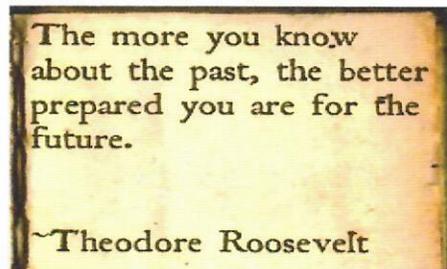


**ELGIN JOM**  
**ELGIN INDIAN EDUCATION COMMITTEE, INC**



JOM Coordinator Kari Pebeahsy  
kpebeahsy@elginps.net  
elginjom@yahoo.com

# HISTORY OF JOM



❖ **The Johnson-O'Malley Act of 1934**

- Objective to ensure that Indian children receive the educational opportunities that would not otherwise be provided.

❖ **Provided in Part 273 of Title 25 of the Code of Federal Regulations.**

- this Act authorizes contracts for the education of eligible Indian students enrolled in public schools. This local program is operated under an educational plan, approved by the BIE, which contains educational objectives to address the needs of the eligible American Indian and Alaska Native students.



## HOW DOES THE PROGRAM WORK

❖ JOM funds are contracted with one of the following:

- A state;
- school district;
- Indian tribe or
- an Indian Corporation.

❖ Elgin Indian Education Committee, Inc., has a contract with the Bureau of Indian Affairs.



## EDUCATIONAL PLAN



- ❖ The Indian Education Committee or Parent Committee, (IEC)
  - Works closely with the community in developing the educational plan
- ❖ Written document outlines how the program meets the unique and specialized educational needs of Indian Students.

## EDUCATIONAL PLAN

- ❖ Johnson O'Malley programs offered to American Indian and Alaska Native students vary and may include such programs as culture, language, academics and dropout prevention.



## ELIGIBLE STUDENTS

Am I  
eligible?



❖ *As defined in public law 99-228*

- **“Is a member of or**
- **is at least a 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 US through the BIA because of their status as Indians.”**



## ELIGIBLE STUDENTS

- ❖ In addition, eligibility requires these children be between age 3 through grades 12, with priority given to children residing on or near an Indian reservation.
- ❖ JOM is not income based.



## WHAT JOM REQUIRES:

### **Certification and Verification of Students**

❖ A new JOM application each school year

❖ A copy of the students (or parents) \*CDIB

-if CDIB was submitted previously, we will keep it on file permanently.

\*certified degree of Indian blood



## STUDENT BENEFITS

- ❖ Backpacks
- ❖ Grade-appropriate school supplies
- ❖ Payment of grade/art supply fees
- ❖ Payment of school/Extra-curricular activities (board-approved case by case)



# JOM FORMS

- ❖ Enrollment Application 003
- ❖ Application for Assistance 006

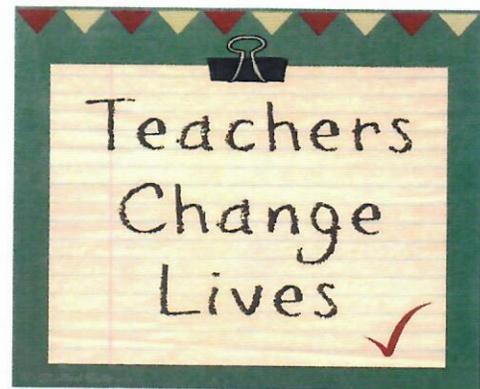
The image shows a form titled "APPLICATION FOR ASSISTANCE WITH JOM PARENTAL SUPPORT". The form includes fields for "STUDENT NAME", "GRADE", "PARENT NAME", and "PHONE". Below these are several lines for "ADDRESS". There are sections for "Date Signed" and "Signature of Parent or Guardian", and another for "Date Received" and "Signature of JOM Coordinator". A note states: "THIS APPLICATION WILL BE REVIEWED BY THE JOM BOARD TO DETERMINE IF YOU QUALIFY FOR ASSISTANCE WITH JOM. A LETTER WILL BE SENT TO YOU WITH THE RESULTS OF THE BOARD'S REVIEW." Below this is a section for "YOUR OFFICIAL USE ONLY" with checkboxes for "Completed by School" and "Submitted by Parent/Guardian". At the bottom, there are fields for "Signed" and "Date" for both the parent and the JOM Coordinator, and a "FOR SCHOOL USE ONLY" section with a date field.

- ❖ Can be found on the school website at [www.elginps.org](http://www.elginps.org)
  - Click on 'for parents' tab, then click on 'JOM (Johnson O'Malley)' link.
  - Submit to any schools office, JOM Coordinator or email at [elginjom@yahoo.com](mailto:elginjom@yahoo.com)



## HOW TEACHERS CAN HELP

- ❖ **Assist parents** in submitted forms to the grade office.
  - JOM labeled baskets in each building
  - emailing
  
- ❖ **Communicate with the JOM Coordinator**  
JOM students that may have unmet need(s):
  - Field trips
  - Book fair
  - School Supplies
  - Sports Equipment
  - Etc.



