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 Student's Name: _____

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:	SSN 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 are 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 _____