

**IOWA CERTIFICATE OF ELIGIBILITY 2012-2013**

<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

**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**

1. The child(ren) listed on this form moved from a residence in \_\_\_\_\_ / \_\_\_\_\_  
\_\_\_\_\_ / \_\_\_\_\_ to a residence in \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
2. The child(ren) moved (complete both a. & b.):  
 a. \_\_\_ on own as worker, OR \_\_\_ with the worker, OR \_\_\_ to join or precede the worker.  
 b. The worker, \_\_\_\_\_, is the child or the child's \_\_\_ parent, \_\_\_ spouse, or \_\_\_ guardian.  
 i. (Complete if "to join or precede" is checked in 2a.) The worker moved on \_\_\_\_\_. The child(ren) moved on \_\_\_\_\_ (provide comment).
3. The Qualifying Arrival Date was \_\_\_\_\_.
4. The Residency Date was \_\_\_\_\_.
5. The worker moved due to economic necessity in order to obtain:  
 a. \_\_\_ qualifying work & obtained qualifying work, OR  
 b. \_\_\_ any work, & obtained qualifying work soon after the move, OR  
 c. \_\_\_ qualifying work specifically, but did not obtain qualifying work. If the worker did not obtain the qualifying work:  
 i. \_\_\_ The worker has a prior history of moves to obtain qualifying work (provide comment), OR  
 ii. \_\_\_ There is other credible evidence that the worker actively sought qualifying work soon after the move. (provide comment).
6. The qualifying work \* \_\_\_\_\_, (describe type of work) was (make a selection in both a. & b.): a. \_\_\_ seasonal OR \_\_\_ temporary employment; b. \_\_\_ agricultural OR \_\_\_ fishing work.
7. (Complete if "temporary" is checked in #5a) The work was determined to be temporary employment based on:  
 a. \_\_\_ worker's statement (provide comment) \_\_\_\_\_ OR  
 b. \_\_\_ employer's statement (provide comment) \_\_\_\_\_ OR  
 c. \_\_\_ State documentation for \_\_\_\_\_.

**IV. COMMENTS** (Must include 2bi, 4c, 5, 6a & 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 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