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 PROCESS. YOUR APPLICATION WILL NOT BE COMPLETE WITHOUT YOUR INITIALS.

<table>
<thead>
<tr>
<th>Documents</th>
<th>Parent Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Johnson O’Malley Application</td>
<td></td>
</tr>
<tr>
<td>Letter of Request or Need</td>
<td></td>
</tr>
<tr>
<td>Verification-federally recognized tribe or Alaskan Native/Eskimo Enrollment</td>
<td></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>
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<tr>
<td>Copy of Extracurricular School Activity Registration with Cost.</td>
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</tbody>
</table>

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. 159 or 115**
The Klamath Tribes – Education & Employment Department  
JOM PROGRAM APPLICATION

Student Information

Student Name: ____________________________ Date of Birth: ____________________________

Parent/Guardian Name and Address: Phone Number: (541) - ____________________________

School: ____________________________ Grade: _________

Does student have an IEP? Y/N

Parent/Guardian Email Address: ______________________________________________________

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 ___ Tutoring:
___ Athletic Participation fee ___ Math ___ English
___ Sports/PE Shoes ___ Science ___ Social Studies
___ Student Body Card ___ Health ___ Writing
___ Outdoor School fee ___ Senior Project Help
___ Club Annual fee (FBLA, ect.)
___ Other, please Specify: __________________________________________________________

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: ____________________________

501 Chiloquin Blvd. - P.O. Box 436 - Chiloquin, Oregon 97624  Telephone: (541) 783-2219 or FAX: (541) 783-7802
Page 2 of 4 Revised 11/3/2021
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 __________________
The Klamath Tribes
Education & Employment Department
Johnson O’Malley Program (JOM)

Please read instructions below: (missing letter from application will slow down processing)

JOM applications are to have a hand written or typed letter included with the application. Please utilize this form, or you may use a 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.

**Personal Letter Form**

Parent/Guardian Signature (required)  Date (required)