Pawnee Nation Education Division
"Te-Tu-Koo" (It's Right Here) Resources
PO Box 470-Pawnee, OK-74058; Phone: 918-762-3227; Fax: 918-762-3662

JOHNSON O'MALLEY PROGRAM

The Johnson O'Malley (JOM) Act ensures that Indian children receive educational opportunities that would not otherwise be provided. The program provides supplementary financial assistance to meet education needs of Indian children.

PL 99-228 Eligible JOM Services

An eligible Indian student as defined in PL-99-228 is "one who is a member of or at least one fourth degree Indian blood descendant of a member of an Indian tribe which is eligible for the special programs and services provided by the United States through the Bureau of Indian Affairs to Indians because of their status as Indians." A student must meet this definition to be eligible for JOM services.

Certification/Verification of Eligible JOM Students

Students who are enrolled in a preschool or public school and meet the eligibility criteria may be served. The eligibility criteria include Indian students who:

1. Are 4 years of age (by December 31) through Grade 12
2. Is a member of or at least one-fourth degree Indian blood descendant of a member of an Indian tribe which is eligible for the special programs and services provided by the United States through the Bureau of Indian Affairs to Indians because of their status as Indians (PL-99-228)
3. Name of Student
4. Date of Birth
5. Tribal Affiliation
6. A copy of the Certificate of Degree of Indian Blood (CDIB), or a certified letter from the student's tribe or agency. If a student is not eligible for enrollment with the tribe, you must verify that he/she is one-fourth degree descendant of a tribal member to be eligible for the JOM program.

Pawnee Nation Education Division
"Te-Tu-Koo" (It's Right Here) Resources
PO Box 470-Pawnee, OK-74058; Phone: 918-762-3227; Fax: 918-762-3662

STUDENT NAME: _____

MAILING ADDRESS: _____

STREET ADDRESS: _____

TELEPHONE NUMBER: _____ CELL NUMBER: _____

DATE OF BIRTH: _____ AGE: _____ SSN: _____

TRIBAL AFFILIATIONS: _____

ENROLLED: YES / NO WHERE? _____

CIRCLE: STUDENT / PARENT / GRANDPARENT ROLL NUMBER: _____

PARENT/GUARDIAN INFORMATION

PARENT 1: _____ PHONE: _____

CELL: _____ ADDRESS: _____

_____

PARENT 2: _____ PHONE: _____

CELL: _____ ADDRESS: _____

_____

OTHER GUARDIAN: _____ PHONE: _____

CELL: _____ ADDRESS: _____

_____

SCHOOL ATTENDING:

PAWNEE YALE CLEVELAND GLENCOE JENNINGS

GRADE: _____

In what ways are you willing to help JOM? Circle the options that best fit your schedule and resources.

a. Time (coming to meetings, helping with fundraisers)
b. Donations (items for fundraisers, food, etc)
c. Other (please write below how you can help)

Would your child be interested in joining our Youth Council?

Yes No

The completed application will also serve as a release of information to public school personnel giving my consent to release any school information regarding my child, as requested by the Youth Services Coordinator or JOM Parent Committee. I give my consent to the Pawnee Nation of Oklahoma Johnson O'Malley Program to take pictures of my child and give my permission of release of photos for JOM activities. I understand that my child's eligibility for services must be established before he/she can receive any assistance through the JOM program. I also understand that any funding spent on behalf of my child will be for school related items only. To avoid non-payment, I understand that no charges or purchases can be made on behalf of the JOM program. All assistance is based on reimbursement only.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

STUDENT SIGNATURE/ACKNOWLEDGEMENT _____ DATE _____

FUNDING IS LIMITED, PLEASE BE AWARE THAT IT IS FIRST COME, FIRST SERVE. ALL APPLICATIONS MUST BE COMPLETE BEFORE SERVICES ARE RENDERED.

OFFICE USE ONLY

REGISTRATION DATE:

TRIBAL CDIB

CERTIFIED TRIBAL LETTER

REGISTRATION COMPLETION DATE:

STUDENT DEPARTED FROM SCHOOL (DATE):

STAFF SIGNATURE:

DATE:

Pawnee Nation Education Division
NEEDS ASSESSMENT SURVEY

What do you feel are the most important needs of Indian students in your public school system? Please indicate by placing a check mark next to the item.

☐ 1. Tutoring (Elementary , Middle School , High School)
☐ 2. Indian Cultural Programs
☐ 3. Counseling (Elementary , Middle School , High School)
☐ 4. Math Improvement
☐ 5. Classroom Aides
☐ 6. Home/School Aides
☐ 7. Reading Improvement
☐ 8. Educational Support
☐ 9. Indian Studies Programs in School
☐ 10. Parental Participation
☐ 11. Career/Job orientation information
☐ 12. Other (use space below to explain)

Please rank the three most important needs

How do you think JOM funds could be used to meet the needs listed above?

Please circle all categories that apply to you. I am a:

1. Parent/guardian
2. Principal/administrator
3. Teacher
4. JOM Staff
5. JOM Committee Member

If you are a parent, what grade level is/are your child/children?

Pawnee Nation Education Division

JOM SCHOOL VERIFICATION FORM

STUDENT NAME: _____

DATE OF BIRTH: _____ AGE: _____

TRIBAL AFFILIATIONS: _____

ENROLLED: YES / NO WHERE? _____

ROLL NUMBER: _____

SCHOOL NAME: _____

STREET ADDRESS: _____

TELEPHONE NUMBER: _____

_____

VERIFICATION OF SCHOOL ENROLLMENT (Signature of school official/representative)