



Confederated Tribes of Siletz Indians

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**JOHNSON O'MALLEY (JOM) PROGRAM
 REQUEST FOR SERVICES**

To qualify for services, the student must have a JOM application on file with the education department.

JOM Students' Name: _____

Update information for JOM file:

Parent/Legal Guardian's Name (with whom the student resides):		County of Residence:	
Mailing Address:		City and ZIP Code:	
Home Telephone:	Cell Telephone:	Email Address:	
Current School:	Grade:	Roll Number:	

Information on Service Requesting:

Type of Service Requesting: Cultural Enhancement Parental Cost (shoes, sports fees, etc.)
 Preschool Assistance Tutoring (need tutoring forms)

REASON FOR REQUEST: _____

Approximate cost for this request: (some requests have a maximum not to exceed limit due to limited funds, please inquire if needed. -i.e. shoes not to exceed \$35.00): \$ _____

VENDORS NAME

(store, company, etc): _____

ADDRESS (if known): _____

 Signature of Parent/Legal Guardian

 Date

For Office Approved Amount: \$ _____ Initials: _____

Use Only: Denied Check Number: _____ Date Issued: ____/____/____