



New Picnic Benches: Sac and Fox Nation Maintenance Department recently installed several picnic benches under the new pavilion on the south side of the swimming pool, among another several thousand things to get ready for Powwow!

Muscogee (Creek) Nation WIC Program Stroud Clinic

USDA Building 920883 S. HWY 99

Open 1st and 3rd Wednesday of each Month

Hours: 9:30am - 3:30pm

Closed for Lunch 12:00pm - 1:00pm

1-800-648-2302 or 918-968-1784 for information

Closed last business day of each month for staff training.

Standards for participation are the same regardless of age, race, sex, color, national origin or handicap.

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Contact the Oklahoma State Regents for Higher Education by e-mail at okpromise@osrhe.edu or by phone at 1-8-858-1840 (225-9152 in OKC)

Get an application from your counselor

Peggy Big Eagle
2407 N.W. 31st Street
Oklahoma City, OK 73112

June 20, 2013

George Thurman, Principal Chief
Sac and Fox Nation
920883 S. Hwy 99 Bldg. A
Stroud, OK 74079

Dear Chief Thurman:

This is to let the Business Committee know that I will propose that Governing Council clarify our intention regarding two Constitutional enrollment issues:

1. requiring a parent on the roll and
2. definition of Sac and Fox Nation as Oklahoma Sauk

The purpose for my proposed resolution will be to show that it was not the intention of Council to create eligibility for applicants without a parent on the roll when we adopted this Constitution in 1987 and not the intention of Council to enroll applicants with less than 1/8 degree of Sac and Fox of Oklahoma blood.

My proposed resolution will also include:

- an immediate halt to processing applicants without a parent on the roll, and
- improve enrollment record keeping to show Sac and Fox of Oklahoma blood quantum separately instead of combined with Nemaha and Mesquakie blood as it is now and
- notification to those members without a parent on the roll or with less than 1/8 degree of Sac and Fox of Oklahoma blood that Council has clarified those eligibility requirements, that no one will be removed even though they were improperly enrolled, and offer him or her an opportunity to relinquish.

My only request of the B.C. is a count of how many members have been enrolled without a parent on the roll and how many members have been enrolled with less than 1/8 Sac and Fox of Oklahoma blood since you first took office (since you are the longest serving B.C. member). I look forward to hearing from you soon.

As always I am available to answer any questions you may have.

Sincerely,
Peggy Big Eagle

SAC AND FOX TAX COMMISSION REVENUE

May 2013

Tobacco Tax.	\$23,510.40
Wholesale Tobacco Tax.	\$50,673.13
Beer/Liquor	\$109.45
Motor Vehicle.	\$2,898.75
Sales Tax.	\$10,714.64
Treasury.	\$256.30
Oil & Gas.	\$791.65
Gaming.	\$143,669.22
TOTAL	\$232,623.54

PUBLIC NOTICE

A REGULAR CALLED MEETING OF THE SAC AND FOX NATION BUSINESS COMMITTEE WILL BE THURSDAY, JULY 18, 2013 AT 9:30 A.M. IN THE SMALL CONFERENCE ROOM OF THE SOCIAL SERVICES BUILDING, SAC AND FOX RESERVATION, STROUD 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"/> 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 _____

Sac and Fox Nation Food Distribution Program

**CALL TODAY
TO SEE IF YOU
QUALIFY!!!**

**STROUD OFFICE
(800) 256-3398**

**SHAWNEE OFFICE
(866) 622-2310**

**If at least one member of your household is Native American, you reside within our service area, and you meet our income guidelines...
You May Qualify. Call Today!!!**

Our Service Area includes all or part of Lincoln, Pottawatomie, Payne, Logan, Oklahoma, & Cleveland Counties.

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