

**Confederated Salish and Kootenai Tribes
Johnson O'Malley Program
Verification Form**



1. School Information

Name of School: _____ Grade: _____

2. Student Information

Last Name: _____ First Name: _____ Middle: _____

Date of Birth: ___ / ___ / _____ Tribal Affiliation: _____

Enrollment Number, if applicable: _____ Blood Quantum: ___ / ___

Mailing Address: _____

Parent/ Guardian Phone Number: _____

3. Parental Information

a) Mother: Indian OR Non-Indian

Last Name: _____ First Name: _____ Middle: _____

Date of Birth: ___ / ___ / _____ Tribal Affiliation: _____

Enrollment Number: _____ Blood Quantum: ___ / ___

b) Father: Indian OR Non-Indian

Last Name: _____ First Name: _____ Middle: _____

Date of Birth: ___ / ___ / _____ Tribal Affiliation: _____

Enrollment Number: _____ Blood Quantum: ___ / ___

c) Parental Status: Check (✓) all that apply to the custody/residence of the child & explain.

Natural Parent: _____ Other Family Member: _____

Legal Guardian: _____ Adoptive: _____

Foster: _____ other, please explain: _____

4. If Possible, Please Attach Proof of Tribal Affiliation:

A.) student's Tribal ID/ Certificate Degree of Indian Blood/ Descendant Memorandum

OR

B.) parent's Tribal ID/Certificate Degree of Indian Blood AND student's birth certificate

OR

C.) grandparent's Tribal ID/Certificate Degree of Indian Blood AND parent's birth certificate AND student's birth certificate

RELEASE OF INFORMATION: I authorize the Confederated Salish and Kootenai Tribes and their designated person(s) to obtain the documents required for JOM verification of my child. In the event my child should transfer schools, I further authorize the Confederated Salish and Kootenai Tribes Johnson O'Malley program to share this certification form with the school.

PARENT SIGNATURE: _____ **DATE:** _____

Please see page 2

(For Tribal Enrollment Office ONLY)

5. Verification Information- fill in all areas of enrollment (number and quantum) for students, parents, and grandparents on page1, that you can.

I hereby certify that the above named student and /or parent(s) and/or grandparent(s) is an enrolled member of the Federally Recognized Indian Tribe listed. This determines eligibility for the special programs and services provided through the Bureau of Indian Affairs. (Attach a copy of the student and/or parent and/or grandparent Certification Degree of Indian Blood.)

Signature of Authorized Tribal Official: _____ **Date:** _____

The above named student does NOT meet the eligibility criteria for the following reason(s): _____

Once you have completed and filled out this form, mail it back to:

*Confederated Salish and Kootenai Tribes
Tribal Education Department
PO Box 278
Pablo, MT 59855*

