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:	E	Enrollment #:	
☐ Descendent- at least one be supporting documentation, i.e.,	iological parent or grandparent enrolled in a federally red birth certificates.	cognized tribe. Must provide	
School:	City/State:		
	Parent/Legal Guardian Information		
Name:	Tribal A	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 <u>Registration</u>, <u>Service Request Application</u> and a copy of the students **Proof of Tribal Enrollment** to the JOM office for review.

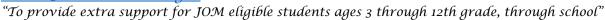
Completed forms can be emailed to: <u>Lummijom@lummi-nsn.gov</u>

Lummi Nation Johnson O'Malley Program

2508 A Kwina Rd. Bellingham WA 98226

Office: 360-384-7170

<u>LummiJOM@lummi-nsn.gov</u>





Service Request Application

School fear:				
*Must have a completed registration form and a co	opy of tribal enrollment on file to re	eceive services		
Student Inf	ormation:			
Student Name:		Grade:		
School:	City/State:			
JOM will reimburse up to \$50 for eligible services, unle	ess posted otherwise. <mark>Based on</mark>	f <mark>unding availability</mark> .		
> Services requesting: Please select all that apply.				
School curricular/extracurricular activities	Class f	•		
 Team uniform, shoes, equipment 		ology Insurance		
Band instruments		educational needs:		
• Sports fees		eglass hardware		
Running Start fees (Up to \$500 per academic year)	sc	hool supplies		
ASB card (Student athlete)				
Please select one: Mail Pick-u Mailing Address:				
> Are you a 477/TANF Client? Yes No				
Parent/ Guardian/Adult Student:		Date:		
Phone: Ema	iil:			
**IMPORT All payments will be in the				
Please attach a completed application, a receipt/invoice a debit/credit card. The card must show full name and la code. Once all documents are received and reviewed, missing documents will re-	ast four (4) digits, as well as the t they will be routed for reimburs	hree (3) digit security		
For Office	Use Only			
OM Staff Signature:	Amount available:	\$		
ate received:	Amount used:	\$		
	Remaining balance:	\$		