



Confederated Tribes of Siletz Indians

ATTN: Nick Sixkiller

2468 West 11<sup>th</sup> Ave

Eugene, OR 97402

541-484-4234 Fax: 541-484-4583

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 (whom the student resides with):		County of Residence:	
Mailing Address:		City and ZIP Code:	
Home Telephone:	Daytime Telephone:	Message Telephone:	
Current School Attending:	Grade:	S.S. Number or 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 Use Only:  Approved \$ \_\_\_\_\_  
 Denied \_\_\_\_\_