Johnson O’Malley Program - Application & Instructions

Please read this page before completing the application. A parent/grandparent or guardian must complete this application if they need support for their child in school such as advocacy, equipment, fees, or workbooks. Support Services are items required for a classroom or school related activities.

Eligibility Requirements:
[ ] Enrolled member of a federally recognized tribe or Alaskan Native/Eskimo or is a documented ¼ blood of Native American
[ ] Between the ages of 3 (by December 31) and 21
[ ] Enrolled in a non-religious based pre-school, public school, or an accredited alternative school on the date of application.
[ ] Living within the defined Service Delivery Area (Klamath County)

A JOM application must be submitted once per school year and at least seven (7) working days before the first day of class, sport practice or school event. A school year is defined as September through June. The application will be reviewed for funding when all required information on the following list is received. **Please note that JOM has a maximum allowed funding limit per student which cannot exceed $150 and will be based on need.**

PARENT/GUARDIAN PLEASE INITIAL BELOW FOR EACH COMPLETED PART OF THE APPLICATION
APPLICATION WILL WITHOUT YOUR DOCUMENTS PROCESS. YOUR NOT BE COMPLETE INITIALS.

<table>
<thead>
<tr>
<th>Documents</th>
<th>Parent Initials</th>
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<tbody>
<tr>
<td>Johnson O’Malley Application</td>
<td></td>
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<tr>
<td>Letter of Request or Need</td>
<td></td>
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<tr>
<td>Verification-federally recognized tribe or Alaskan Native/Eskimo Enrollment</td>
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<tr>
<td>Copy of School registration verifying attendance &amp; residency</td>
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<tr>
<td>Copy of Most Recent Grades</td>
<td></td>
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<tr>
<td>Copy of Extracurricular School Activity Registration with Cost.</td>
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Completed applications may be returned to the following:

Personal Delivery: The Klamath Tribes, Education & Employment Department
501 Chiloquin Blvd., Chiloquin, OR 97624

Mail: Klamath Tribes – Education & Employment Department
Johnson O’Malley Program
PO Box 436, Chiloquin, OR 97624

If you have any questions please contact 541-783-2219 ext. 115 or 541-783-2040.
The Klamath Tribes – Education & Employment Department
JOM PROGRAM APPLICATION

Student Information

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Date of Birth:</th>
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<tbody>
<tr>
<td>Parent/Guardian Name and Address:</td>
<td>Phone Number: (541) -</td>
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<td></td>
<td>School:</td>
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<tr>
<td></td>
<td>Grade:</td>
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<td>Does student have an IEP? Y/N</td>
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<td>Parent/Guardian Email Address:</td>
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Type of Service Requested:

PLEASE UNDERSTAND THAT JOM CAN ONLY PAY FOR SCHOOL SPONSORED ACTIVITIES. MANY SPORTS/ATHLETIC FEES WILL ONLY BE COVERED FOR HIGH SCHOOL STUDENTS.

- [ ] School fees
- [ ] Athletic Participation fee
- [ ] Sports/PE Shoes
- [ ] Student Body Card
- [ ] Outdoor School fee
- [ ] Club Annual fee (FBLA, etc.)
- [ ] Other, please Specify:

- [ ] Tutoring:
  - [ ] Math
  - [ ] English
  - [ ] Science
  - [ ] Social Studies
  - [ ] Health
  - [ ] Writing
  - [ ] Senior Project Help

Release of Information

I, as the parent or legal guardian, of the above mentioned student do hereby authorize the release of any and all information regarding my student's case file as it relates to the eligibility/application for assistance from the Klamath Tribes, for the period of the current Academic Year only. This authorization includes only those listed items here:

- School Registration/Attendance Verification
- Grade Reports, Transcripts, Progress Reports
- Current Individualized Educational Plan (IEP)
- Athletic Participation Form, Extra-Curricular Information for Service Requested
- Pertinent Program Information or Requirements

The information listed above is permitted to be released to the Klamath Tribes Education & Employment Department. I have been informed and I am aware that such information may be shared with other Tribal Service Departments on a need to know only basis.

Signature of Parent: ___________________________ Date: ________________
TRIBAL ENROLLMENT VERIFICATION FORM

Submit copy of Tribal Identification Card, if available.

Name of Applicant:______________________________

Tribal Affiliation:________________________________

Date of Birth:___________________ Roll Number, if known:_____________________

_____________________________ ______________________
Student/Parent/Guardian Signature Date

<<<<<<Office Use Only Below this Line >>>>>

The student indicated on this form ____ is / ____ is not an enrolled tribal member. Their tribal enrollment number is___________________________.

_____________________________ ______________________
Enrollment Officer Signature Date
### Personal Letter Form

<table>
<thead>
<tr>
<th>Parent/Guardian Signature (required)</th>
<th>Date (required)</th>
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</table>

JOM applications are to have a separate handwritten or typed letter attached/included with the application. Please utilize this form, or you may use another separate sheet of paper. Please date your letter, put down the specific request of services, with costs, and include the price list from the school with the application. If your student plays sports, include the name of the sport in the letter. All letters require you to sign your name as the parent/guardian. Attach this with the JOM Application.