



**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

EMERGENCY APPLIANCE

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: _____

Please Provide the Following:

- (3) Estimates from Lowes Home Improvement 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, 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.

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|---------------|---|------------------------------------|
| _____ DATE | _____ SIGNATURE OF APPLICANT OR GUARDIAN | _____ GUARDIAN FOR |
| | _____ PERSON ASSISTING WITH APPLICATION | _____ RELATIONSHIP TO APPLICANT |
| _____ DATE | _____ RAP SPECIALIST | |

Application is valid for 30 days