## HOW TEACHERS CAN HELP

❖ Teachers, if you receive anything pertaining to JOM, send it to the JOM Coordinator via the school mail.

**JOM Coordinator:** Kari Pebeahsy  
**Located** in the Lower Elementary: Pre-K  
**Cell:** 580-919-5146  
**Email:** [elginjom@yahoo.com](mailto:elginjom@yahoo.com) or  
[kpebeahsy@elginps.net](mailto:kpebeahsy@elginps.net)



## HOW TEACHERS CAN HELP



### ❖ Fee Vouchers

- Parents/guardians will be submitting an invoice/voucher to teacher for supply fees.
- When you get one, mark them down as paid.
- Please ensure the voucher and receipt are submitted to the JOM Coordinator, otherwise it will not be paid.
- I will write a check at the end of the first semester and one at the end of the second semester. Please be patient.



## HOW TEACHERS CAN HELP

- ❖ Assist in completing the Initial Needs Assessment to determine the special educational and cultural needs of eligible students.
  
- ❖ Assist in giving public notice to all parents and guardians
  
- ❖ Assist in making necessary changes and/or deletions of JOM students enrollment



# THANK YOU!!!



**ELGIN JOHNSON-OMALLEY INDIAN EDUCATION PROGRAM**

**2016-2017 Enrollment Application**

**(Please PRINT CLEARLY)**

Student Name \_\_\_\_\_ D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_\_  
Mo. Day Year

Student Address \_\_\_\_\_ City/Zip Code \_\_\_\_\_  
**(Please inform the JOM Office of any changes in the student's address)**

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Father/Mother Name \_\_\_\_\_ Parent's Work No. \_\_\_\_\_  
**(Include Parent Name)**

Email \_\_\_\_\_

Current School Grade \_\_\_\_\_ Name of School \_\_\_\_\_

Student's Tribal Membership \_\_\_\_\_  
(Name of Tribe) (Blood Degree)

Family Size \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

**Student Participates in the District's Free or Reduced Lunch Program** Yes \_\_\_\_\_ No \_\_\_\_\_

To be eligible for JOM Services, students must be a member of a federally recognized Indian tribe, or at least ¼ or more degree of Indian blood. Proof of a student's tribal enrollment must be on file to verify eligibility for JOM services or a Certificate of Degree of Indian Blood.

**STUDENT CERTIFICATION**

I certify that all of the statements made in this application are true and correct to the best of my knowledge and belief, and are made in good faith. I agree to grant permission to the Elgin School District to release attendance, and school lunch program information to the Oklahoma Education Line Office/cooperating Johnson-O'Malley Indian Education Program to assist in their efforts of meeting the specialized and unique needs of my student: \_\_\_\_\_

\_\_\_\_\_  
(Print Student's Name)

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

The following information is to be completed by the School / Johnson O'Malley official certifying the following:

I, \_\_\_\_\_ hereby certify CDIB is on file and student is **eligible for JOM Services**.

\_\_\_\_\_  
DATE \_\_\_\_\_

# APPLICATION FOR ASSISTANCE WITH JOM PARENTAL SUPPORT

Parent or guardian must complete application form and submit to the JOM Coordinator.

STUDENT NAME: \_\_\_\_\_ GRADE \_\_\_\_\_

PARENT(S) NAME: \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Describe the assistance for which you are requesting and specify any time or date which it is required:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date Signed \_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_

\_\_\_\_\_  
Date Received \_\_\_\_\_ Signature of JOM Coordinator \_\_\_\_\_

This application will be presented at the next monthly JOM Parent Committee Meeting for action.  
A written reply will be given. Please submit forms to [Elginjom@yahoo.com](mailto:Elginjom@yahoo.com) or school administration office.

**\*\*\*FOR OFFICIAL USE ONLY\*\*\***

Committee Action: \_\_\_\_\_ Date request reviewed by JOM Parent Committee: \_\_\_\_\_

Student meets eligibility requirements? Yes \_\_\_\_\_ No \_\_\_\_\_

CDIB on File: YES \_\_\_\_\_ NO \_\_\_\_\_

Approved with no restriction \_\_\_\_\_ Approved with restriction \_\_\_\_\_

Denied (state below) \_\_\_\_\_ COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date Mailed: \_\_\_\_\_

Check #: \_\_\_\_\_ Amount of Check: \_\_\_\_\_ Date: \_\_\_\_\_

To Whom Written: \_\_\_\_\_ Line Item: \_\_\_\_\_

## **SUPPLEMENTAL PROGRAMS**

**Public School District:** Responsible for the basic education of all students in compliance with the education code of the state. This includes the necessary teaching staff, classroom space and curricular materials and supplies for the basic education. The school board composed of elected community members is the primary policy and decision-making body. Funds are provided through local and state taxes.

