educational materials <input type="checkbox"/> Other: <input type="checkbox"/> Support services <input type="checkbox"/> OSY welcome bag <input type="checkbox"/> Referral(s):																																	

VIII. 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 (MM/DD/YY)

 Signature of Designated SEA Reviewer Date (MM/DD/YY)