



**SAC AND FOX NATION  
RAP ASSISTANCE APPLICATION**

**DENTAL**

FAX: 918-968-4207  
PH: 918-968-3526  
EXT: 2001  
EMAIL: sfnrap@sacandfoxnation-nsn.gov  
ADDRESS: 920963 S. Hwy 99  
Stroud, OK 74079  
RAP APP  
Form#2011-01  
BC Approved on  
10/06/2020

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

ADDRESS \_\_\_\_\_

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

BIRTHDATE \_\_\_ / \_\_\_ / \_\_\_ SOCIAL SECURITY# xxx-xx-( \_\_\_\_\_ ) 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, 920963 S. Hwy. 99 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

**SAC AND FOX NATION**  
**REVENUE ALLOCATION PLAN GUIDELINES**  
**DENTAL PROGRAM**

**PROGRAM FUNCTIONS:**

To provide for the additional health needs of the Sac and Fox Nation. The Sac and Fox Nation deems it an important governmental function to ensure all of its members receive adequate health care. This program is open to all Sac and Fox Nation tribal members, regardless of their location of residency.

**GUIDELINES:**

1. Applicant must be an enrolled member of the Sac and Fox Nation, residing anywhere.
2. Applicant must exhaust any other tribal or Indian Health Services resources. This program may be used in conjunction with IHS and other resources to provide the maximum benefits available to them.
3. Applicants with private insurance must submit claim to their insurance first. SFN RAP Dental program will work as a secondary insurance for those tribal members with dental insurance available to them.
4. Applicant may receive up to \$400 for dental work; this does **NOT** include teeth bleaching or any other cosmetic procedure.
5. Applicant may submit more than one request, until such time as the individual reaches the \$400 limit, provided funds are available.
6. An individual may receive assistance every two (2) years. Two year period is determined on a revolving twenty-four (24) month period.
7. Applicants receiving services before an award letter has been issued to them may not qualify and may be responsible for payment of the services received prior to the date of the award letter.