

# PROGRAMA DE EDUCACIÓN PARA MIGRANTES DE NY



## Migrant Education Identification & Recruitment Program

**1-518-289-5618**

The National Migrant Hotline  
Toll Free Number

**1-800-234-8848**

Programa de Servicios de Tutoría y  
Soporte Educativo para Migrantes de

Recruiter/Recluta:

**Irene Sánchez**  
**585-694-1460**



[www.nymigrant.org](http://www.nymigrant.org)

# NYS MIGRANT EDUCATION PROGRAM



The Migrant Education Program (MEP) is authorized by Title I, Part C of the Elementary and Secondary Education Act (ESEA), and provides a variety of services to families who work in agriculture.

This program is free of charge to all eligible families and may include tutoring, free lunch programs, educational field trips, summer programs, parent involvement activities, and referrals to other services as needed.

1.) Has anyone in your family worked, or looked for work at the following occupations within the last 3 years?

*¿Usted o algún miembro de su familia ha trabajado o ha buscado trabajo en algunas de las siguientes ocupaciones en los pasados tres años?*

- Any Agricultural or farmwork such as: planting, sorting, or picking fruit or vegetables crops, nursery, greenhouse, logging or timber growing.



- Cualquier trabajo en el campo o invernadero; plantando, seleccionando, cosechando frutas o vegetales, cultivando o cortando flores o árboles.*



- Work at food processing plants such as; packing or canning fruits or vegetables, fish farming, or poultry processing plants.

- Working in a Dairy Farm

- Trabajando en plantas de procesamiento de alimentos; empacando o enlatando frutas, vegetales, carnes o pescados.*

- Trabajando en una Lechería*



2.) Is anyone in your family under 22 years old?

- ¿Es usted o algún miembro de su familia menor de 22 años de edad?*

Yes (SI) \_\_\_\_ No \_\_\_\_

For more information please provide the contact information below

*Si usted contesto que SI a las preguntas anteriores, complete la siguiente información:*

Name/ Nombre:

\_\_\_\_\_  
\_\_\_\_\_

Phone Number/ Número Telefónico:

\_\_\_\_\_  
\_\_\_\_\_

Home Address/ Dirección Física:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Best time to be contacted/  
Mejor tiempo para ser contactado:  
\_\_\_\_\_ (A.M.) \_\_\_\_\_ (P.M.)

To submit this referral please fax to  
1-518-289-5623 or by mail to:

*Migrant Education Identification & Recruitment Program,*  
100 Saratoga Village Blvd. #41  
Ballston Spa, NY 12020