



**SAC AND FOX NATION  
RAP ASSISTANCE APPLICATION**

FAX:918-968-4207  
PH: 918-968-3526  
EXT: 2000 & 2001  
RAP APP  
Form#2011-01  
BC Approved on  
7/6/18

**ORTHODONTIC**

NAME \_\_\_\_\_ PHONE # ( \_\_\_\_\_ ) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

BIRTHDATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SOCIAL SECURITY # xxx-xxx-( \_\_\_\_\_ ) SFN ROLL # \_\_\_\_\_

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

Please List Statement of Need: \_\_\_\_\_

\_\_\_\_\_

**\*\*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