



**SAC AND FOX NATION
RAP ASSISTANCE APPLICATION**

VISION

FAX: 918-968-4207
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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
VISION 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 Vision program will work as a secondary insurance for those tribal members with vision insurance available to them.
4. Applicant may receive up to \$300 for one eye exam and prescription eyewear, including contacts and prescription sunglasses.
5. An individual may only apply for assistance once every two (2) years. Two year period is determined on a revolving twenty-four (24) month period. An individual may request assistance annually with a statement and diagnosis from a physician verifying they have a medical condition which necessitates eyeglasses/contacts more frequently.
6. 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.