**TITLE VIII:** The Impact Aid Act (PL 81-874) was enacted by Congress in 1950 to provide financial assistance to public school districts which included tax-exempt land such as Indian reservations, military bases, public housing projects or other federal property within their school district boundaries. Funds received from Impact Aid are in lieu of local property taxes that would be collected if the property were not owned by the federal government.

The funds are included in the general operating budgets of the school districts. There is no required specific use of these funds, except that they cannot supplant or replace funds that a school district is entitled to under any state's aid program.

Although some Indian children originally benefited from the Impact Aid program, there was concern about duplication between this program and the JOM program. In 1958, the Impact Aid program was amended to specifically include public schools educating children residing upon Indian lands. The JOM program was also redesigned to be a supplemental program, instead of a basic support program to provide for special services to meet the unique educational needs of Indians students.

The Impact Aid program does require that a participating school district develop written Indian policies and procedures which specify the process for Indian parent and community input into the school district's programs funded by the program. These policies and procedures allow for meaningful parent and community input into the development, implementation and evaluation of programs funded through Impact Aid.

**TITLE I:** Title I of the Elementary Secondary Education Act provides supplemental services to underachievers, with the intent of raising their achievement level. A School Advisory Committee, composed of a majority of parents of children in the program and school personnel, participates in program planning, implementation and evaluation. Federal funds are distributed to school districts by a formula based on welfare and several other factors.

**TITLE VII:** Sub-part III of the Indian Education Act provides funds for programs designed to meet the educational needs of Indian students. A Parent Advisory Committee, composed of Indian parents, school personnel and students, participates in program planning, implementation and evaluation. Federal funds are distributed to school districts by a formula based on the number of Indian students. The definition of an eligible Indian student for purposes of determining Title IX eligibility is considerably different than the definition of eligibility being used for Johnson-O'Malley. Title IX eligibility regulations do not require a specific blood degree as does Johnson-O'Malley.

**JOM:** Funds made available to the Johnson-O'Malley Act provide supplemental services to certified Indian students of one quarter or more Indian blood or who are members of federally recognized tribes. Programs are designed to meet the unique educational needs of this specific population. An Indian Education Committee composed solely of parents of qualified students participates in program development, implementation and evaluation. The BIA, on a contract basis with school districts, Indian organizations and tribal groups administers funds.

**NOTE:** It is both possible and likely for an Indian student to receive services from these six supplemental programs. It is also possible for a parent to serve on all six committees. Indian parents serving on these committees should consider the **GOALS** of the Indian community when designing programs for these supplemental funding services. In addition, the Indian community should encourage the local school board to consider Indian community goals for district programs.

## JOM NEEDS ASSESSMENT SURVEY 2016-2017

This survey helps to determine what programs and/or materials are needed by Elgin Public School to better serve our Native American students enrolled. The information is confidential and anonymous. You do not need to sign your name.

Date: \_\_\_\_\_

Total number of children enrolled at school indicated above: \_\_\_\_\_ Grades? \_\_\_\_\_

1. What do you feel are the main needs of Native American students in our school system? Please indicate by placing a check mark to the left of your choice(s).

- Tutoring:  Primary  Intermediate  Middle  High
- Native American Cultural Programs
- Counseling:  Primary  Intermediate  Middle  High
- Math Improvement
- Reading Improvement
- Improvement in other Subjects (Specify) \_\_\_\_\_
- Educational Support (Used to be "Parental Cost")
- More Parent Participation in the Schools
- Other Suggestions \_\_\_\_\_

2. Rank the three (3) most important needs above, in order of PRIORITY:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

3. How do you feel JOM Indian Education funds could be used to meet the needs listed above? \_\_\_\_\_

4. What do you think would be MOST helpful to Native American students in our school system that is NOT already being provided? \_\_\_\_\_

5. At what grade level do you feel the Native American students on our school MOST need special assistance or programs? \_\_\_\_\_

6. What do you see as the most significant problem(s) in our school district, in terms of Native American students' ACADEMIC achievement? (Please check appropriately.)

- Attendance  Substance Abuse (Alcohol, Drugs)
- Peer Pressure  Poor Academic Motivation
- Low Self-Esteem  Need of Remedial Assistance

Other, please specify: \_\_\_\_\_

7. Please indicate which pertains to the person filling out this survey:

- Parent/Guardian  Student  Teacher  Administrator