



**Katy Holland**  
 Portland Area Office  
 3220 SW 1st Ave.  
 Suite 200  
 Portland, OR 97239  
 (503) 238-1512  
[katyh@ctsi.nsn.us](mailto:katyh@ctsi.nsn.us)

**Jeff Sweet**  
 Siletz Area  
 201 SE Swan Avenue  
 P.O. Box 549  
 Siletz, OR 97380  
 (541) 444-8207  
[jeffs@ctsi.nsn.us](mailto:jeffs@ctsi.nsn.us)

**Sonya Moody-Jurado**  
 Salem Area Office  
 3160 Blossom Drive NE,  
 Suite 105  
 Salem, OR 97305  
 (503) 390-9494  
[sonyamj@ctsi.nsn.us](mailto:sonyamj@ctsi.nsn.us)

**Candace Hill**  
 Eugene Area Office  
 2468 W. 11th  
 Eugene, OR 97402  
 (541) 484-4234  
[candaceh@ctsi.nsn.us](mailto:candaceh@ctsi.nsn.us)

## REQUEST FOR SERVICES

To qualify for services, the student must have a JOM application on file with the education department.

JOM Students' Name: \_\_\_\_\_

Parent/Legal Guardian's Name (whom the student resides with):		County of Residence:
Mailing Address:		City and ZIP Code:
Phone Number	Email Address	
Current School Attending:	Grade:	Tribe & Roll Number:

**Information on Service Requesting:**

Type of Service Requesting:  Cultural Enhancement       Parental Cost (shoes, sports fees, etc.)

**\*Proof of registration & cost required**

Educational Resources       Other: \_\_\_\_\_

PURPOSE OF REQUEST: \_\_\_\_\_

If Requesting Equipment, list items: \_\_\_\_\_

AMOUNT REQUESTED \$ \_\_\_\_\_  
 (Maximum request up to \$50.00)

VENDORS NAME  
 (Store, Organization, etc.): \_\_\_\_\_

ADDRESS (if known): \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature of Parent/Legal Guardian Date

**I acknowledge all funds will be used for the purpose(s) indicated on this request**

For Office Use Only:  Approved      Amount \$ \_\_\_\_\_      Processed By \_\_\_\_\_  
 Denied      Date Processed \_\_\_\_\_      Date of Completion \_\_\_\_\_