Sylvia Ann Thornton Foundation
Supporting the quality of life of an aging Down syndrome population

Mail Application To:
3044 Bardstown Rd Ste 1282
Louisville, KY 40205
502-424-0325
info@satfdn.org

Application for Assistance with Sylvia Ann Thornton Foundation

Application Type (Check One)	**SAT Foundation Use Only**	
□ New □ Annual □ Revision	**Date Received:**	**Application ID Number:**

1. Personal Information (Applicant) - Individual with Intellectual Disability			
Legal Name:		**Date of Birth:**	
Address:		**City:**	
State:		**Zip Code:**	

2. Personal Information – Legal Guardian(s) – □ Same as Applicant			
Legal Name:		**Date of Birth:**	
Address:		**City:**	
State:		**Zip Code:**	
Home Phone:		**Cell Phone:**	
Current Employer:			
Legal Name:		**Date of Birth:**	
Address:		**City:**	
State:		**Zip Code:**	
Home Phone:		**Cell Phone:**	
Current Employer:			

3. Personal Information – Primary Caregiver □ Same as Legal Guardian(s)			
Legal Name:		**Date of Birth:**	
Address:		**City:**	
State:		**Zip Code:**	
Home Phone:		**Cell Phone:**	
Current Employer:			

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4. Applicant's Additional Resources (mark "YES" to all that apply)		
	Currently Receiving	Previously Received
Supports for Community Living (SCL)		
Michelle P. Waiver (MPW)		
Home and Community Based Waiver (HCB)		
Acquired Brain Injury Waiver (ABI)		
Money Follows the Person (MFP)		
State General Funds		
Crisis Funds		
Hart-Supported Living Grant		
Case Management		
Therapies (PT, OT, ST)		
Other (Please Explain):		

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

6. Referral Source			
Name:		**Agency Name:**	
Position:		**Phone Number:**	
Relationship to Applicant:			

SAT Foundation Use Only

Board Chair Signature:		**Date:**	

Application Status: (Check One)

□ Approved	□ Approved W/Modification	□ Requesting Information	□ Denied Cannot Meet Request	□ Does not Meet Criteria

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:			