

Spokane Tribe's  Program

P.O. Box 358 Wellpinit, WA 99040

Email: kelsea.brown@spokanetribe.com • Fax: 509.458.8017 • Phone 1: 509.458.8009 • Phone 2: 509.458.8005

Application for Services

Date: _____

School Year: **2022-2023** _____

Student Information-

Name: _____

SSN: _____

Date of Birth: _____

Age: _____

Grade: _____

Mailing Address: _____

P.O. Box

City

State

Zip Code

Primary Phone #: _____

Cell/Message #: _____

School Attending: _____

Phone #: _____

Tribal Affiliation-

Status: Enrolled

Descendant¹

Tribe: _____

Enrollment #: _____

Total Blood Quantum: _____

(If Descendant)

Parent/Guardian Information-

Child Lives with: Mother Father Both Guardian Other: _____

Parent/Guardian 1: _____

Phone: _____

²Social Security Number: _____

Email: _____

Parent/Guardian 2: _____

Phone: _____

Address: _____

Signatures-

PARENT/GUARDIAN SIGNATURE

DATE

STUDENT SIGNATURE

DATE

**** ALL INFORMATION IS NECESSARY TO BE CONSIDERED A COMPLETE APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED THEREFORE SERVICES CANNOT BE APPROVED ****

Official Use Only

Date Received: _____

Proof of Enrollment/Descendancy

Proof of School Attending

Parent S.S. Card

Child S.S. Card

Date Completed: _____

STAFF SIGNATURE

DATE

¹Descendant has to equal 1/4 total Native blood quantum to be eligible (ex. 1/8 Colville Tribes + 1/8 Spokane Tribe)

²Need for Parent/Guardian 1- this will be the name any checks will be made out to

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Support Services Request Form

Date: _____

School Year: **2022-2023** _____

Student Information-

Name: _____

DOB: _____

School Attending: _____

Grade: _____

Parent/Guardian Information-

Name: _____

Phone: _____

Service Being Requested-

Support Services: School Supplies (*basic supplies, backpacks, etc.*)

Cap, Gown, Tassel (*Seniors*)

Sports/P.E. Shoes

ASB Card (*Sports and ASB participants only*)

School/Class Fees

Laptop (*Running start students only*)

Other/Exception: _____

Special Service: Running Start Books

Educational Services (*testing, camps, etc.*)

Driver's Ed. (*25% ONLY*)

OTHER

Reason for Service: _____

Are you a current 477/TANF client? Yes No

I understand if I am enrolled in one the above programs I cannot receive the same type of service already provided by that agency for the school year, which will be verified prior to approval.

Signatures-

I certify that my child is attending the above stated school and I am in agreement to this request.

PARENT/GUARDIAN SIGNATURE

DATE

STUDENT SIGNATURE

DATE

Official Use Only

Date Received: _____

Date Approved: _____

Support Service: _____

Special Service Request: _____

STAFF SIGNATURE

DATE

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Release of Information

School Year: **2022-2023**

Student Information-

Full Name: _____
Date of Birth: _____ Grade: _____
School Attending: _____

Parent/Guardian Information-

Name: _____ Phone: _____
Mailing Address: _____
P.O. Box City State Zip Code
Email Address: _____

Signatures-

The completed application will also serve as a release of information of Public School Personnel giving my consent to release any school information regarding my child, as requested by the JOM Coordinator or JOM Parent Committee. I give my consent to the Spokane Tribe JOM Program to take pictures of my child and give my permission of release of photos for JOM activities.

PARENT/GUARDIAN SIGNATURE

DATE



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School Verification Form

School Year: **2022-2023**

Student Information- *(Filled by student and/or guardian)*

Full Name: _____

Date of Birth: _____ Grade: _____

School Attending: Wellpinit Reardan Springdale

Parent/Guardian Signature-

I certify that my child is attending the above stated school. It is my duty to contact the education office if any changes are needed concerning my child.

Parent/Guardian Signature

Date

School Verification- *(Filled by School Representative)*

Representative Name: _____ Phone: _____

I verify:

The above named student **DOES** currently attend this school for the **2022-2023** school year.

The above named student **DOES NOT** currently attend this school for the **2022-2023** school year.

School Representative Signature-

School Representative Signature

Date

Title

Official Use Only

Date received: _____

Received by: _____