



**SAC AND FOX NATION
RAP ASSISTANCE APPLICATION
EMERGENCY APPLIANCE**

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EMAIL: sfnrap@sacandfoxnation-nsn.gov
ADDRESS: 920963 S. Hwy 99
Stroud, OK 74079
RAP APP
Form#2011-01
BC Approved on
04/20/2021

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: _____

Please Provide the Following:

(3) Estimates from appliance vendor with a manager's signature and the Tribal member's name clearly stated.

****NOTE****

Upon approval of your application and should you have a balance due, you have ONLY ten (10) business days to pay the remaining balance.

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

EMERGENCY APPLIANCE PROGRAM

PROGRAMFUNCTIONS:

To provide for the safe and healthy daily living needs of eligible Sac and Fox Nation tribal members with emergency appliance replacement. Emergency Appliance Assistance is established for EMERGENCY purposes ONLY. The program is open to all tribal members 18 or older on a first come basis; 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 express a need for services based on an emergency situation. An EMERGENCY is any situation beyond the applicants control causing a hardship on the applicant and family.
3. Emergency Appliance Assistance is to replace unusable and unsafe appliances only. It does not cover duplicate or outdated appliances.
4. Funding for this program is limited and each application will be processed in the order in which it was received. This program will fund as many tribal member's requests as funding will permit.
5. Applicant may receive up to \$750 for an appliance that includes (refrigerator, stove, washer, dryer, hot water heater or air conditioner) every 2 years per household.
6. Applicants should submit three (3) quotes for the appliance they are requesting however the final selection of appliance and vendor will be at the discretion of the RAP Department.