

Duluth ISD 709 American Indian Education Department

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. \$ \_\_\_\_\_)

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 \_\_\_\_\_