



SAC AND FOX NATION RAP ASSISTANCE APPLICATION

FAX: 918-968-0098
PH: 918-968-3526
EXT: 2000 & 2001
RAP Application
Form#2011-01
BC Approved on
2/5/13

NAME _____ PHONE # (with area code) _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

D.O.B. ____ - ____ - ____ SOCIAL SECURITY # (Last 4 digits) _____ SFN ROLL # _____

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

Please List Statement of Need: _____

Type of Assistance Requested (Please Check All That Apply)

<input type="checkbox"/> Tribal Energy	<input type="checkbox"/> Elders Lawn Care	<input type="checkbox"/> Dental
<input type="checkbox"/> Hardship	<input type="checkbox"/> Emergency Appliance	<input type="checkbox"/> Dentures
<input type="checkbox"/> Elders Handyman	<input type="checkbox"/> Vision	<input type="checkbox"/> Orthodontic
		<input type="checkbox"/> Hearing Aid

Please Provide the Following:

The bill you are requesting assistance with & proof of residence if the bill is not in your name.

****NOTE**** You must receive an award letter **PRIOR** to receiving any Health services requested above. If you receive services prior to an award letter being issued, you are responsible for the charges.

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, 920883 S. Hwy. 99 Bldg. A, 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 _____

DATE _____