

# Lummi Nation Johnson O'Malley Program

2508 A Kwina Rd. Bellingham WA 98226

Office: 360-384-7170

[LummiJOM@lummi-nsn.gov](mailto: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](mailto: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: \$ \_\_\_\_\_