

Sylvia Ann Thornton Foundation

Application

Application Type (Check One)		SAT Foundation Use Only	
<input type="checkbox"/> New		Date Received:	Application ID Number:
<input type="checkbox"/> Annual			
<input type="checkbox"/> Revision			
1. Personal Information (Applicant) - Individual with Down Syndrome			
Legal Name:		Date of Birth:	
Address:		City:	
State:		Zip Code:	
2. Personal Information – Legal Guardian(s)			
Legal Name:		Date of Birth:	
Address: Same as Applicant <input type="checkbox"/>		City:	
State:		Zip Code:	
Home Phone:		Cell Phone:	
Current Employer:			
Legal Name:		Date of Birth:	
Address: Same as Applicant <input type="checkbox"/>		City:	
State:		Zip Code:	
Home Phone:		Cell Phone:	
Current Employer:			
3. Personal Information – Primary Caregiver <input type="checkbox"/> Same as Legal Guardian(s)			
Legal Name:		Date of Birth:	
Address:		City:	
State:		Zip Code:	
Home Phone:		Cell Phone:	
Current Employer:			

4. Applicant's Additional Resources (Check All That Apply)

	Currently Receiving:	Previously Received:
Supports for Community Living (SCL)	<input type="checkbox"/>	<input type="checkbox"/>
Michelle P. Waiver (MPW)	<input type="checkbox"/>	<input type="checkbox"/>
Home and Community Based Waiver (HCB)	<input type="checkbox"/>	<input type="checkbox"/>
Acquired Brain Injury Waiver (ABI)	<input type="checkbox"/>	<input type="checkbox"/>
Money Follows the Person (MFP)	<input type="checkbox"/>	<input type="checkbox"/>
State General Funds	<input type="checkbox"/>	<input type="checkbox"/>
Crisis Funds	<input type="checkbox"/>	<input type="checkbox"/>
Hart-Supported Living Grant	<input type="checkbox"/>	<input type="checkbox"/>
Case Management	<input type="checkbox"/>	<input type="checkbox"/>
Therapies (PT, OT, ST)	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please Explain):		

5. Item(s) or Service(s) Requested (Please explain)

6. Referral Source

Name:		Agency Name:	
Position:		Phone Number:	
Relationship to Applicant:			

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Application Status: (Check One) <input type="checkbox"/> Approved <input type="checkbox"/> Approved W/Modification <input type="checkbox"/> Requesting Information <input type="checkbox"/> Denied Cannot Meet Request <input type="checkbox"/> Does not Meet Criteria	Board Chair Signature:	Date:
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Estimated Cost:		Amount Approved:	
Item or Service:			
Provider/Supplier of Service/Item:			
Payment To:		Payment Date:	
Address:		Phone Number:	
Start Date of Services:		End Date of Services:	

Details:

Denials Referred To:

