



**DISTRIBUTION**

White – School  
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Mail to: **DEPARTMENT OF PUBLIC INSTRUCTION**  
**ATTN: ANGELA DESMIT**  
**MIGRANT EDUCATION PROGRAM**  
**PO BOX 7841**  
**MADISON, WI 53707-7841**

Current School District Name \_\_\_\_\_

Homebase District Name \_\_\_\_\_

School District SSID WI \_\_\_\_\_

Withdrawal Date \_\_\_\_\_

Date Classes Started \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>I. Family Data</b>	
Male Parent/Guardian Last Name, First Name	Current Male Parent/Guardian Last Name, First Name
Female Parent/Guardian Last Name, First Name	Current Female Parent/Guardian Last Name, First Name
Current Address	Homebase Address
City	City
State	State
Zip	Country
Current Telephone	Zip
	Homebase Telephone

II. Child Data																					
USID	Last Name 1	Last Name 2	Suffix	First Name	Middle Name	Sex	MB	Birth Date	Code	Birth Location	H	Not H	I	A	B	P	W	Residency Date	SSID	Gr	Enr Date
1																					
2																					
3																					
4																					
5																					

<p><b>III. Qualifying Move &amp; Work</b></p> <p>1. The child(ren) listed on this form moved <b>from</b> a residence in _____ <u>School district</u> / _____ <u>City</u> / _____ <u>State</u> / _____ <u>Country</u> <b>to</b> a residence in _____ <u>School district</u> / _____ <u>City</u> / _____ <u>State</u>.</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, _____ <u>First Name and Last Name of Worker</u>, is the child or the child's <input type="checkbox"/> parent <input type="checkbox"/> spouse <input type="checkbox"/> guardian.        i. (Complete if "to join or precede" is checked in 2a.) The worker moved on _____ <u>MM/DD/YY</u>. The child(ren) moved on _____ <u>MM/DD/YY</u>. (provide comment)</p> <p>3. The <b>Qualifying Arrival Date</b> was _____ <u>MM/DD/YY</u>.</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,* _____ <u>describe agricultural or fishing work</u> was (make a selection in both a. and b.):        a. <input type="checkbox"/> seasonal OR <input type="checkbox"/> temporary employment        b. <input type="checkbox"/> agricultural OR <input type="checkbox"/> fishing work</p> <div style="border: 1px solid black; padding: 2px; width: fit-content;">         *If applicable, check:  <input type="checkbox"/> personal subsistence (provide comment)       </div> <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), OR        b. <input type="checkbox"/> employer's statement (provide comment), OR        c. <input type="checkbox"/> State documentation for _____ <u>Employer</u>.</p>	<p><b>IV. Comments</b>        (Must include 2bi, 4c, 5, 6a and 6b of the Qualifying Move &amp; Work Section, if applicable.)</p>	<p><b>V. Parent/Guardian/Spouse/Worker Signature</b></p> <p>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.</p> <p>Signature _____</p> <p>Relationship to the Child(ren) _____ Date _____</p> <p><b>VI. Eligibility Data &amp; FERPA Certification</b></p> <p><input type="checkbox"/> <b>I CERTIFY</b> that based on the information provided to me, which in all relevant aspects is reflected above, I am satisfied that these are migratory children as defined in 20 U.S.C. 6399(s) and implementing regulations, and thus eligible for the MEP services.</p> <p><input type="checkbox"/> <b>I CERTIFY</b> that to the best of my knowledge the information is true, reliable and valid, and I understand that any false statement provided that I have made is subject to fine or imprisonment per 18 U.S.C. 1001.</p> <p><input type="checkbox"/> <b>I CERTIFY</b> that the interviewee was informed by me about the Family Educational Rights and Privacy Act (FERPA) and the release of the child(ren)'s school records.</p> <p>Signature of Designated SEA [LEA] Reviewer _____ Date Signed _____</p> <p>Signature of Interviewer _____ Date Signed _____</p>
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## Race/Ethnicity Codes and Instructions

USID	Last Name 1	Last Name 2	Suffix	First Name	Middle Name	Sex	MB	Birth Date	Code	Birth Location	H	Not H	I	A	B	P	W	Residency Date	SSID	Gr	Enr Date
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**Part One:** Is this person Hispanic/Latino? *Check only one.*

- H/L (Hispanic or Latino)
- Not H/L (Hispanic/Latino)

**Part Two:** *No matter what was selected in Part One, answer the following by checking one or more to indicate what you consider your race to be.*

- I (American Indian or Alaska Native)
- A (Asian)
- B (Black or African American)
- P (Native Hawaiian or Other Pacific Islander)
- W (White)

