

New Survey: Oklahoma Native Americans Say Personal Health Problems Are Their Most Important Challenge

(SHAWNEE, Okla.) – A recent survey completed by AARP and the Oklahoma Area Tribal Epidemiology Center (OKTEC) suggests personal health problems are the number one concern of American Indians when asked ‘what is the single most important problem or challenge facing Oklahoma Native Americans in mid-life’.

Respondents to the survey stated other challenges faced were: staying healthy, the cost of living, retirement and transportation.

Nearly all those surveyed said it is extremely or very important for tribes to maintain current funding levels for health care access, while 87% said funding home modifications that allow people to stay in their own homes is extremely or very important. More than three out of four respondents (86%) said it is extremely or very important for tribes to fund housing arrangements for people who can no longer live in their own homes, such as, adult family homes and assisted living.

The AARP Tribal Community Survey was unveiled at the 6th Annual Tribal Epidemiology Center Public Health Conference held in Shawnee. The survey polled more than 300 American Indian and Alaska Natives age 40 and older living in Oklahoma. It was conducted by OKTEC, part of the nonprofit organization Oklahoma City Area Inter-Tribal Health Board (OCAITHB), in conjunction with AARP Oklahoma.

Tom Anderson, Interim Executive Director of the Oklahoma City Area-Inter Tribal Health Board and OKTEC Director said the American Indian survey targeted 14 Oklahoma communities and gathered information concerning demographics, challenges and priorities in life, consumer-related issues and monthly expenses and discounts.

“The results of this community survey reaffirm the mission of the Oklahoma City Area Inter-Tribal Health Board to improve the health and quality of life of Native American communities through advocacy and education,” he said. “Working with partners like AARP Oklahoma, we are able to extend our effort to explore ways for improving the quality of life for Native Americans”.

AARP Oklahoma State Director Sean Voskuhl said outreach and education to Native Americans is one of the top priorities of the association in Oklahoma.

“This survey is significant because for the

first time, we now have a snapshot of the beliefs of Native Americans in Oklahoma,” he said. “This validates AARP’s past work on healthcare education, cultural preservation and transportation and gives us a solid roadmap to continue working with the Oklahoma City Area Inter-Tribal Health Board

as well as all 39-federally recognized tribes and nations in the state.”

AARP participated in a breakout session at the public health conference focusing on creating healthy and livable communities by establishing a rural transportation system in eastern Oklahoma.



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

Sac and Fox Nation
Veterans Organization
Meeting
May 13, 2014
Elders Building Stroud
Always on the 2nd Tuesday of each month
unless otherwise posted

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AND/OR
CHANGE OF ADDRESS FORM

NAME

PRINT CURRENT FULL NAME (First, Middle & Last) _____	ROLL NUMBER _____
SIGNATURE _____	DATE _____

A COPY OF THE LEGAL DOCUMENT CHANGING YOUR NAME AND A COPY OF YOUR NEW SOCIAL SECURITY CARD MUST BE ATTACHED.

PLEASE LIST PREVIOUS NAME (PRINT) _____	DATE OF BIRTH _____
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MAILING ADDRESS

OLD	NEW
ADDRESS	ADDRESS
CITY STATE ZIP	CITY STATE ZIP

STREET ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)

OLD	NEW
STREET ADDRESS	STREET ADDRESS
CITY STATE ZIP	CITY STATE ZIP

CHANGE OF ADDRESS FOR MINORS REQUIRE A W-9 FORM BE COMPLETED FOR THE BANK. PLEASE REQUEST A FORM FOR EACH CHILD FROM THE ENROLLMENT DEPARTMENT, 918-968-3526 ext. 1040 or 1041.

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