Confederated Tribes of Siletz Indians
12790 SE Stark St., Ste. 102
Portland, Oregon 97233
503-238-1512/FAX 503-238-2436/email katyh@ctsi.nsn.us

# 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): _____

If this is a Parental Cost request, please answer the following questions:
Is your child receiving free or reduced lunches at school? ☐ Yes ☐ No
Are you receiving USDA Commodities or Food Stamps? ☐ Yes ☐ No
If you answered No to both questions above, please list your source and monthly income below:
Source of Income: Monthly Income:
_____ _____
_____ _____

I certify that the above information is complete and accurate. I understand that any misinformation may lead to denial of services or benefits.

_____ _____
Signature of Parent/Legal Guardian Date

For Office Use Only: ☐ Approved ☐ Denied $_____ _____ _____ _____