

**IOWA CERTIFICATE OF ELIGIBILITY**

<b>I. FAMILY DATA</b> Male Parent/Guardian: Last Name First Name				Female Parent/Guardian: Last Name First Name				
Current Address:				City	State	Zip	Telephone	School District

**II. CHILD DATA**

IA Student ID #	Last Name 1	Last Name 2	Suffix	First Name	Middle Name	Race	Sex	Birth Date	MB	Code	Enrollment Date	Grade Level/Building

**III. QUALIFYING MOVE & WORK**

- A. The child(ren) listed on this form moved from a residence in \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to a residence in \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (school district) (town) (state)
- B. The child(ren) moved (complete both a. & b.):
1.  on own as worker, OR  with the worker, OR  to join or precede the worker
  2. The worker, \_\_\_\_\_, is the child or the child's  parent  spouse  guardian
    - a. (Complete only when "to join or precede" is marked in B.2.) The worker moved on \_\_\_\_\_. The child(ren) moved on \_\_\_\_\_ (provide comment)
- C. Qualifying Arrival Date: \_\_\_\_\_
- D. Residency Date: \_\_\_\_\_ (provide comment)
- E. The worker moved due to economic necessity in order to obtain:
1.  Qualifying work & obtained qualifying work, OR
  2.  Any work, & obtained qualifying work soon after the move, OR
  3.  Qualifying work specifically, but did not obtain qualifying work. (Mark a. or b. below):
    - a.  (Mark only when 5.c. is marked.) The worker has a prior history of moves to obtain qualifying work (provide comment), OR
    - b.  (Mark only when 5.c. is marked.) There is other credible evidence that the worker actively sought qualifying work soon after the move. (provide comment).
- F. The qualifying work was \_\_\_\_\_ (describe type of work)
- (make a selection in both 1. & 2.):
1.  seasonal  temporary employment
  2.  agricultural  fishing work
- G. (Complete if "temporary" is marked in 6.a.) The work was determined to be temporary employment based on:
1.  Worker's statement (provide comment) \_\_\_\_\_
  2.  Employer's statement (provide comment) \_\_\_\_\_

**IV. COMMENTS** (Must provide comment when III.B.2.a, III.D., III.E.3 is marked.)

**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 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

**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