Lummi Nation Johnson O'Malley Program
2508 A Kwina Rd. Bellingham WA 98226
Office: 360-384-7170
LummiJOM@lummi-nsn.gov
"To provide extra support for JOM eligible students ages 3 through 12th grade, through school"

Registration

Students must meet eligibility requirements to receive JOM services.

Student Information:

Student Name: _____ **DOB:** _____ **Grade:** _____

Address: _____

Tribal Affiliation: _____ **Enrollment #:** _____

☐ **Descendent-** *at least one biological parent or grandparent enrolled in a federally recognized tribe. Must provide supporting documentation, i.e., birth certificates.*

School: _____ **City/State:** _____

Parent/Legal Guardian Information

Name: _____ **Tribal Affiliation :** _____

Address: _____

Phone: _____ **Email:** _____

A copy of their tribal* enrollment *is required to receive services.

Acceptable documents include:

- Certificate of Indian Blood (CIB
- Tribal Identification Card
- Letter from the Bureau of Indian Affairs (BIA)
- Birth certificate- for descendants with at least one biological parent or grandparent enrolled in a federally recognized tribe.

This form is NOT an application for services

To request services, please submit a completed **Registration**, **Service Request Application** and a copy of the students **Proof of Tribal Enrollment** to the JOM office for review.

Completed forms can be emailed to: **Lummijom@lummi-nsn.gov**

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Service Request Application

School Year: _____

Must have a completed registration form and a copy of tribal enrollment on file to receive services

Student Information:

Student Name: _____ **Grade:** _____

School: _____ **City/State:** _____

JOM will reimburse up to **$50** for eligible services, unless posted otherwise. **Based on funding availability.**

- **Services requesting:** *Please select all that apply.*
  - ____ **School curricular/extracurricular activities**
    - Team uniform, shoes, equipment
    - Band instruments
    - Sports fees
  - ____ **Running Start fees** *(Up to $500 per academic year)*
  - ____ **ASB card** *(Student athlete)*
  - ____ **Class fines/fees**
  - ____ **Technology Insurance**
  - ____ **Other educational needs:**
    - ___ eyeglass hardware
    - ___ school supplies
- **Please select one:** Mail _____ Pick-up _____

  Mailing Address: _____
- **Are you a 477/TANF Client?** Yes ____ No ____

Parent/ Guardian/Adult Student: _____ **Date:** _____

Phone: _____ **Email:** _____

IMPORTANT!!

All payments will be in the form of a reimbursement.

Please attach a completed application, a receipt/invoice, a W-9 form, and a copy of the card used if paid using a debit/credit card. The card must show full name and last four (4) digits, as well as the three (3) digit security code. Once all documents are received and reviewed, they will be routed for reimbursement payment. Any missing documents will result in delayed payment.

*****For Office Use Only*****

JOM Staff Signature: _____ Amount available: $_____

Date received: _____ Amount used: $_____

Remaining balance: $_____