



Sac and Fox Nation
Elders RAP Lawn Care Services Program
920883 S Highway 99, Stroud OK 74079
Ph# (918) 968 – 3526 ext. 2012 – Fax# (918) 968 - 0142

Elders Lawn Care Services Program Guidelines

This program is designed to provide Lawn Care Services for the safety and healthy daily living needs of all our eligible Sac and Fox Nation Tribal Member Elders and those members who are physically disabled and cannot safely perform Lawn Care themselves, regardless of location/residency.

- Applicant(s) must be an enrolled member of the Sac and Fox Nation age 55 or older, or who is physically disabled and residing within or out of jurisdiction.
- Participants will have their lawns cut Two (2) times per month for 6 (six) months, based on available finding and number of participants served.
- 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 requests as funding will permit. However, preference may be given to emergency situations.
- Applicants claiming a physical disability **MUST** provide a physician's statement.

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Tribal Elder/Disables Lawn Care Services Program

APPLICANT INFORMATION

Date: _____

Name: _____ DOB: _____

Address: _____
Street Address City State Zip

Phone: _____ Tribal Roll#: _____ Tribal Elder: _____ Disabled: _____

Directions to Home: _____

PROOF OF RESIDENCE

You must provide one of the following:

1. Utility bill in eligible Sac and Fox Tribal Members name with corresponding address.
2. Property Rental/Lease Agreement in Sac and Fox Tribal Members names with corresponding address.
3. Notarized Letter from spouse/guardian of tribal members affirming residence of the client and a utility bill in their name with corresponding address of the home receiving benefits.

Failure to provide verification will cause application to be incomplete and pending. Services will be approved once completion of application is received.

Disabled Tribal Member:

Must provide a Benefit Award Letter or State/Tribal Vocational Rehabilitation Agency Letter

I hereby authorize the Sac & Fox Nation Elders Title VI Lawn Program to make any necessary inquiries relating to my account's which the Department may be considering making payment on my behalf. I understand that I have a right to request a fair hearing of any action which I do not agree with by submitting the request in writing within Ten (10) days to the Business Committee. 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 prosecuting to the fullest extent to the appropriate Tribal Statutes.

Applicant Signature

Date

(FOR OFFICE USE ONLY)

Supporting Documents Received: Yes No If yes, what type: _____

Human Services Representative: _____ Date: _____

Cc: file

Approved by B.C. on March 7, 2023