

The 'Fix COE' feature in MSIN 6.0 allows reviewers to send Certificates of Eligibility (COEs) that have not been approved and need corrections or changes back to the COE creators. A COE creator can be a Data Specialists (in the case of paper COEs) or a recruiter (for COEs done with the COE Wizard). **Modifications to fields that affect eligibility will erase the interviewee's and recruiter's signatures.** MSIN 6.0 provides a warning to the user if modifications to "eligibility-sensitive fields" are attempted.

The COE images below illustrate which COE fields are protected/unprotected in the 'Fix COE' state. The areas highlighted in yellow are 'protected' fields which **CAN NOT** be edited, otherwise new signatures will be required. For the areas highlighted in blue, editing the content will not erase signatures, but adding or deleting content will erase signatures, requiring the interviewee and recruiter to re-sign. The areas that are **NOT** highlighted are 'unprotected fields.' Note that modifications to any 'protected fields' will erase all signatures, and **both the parent/interviewee and the recruiter will need to re-sign.**

CERTIFICATE OF ELIGIBILITY – Part 1	
CALIFORNIA STATE DEPARTMENT OF EDUCATION MIGRANT EDUCATION PROGRAM	
COE # _____	
I. QUALIFYING MOVES & WORK	
1. The child(ren) listed on this form moved due to economic necessity from a residence in _____ to a residence in _____	
2. The child(ren) moved (complete both a. and b.): a. <input type="checkbox"/> as the worker, OR <input type="checkbox"/> with the worker, OR <input type="checkbox"/> to join or precede the worker. b. The worker, _____, is <input type="checkbox"/> the child or the child's <input type="checkbox"/> parent/guardian <input type="checkbox"/> spouse. i. Complete if "to join or precede" is checked in #2a.) The child(ren) moved on _____. The worker moved on _____ (provide comment)	
3. The Qualifying Arrival Date was _____	
4. The worker moved due to economic necessity on _____, from a residence in _____ to a residence in _____, and a. <input type="checkbox"/> engaged in new qualifying work soon after the move (provide comment if worker engaged more than 60 days after the move), OR b. <input type="checkbox"/> actively sought new qualifying work AND has a recent history of moves for qualifying work (provide comment)	
5. The qualifying work, _____, _____ 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 "if applicable, check: <input type="checkbox"/> personal subsistence (provide comment)	
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 _____	
II. COMMENTS (Must include 2b, 4a, 4b, 5, 6a and 6b of the Qualifying Moves & Work section, if applicable.) _____ _____ _____ _____ _____ _____ For 4b comments, complete Section III instead.	
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CERTIFICATE OF ELIGIBILITY – Part 2	
COE # _____	
V. FAMILY DATA	
Last Name _____ First Name _____	
Last Name _____ First Name _____	
Last Name _____ First Name _____	
Street _____ City _____ State _____ Zip _____ Telephone(s) _____	
Current Address _____	
Mailing Address _____	
VI. CHILD DATA	
Residency Date (applies to all children on this COE) _____	
MSD # _____ Last Name 1 _____ Suffix _____ First Name _____ Middle Name _____ Sex _____ Latino _____ Race _____ Birth Date _____ MB _____ Code _____	
1. _____	
2. _____	
3. _____	
4. _____	
5. _____	
VII. SCHOOL and HEALTH DATA (applies to children numbered 1-5 above)	
District _____ School Name _____ Enrollment Date _____ School Year _____ Type _____ Track _____ Grade _____ Med Alert _____ City _____ State _____ County _____	
1. _____	
2. _____	
3. _____	
4. _____	
5. _____	
VIII. BIRTH PLACE	
City _____ State _____ County _____	
IX. INTERVIEWEE SIGNATURE	
I understand the purpose of this form is to help the state determine if the child(ren)/youth listed on this form are eligible for the Title I, Part C, Migrant Education Program. To the best of my knowledge, all the information I provided to the interviewee is true. _____	
Signature _____ Typed Name _____ Relationship to the child(ren) _____ Date _____	
X. PARENT/GUARDIAN/BOUROU/WORKER SIGNATURE FERPA	
I certify that the information on this form is true and correct, which in all relevant aspects, is reflected above. I am informed that these documents are migrant children as defined in 18 U.S.C. 1039 and implementing regulations, and thus eligible as such to 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. 1031.	
Signature _____ Typed Name _____ Date _____	
Signature _____ Typed Name _____ Date _____	
Signature _____ Typed Name _____ Date _____	
XI. ELIGIBILITY DATA CERTIFICATION	
I certify that the information on this form is true and correct, which in all relevant aspects, is reflected above. I am informed that these documents are migrant children as defined in 18 U.S.C. 1039 and implementing regulations, and thus eligible as such to 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. 1031.	
Signature of Interviewer _____ Typed Name _____ Date _____	
Signature of Designated SEA Reviewer _____ Typed Name _____ Date _____	
XII. LOCAL COMMENTS	
_____ _____ _____ _____	
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