



# Johnson O'Malley Program

OGLALA SIOUX TRIBE

P.O. Box 1986

Pine Ridge, South Dakota 57770

Fax: 1-605-867-1968 • Telephone 1-605-867-5977

In order for your child/student to receive Johnson O'Malley (JOM) Supplemental Education Assistance, he/she must first be certified as an eligible recipient. Eligibility requirements are simple:

- 1) Member of a federally-recognized Tribe; or 2) ¼ or more degree Indian Blood.**  
**\*Please provide a copy of your child's degree of Indian Blood.**

Your cooperation in providing the information will assist JOM staff in completing the certification process. If you do not provide a copy of your child's degree of Indian Blood, his/her certification will be incomplete.

This document will be forwarded to respective Tribal or Bureau agencies who will verify the information you have provided. Additionally, you are asked to read and sign the release at bottom of page.

\*Please make sure that all information below is completely filled out, so that we can better serve your child through the OST Johnson O'Malley program.

Student Name: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Tribe or Agency: \_\_\_\_\_ Blood Degree: \_\_\_\_\_

**\*Please attach a copy of your child's degree of Indian Blood.**

Mother's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_

Tribe/Agency where Mother's enrolled: \_\_\_\_\_

Enrollment Number: \_\_\_\_\_ Blood Degree: \_\_\_\_\_

Father's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_

Tribe/Agency where Father's enrolled: \_\_\_\_\_

Enrollment Number: \_\_\_\_\_ Blood Degree: \_\_\_\_\_

AUTHORIZATION FOR RELEASE OF INFORMATION

The client parent or guardian authorizes the Oglala Sioux Tribe Johnson O'Malley Program making referral, and the agency or public school to whom this referral is addressed, to release all such information as necessary to insure maximum coordination and proper delivery of service(s) and follow-up with regard to this referral. All information exchanged in such manner will be held in confidence and will not be disseminated further without a signed release from the client as parent or guardian.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Parent/Guardian

Address of parent or legal guardian:

\_\_\_\_\_

Current telephone ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

- If you are not the parent, please attach legal guardianship documents.

FOR BUREAU OF INDIAN AFFAIRS/TRIBAL ENROLLMENT USE ONLY:

The Oglala Sioux Tribe Johnson O'Malley Program requests your assistance in verifying the preceding information as provided. This document will be used to determine listed student's eligibility for assistance according to federal regulation(s). Please sign and return this document to:

Johnson O'Malley Program  
Oglala Sioux Tribe  
P.O. Box 1986  
Pine Ridge, South Dakota 57770

I hereby certify that I have reviewed appropriate records and do further certify that the degree of Indian Blood or Enrollment status of individual(s) listed is true and correct to the best of my knowledge.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\*Signature and Title