



**SAC AND FOX NATION
RAP ASSISTANCE APPLICATION
EMERGENCY APPLIANCE**

FAX: 918-968-4207
PH: 918-968-3526
EXT: 2001
EMAIL: sfnrap@sacandfoxnation-nsn.gov
ADDRESS: 920963 S. Hwy 99
Stroud, OK 74079
RAP APP
Form#2011-01
BC Approved on
10/06/2020

NAME _____ PHONE# (_____) _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

BIRTHDATE ___/___/___ SOCIAL SECURITY# xxx-xx-(_____) SFN ROLL# _____

Sac and Fox Nation tribal membership will be verified by the Sac and Fox Nation RAP Department

Please List Statement of Need: _____

Please Provide the Following:

- (3) Estimates from appliance vendor with a manager's signature and the Tribal member's name clearly stated.

CLIENT'S STATEMENT OF RIGHTS AND RESPONSIBILITIES

I hereby authorize the Sac and Fox Nation RAP Department to make any necessary inquiries relating to my account's which the RAP Department may be considering making payment on my behalf. I understand that I have the right to a hearing of any action of the Sac and Fox Nation, which I consider improper, and also any unreasonable delay in decision. (Request for fair hearings may be made in writing to the Business Committee of the Sac and Fox Nation, 920963 S. Hwy. 99 Stroud, OK 74079) I understand that any person who knowingly, willfully and fraudulently provides false information for the purpose of obtaining benefits which he/she is otherwise ineligible to receive; may be subject to prosecution to the fullest extent to the appropriate Tribal statutes.

DATE _____ SIGNATURE OF APPLICANT OR GUARDIAN _____

GUARDIAN FOR _____

PERSON ASSISTING WITH APPLICATION _____

RELATIONSHIP TO APPLICANT _____

DATE _____ RAP SPECIALIST _____