



**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
7/6/2018

DENTAL

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

Application is valid for 30 days