District:	New Mexico Certificate of Eligibility								School Year:				
I: FAMILY DATA													
Parent/Guardian 1: Last Name	Name First Name			Parent/Guardian 2: Last Name				First Name					
Parent/Guardian 1 Email Address: Parent/Guardian 1 Telephone:				Parent/Guardian 2 Email Address:				Parent/Guardian 2 Telephone:					
Current Address:				City:		State:		Zip:		Telephone:			
II: CHILD DATA													
Last Name 1	Last Name 2	Suffix	First Name	Middle Name	Sex	Birth Date	MB	Code	Res Date	Grade	Bldg	Elg	
NMSI:											-		
NMSI:													
NMSI:													
NMSI:													
NMSI:													
HI OHALIEWING MOUTE & MODIZ				W INTERMEDIALE	E CLCN	LAMILDE							
III: QUALIFYING MOVES & WORK				V: INTERVIEWEE SIGNATURE:  I understand the purpose of this form is to help the State determine if the child(ren)/youth listed on this form									
1) The child(ren) listed on this form moved due to economic necessity from a residence in School District / City / State / Country to a residence in School District / City / State .  2) The child(ren) moved (complete both a. and b.):  aas the worker, ORwith the worker, ORto join or precede the worker.  b. The worker,First Name _ and Last Name of Worker, isthe child or the child(ren)'sparent/guardianspouse.  i. (Complete if "to join or precede" is checked in 2a.) The child(ren) moved onMM/DD/YY  The worker moved onMM/DD/YY (provide comment)  3) The worker moved due to economic necessity onMM/DD/YY from a residence inSchool District / City / State / Country to a residence inSchool District / City / State _, and:  aengaged in new qualifying work soon after the move (provide comment if worker engaged more than 60 days after the move); OR  bactively sought new qualifying work, AND has a recent history of moves for qualifying work (provide comment)  4) The qualifying work, *describe agricultural or fishing work, was (make a selection in both a. and b.):  aseasonal ORtemporary employment, bdescribe agricultural or fishing work, personal subsistence (provide comment)				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.  I give permission to share this document with HEP and/or CAMP if necessary to help my child(ren).  Signature  Printed Name  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 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.									
5) (Complete if "temporary" is checked in #4a) The work was determined to be temporary employment based on:  aworker's statement (provide comment), OR  bemployer's statement (provide comment), OR  cState documentation for				YEAR  Signature of Interviewer Date									
c. ☐State documentation for6)The child(ren)'s Qualifying Arrival Date of the child (ren)'s Qualifying Ar					2 4.00	_		MON	<u>:</u>				
6) The child(ren)'s Qualifying Arrival Date wasMM/DD/YY  IV: COMMENTS: (Must include 2bi, 3a,3b,4, 5a and 5b of the Qualifying Moves & Work Section, if applicable. Must include the Interviewee Signature Section, if applicable.)				F Signature of District Reviewer Date									
				Signature of State	Review	ver		Date		- 11			