

# SOUTH CAROLINA MIGRANT EDUCATION PROGRAM NATIONAL CERTIFICATE OF ELIGIBILITY

**School District:** \_\_\_\_\_

FOR OFFICIAL USE  
PRINT AS A TWO-SIDED DOCUMENT

I. FAMILY DATA										MIS2000 COE I.D. #																							
Male Parent/Guardian:					Last Name					First Name					Female Parent/Guardian:					Last Name					First Name								
Current Address:										City					State		Zip		Telephone														
<b>II. CHILD DATA</b>																																	
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		
<b>III. QUALIFYING MOVE &amp; WORK</b>																																	
<p>1. The child(ren) listed above moved from a residence in _____ / _____ / _____ / _____  <span style="margin-left: 100px;">School District</span><span style="margin-left: 100px;">City</span><span style="margin-left: 100px;">State</span><span style="margin-left: 100px;">Country</span>  to a residence in _____ / _____ / _____.  <span style="margin-left: 100px;">School District</span><span style="margin-left: 100px;">City</span><span style="margin-left: 100px;">State</span></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.  <span style="margin-left: 100px;">First Name and Last Name of Worker</span>  i. (Complete if "to join or precede" is checked in 2a.) The worker moved on _____. The child(ren) moved on _____. (provide comment)  <span style="margin-left: 100px;">MM/DD/YY</span><span style="margin-left: 100px;">MM/DD/YY</span></p> <p>3. The Qualifying Arrival Date was _____.  <span style="margin-left: 100px;">MM/DD/YY</span></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).  <span style="margin-left: 100px;">describe agricultural or fishing work</span></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 _____.  <span style="margin-left: 100px;">Employer</span></p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px; width: fit-content;"> <p>* If applicable, check:  <input type="checkbox"/> personal subsistence (provide comment)</p> </div>																																	

**Side Two****(FOR OFFICIAL USE—PRINT AS A TWO-SIDED DOCUMENT)**

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

Relationship to the child \_\_\_\_\_

Date (MM/DD/YY) \_\_\_\_\_

**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? ☐ ☐ \_\_\_\_\_

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

LEP: \_\_\_\_\_  
 Yes/No

**VII. OSY STUDENT PROFILE**

**Health needs:** ☐ Medical ☐ Vision ☐ Dental ☐ Urgent  
☐ Other:

**Advocacy Needs:** ☐ Legal ☐ Childcare ☐ Translation/Interpretation  
☐ Other:

**Youth lives:**

- ☐ With a crew ☐ With spouse & kids  
☐ With friends outside of work ☐ With kids  
☐ With his/her parents/family ☐ Alone

**Reason for leaving school:**

- ☐ Lacking credits ☐ Other:  
☐ Needed to work  
☐ Missed State test

**Expressed interests in:**

- ☐ Learning English  
☐ Job training  
☐ GED  
☐ Earning a diploma  
☐ Not sure  
☐ No interests  
☐ Other:

**Has access to transportation:**

☐ Yes ☐ No

**English oral language proficiency:**

☐ Yes ☐ No

**Home language:**

☐ English ☐ Spanish  
☐ Other:

**Availability: (Check)**

	Su	M	T	W	Th	F	Sa
<b>Morning</b>							
<b>Afternoon</b>							
<b>Evening</b>							

**At interview, youth received:**

- ☐ Educational materials ☐ Other:  
☐ Support services  
☐ OSY welcome bag  
☐ Referral(s):

**Youth is a candidate for:**

- ☐ HS diploma ☐ Health education ☐ Life skills  
☐ Pre GED/GED ☐ Job training ☐ PASS  
☐ HEP ☐ Career exploration ☐ MP3 player  
☐ Adult Basic Education ☐ ESL ☐ CAMP

**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) \_\_\_\_\_