



**SAC AND FOX NATION
RAP ASSISTANCE APPLICATION**

ORTHODONTIC

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EXT: 2001
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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
ORTHODONTIC 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. Applicant must provide appropriate denial letters as proof that all other resources have been exhausted.
4. Applicants with private insurance must submit claim to their insurance first. SFN RAP Orthodontic program will work as a secondary insurance for those tribal members with Orthodontic insurance available to them.
5. Applicant may receive up to \$4,000 for orthodontic procedures to bring teeth and jaws into proper alignment. This includes braces, clear aligners, and other orthodontic devices and appliances; this does **NOT** include teeth bleaching or any other cosmetic procedure.
6. Applicant may submit more than one request, until such time as the individual reaches the \$4,000 limit, provided funds are available.
7. No more than \$4,000 in orthodontic care will be paid for an individual. This is a lifetime limit.
8. A tribal member must have a dental referral stating developmental problems to receive orthodontic care before the age of 7.
9. 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.

Approved by Sac and Fox Nation Business Committee
Regular Business Committee Meeting
October 5, 2021