



Confederated Tribes of Siletz Indians

ATTN: Katy Kaady

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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 (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 \_\_\_\_\_