



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 (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 _____